Toolkit For Spinal Cord Independence Measure III (SCIM III)



A clinical guideline for performing the SCIM III February 2016 | Version 6.0



TOOLKIT FOR SCIM III

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Finally, we would like to thank Dr. Amiram Catz, MD, Clinical Associate Professor, Tel Aviv University, Israel for his suggestions.

For questions or comments on this toolkit, please contact clinical@rickhanseninstitute.org.

01

BACKGROUND

About RHSCIR

The RICK HANSEN SPINAL CORD INJURY REGISTRY (RHSCIR) is a pan-Canadian prospective observational registry located at 31 major Canadian acute care and rehabilitation facilities. Across Canada, RHSCIR is collecting comprehensive SCI data for the purpose of improving SCI care and clinical outcomes. Using standardized research protocols and data collection forms, RHSCIR tracks the experiences and outcomes of people with traumatic SCI during their journey from injury, through acute care and rehabilitation to community reintegration. Details about participants' spinal cord injuries including extent of injury and level of paralysis, recovery, and success of various treatments are among the data recorded.

The data collected in RHSCIR contains powerful information that will help track the effectiveness of specific treatments, practices or programs for improving functional outcomes and quality of life after SCI. RHSCIR promotes, encourages and supports the pursuit of excellence in all areas of SCI health care management.

To learn more about RHSCIR, please visit www.rickhanseninstitute.org.



02 WHY IS THIS INFORMATION IMPORTANT?

The Spinal Cord Independence Measure (SCIM), now in its third iteration, is a disability scale developed specifically for the SCI population to assess various activities of daily living (ADLs) (1). It is has become one of most frequently used research tools for assessing response to treatments in individuals with SCI. Many other outcome measures are not specific or sensitive enough to detect important functional changes in individuals with SCI over time (2).

Benefits to Clinicians and Patients

Collection and reporting of this data can benefit clinicians and patients by:

- Monitoring the patient's functional progress.
- > Directing and prioritizing therapeutic interventions.
- > Setting realistic and timely goals with the patient.
- Assisting with identifying the patient's equipment and care needs in preparation for discharge.
- Assisting with focussing patient education.
- A SCI specific validated outcome measure for evaluating clinical interventions and changes in the patient's function.

Benefits to the Program

Collection and reporting of this data can benefit your program by:

- Determining required equipment and supplies to optimize clinical practice and safety (e.g. walking aids, transfer aids, body weight support treadmills, orthoses, etc.).
- Assisting with continuity of care between health care providers by providing a common language to talk about function.
- > Offering facilities comparators to national data.
- Reporting metrics to facility administrators which may assist with determining staffing allocation and budget priorities.



Benefits to Research

Collection and reporting of this data can benefit your research by:

- Collection of this data can assist with providing a larger pool of data from the SCI population across Canada which will allow for more accurate and meaningful interpretation and analysis.
- Assisting with assessment and evaluation of the effectiveness of treatment approaches.

What Happens Once I Collect the Data?

- Providing invaluable data to RHSCIR: Once you perform the assessment and document the data on the clinical form, your facility's Rick Hansen Spinal Cord Injury Registry (RHSCIR) coordinator will collect this information and input the data into the registry database along with additional relevant clinical information. The national RHSCIR team has developed a number of practices to ensure patient confidentiality is maintained and strict privacy policies and procedures are adhered to.
- Providing a baseline for management of SCI across Canada: The de-identified data from your site will be aggregated and reported back to your facility on a bi-annual basis and will provide information on your hospital's patients enrolled in RHSCIR.

To access your facility's data reports, visit Supporting Clinical Initiatives in SCI (SCI²) website at http://sci2.rickhanseninstitute.org. Your facility's RHSCIR coordinator, or designated representative, will provide you the login information that is required to access your facility's data reports at your request.

You can also access the SCI² site by visiting www.rickhanseninstitute.org.

03 RESOURCE REQUIREMENTS

Performing the SCIM requires minimal staff burden or changes in clinical practice as the variables that are evaluated are important to patient care, and reflect basic areas of patient assessment that are typically routinely collected as a component of clinical practice (3).

To complete the assessment and collection of data as outlined in this toolkit, the following resources are required:



Time

The estimated time required to perform SCIM III is approximately 30-45 minutes: however often the SCIM can be completed as part of initial and discharge assessments that may already be practiced by your facility.

There is also a self-report version of the SCIM (SCIM-SR), which is completed by patient interview. The SCIM-SR is estimated to take less time to complete than the clinician administered SCIM III (4).

The assessment should be performed within 72 hours of admission and repeated within 72 hours of discharge.



Equipment

None





Once the SCIM III or the SCIM-SR has been done at admission to rehab, it is only required to be repeated at discharge. Of course, some therapists and patients may find it useful to repeat it more frequently to assess or demonstrate progress. An example of the Clinical Assessment Form for the SCIM III is on the following pages of this Toolkit. Electronic versions of the form can be viewed and downloaded from the SCI² website (http://sci2.rickhanseninstitute.org).

Also available on the SCl² website is the Self-Report version of the SCIM (SCIM-SR). The SCIM-SR has been validated and correlates well with the clinician collected version (Pearson's r for total score = 0.87). Therefore, the scores from both versions can be compared to each other (4).

This form meets the minimum requirements for data collection; please add any additional facility specific information to the form. If you would like assistance with incorporating your facility information on the form, please contact us at clinical@rickhanseninstitute.org.

SCIM – Spinal Cord Independence Measure (Version III, 2002-2011)	ADDRESSOGRAPH
Traumatic NTSCI Level/AIS (if known) Paraplegia SCI Assessment Date:) Tetraplegia () Complete () Incomplete ()
Admission (A) Re-Assessment (RA)	Discharge (DC)
Self Care	
 Feeding (cutting, opening containers, pouring, bringing food to mouth, holdir Needs parenteral, gastrostomy or fully assisted oral feeding Needs partial assistance for eating and/or drinking, or for wearing adaptive Eats independently; needs adaptive devices not require assistance or adaptive dev Eats and drinks independently; does not require assistance or adaptive dev 	ve devices food and/or pouring and/or opening containers
 Bathing (soaping, washing, drying body and head, manipulating water tap) Upper body Requires total assistance Requires partial assistance Washes independently with adaptive devices or in a specific setting (e.g., b Washes independently; does not require adaptive devices or specific settin Lower Body 	
 Requires total assistance Requires partial assistance Washes independently with adaptive devices or in a specific setting (adss) Washes independently; does not require adaptive devices (adss) or specific Dressing (clothes, shoes, permanent orthoses; dressing, wearing, undressing; A. Upper body 	ic setting
 Requires total assistance Requires partial assistance with clothes without buttons, zippers or laces (c Independent with cwobzl; requires adaptive devices and/or specific setting Independent with cwobzl; does not require adss; needs assistance or adss Dresses (any clothes) independently; does not require adaptive devices or setting 	ngs (adss) s only for bzl.
 B. Lower Body O. Requires total assistance 1. Requires partial assistance with clothes without buttons, zippers or laces 2. Independent with (cwobzl); requires adaptive devices and/or specific setti 3. Independent with (cwobzl) without adss; needs assistance or adss only for 	ttings (adss) or bzl.
 4. Dresses (any clothes) independently; does not require adaptive devices or 4. Grooming (washing hands and face, brushing teeth, combing hair, shaving, application of the second s	
Self Care Subto	otal (0-20)

SCIM – Spinal Cord Independence Measure (Version III, 2002-2011)

Respiration and Sphincter Management		
		Item Score A RA DC
5. Respiration		A RA DC
0. Requires tracheal tube (TT) and permanent or intermittent assisted ve	ntilation (IAV)	
 Breathes independently with TT; requires oxygen, much assistance in o Breathes independently with TT; requires little assistance in coughing Breathes independently without TT; requires oxygen, much assistance Breathes independently without TT; requires little assistance or stimul Breathes independently without assistance or device 	coughing or TT management or TT management in coughing, a mask (e.g., peep) or IAV (bipap)	
6. Sphincter Management - Bladder		
0. Indwelling catheter		
 Residual urine volume (RUV) > 100cc; no regular catheterization or as RUV < 100cc or intermittent self-catheterization; needs assistance for Intermittent self-catheterization; uses external drainage instrument; Intermittent self-catheterization; continent between catheterizations RUV <100cc; needs only external urine drainage; no assistance is requ RUV <100cc; continent; does not use external drainage instrument 	applying drainage instrument does not need assistance for applying s; does not use external drainage instrument	
7. Sphincter Management - Bowel		
0. Irregular timing or very low frequency (less than once in 3 days) of bo	wel movements	
 Regular timing, but requires assistance (e.g., for applying suppository) Regular bowel movements, without assistance; rare accidents (less th 10. Regular bowel movements, without assistance; no accidents 	; rare accidents (less than twice a month)	
8. Use of Toilet (perineal hygiene, adjustment of clothes before/after, use	of napkins or diapers)	· · · · ·
0. Requires total assistance		
 Requires partial assistance; does not clean self Requires partial assistance; cleans self independently Uses toilet independently in all tasks but needs adaptive devices or sp Uses toilet independently; does not require adaptive devices or special 		
Respiration and Sphincter Ma	nagement Subtotal (0-40)	
Mobility (room and toilet)		
		Item Score
		A RA DC
9. Mobility in Bed and Action to Prevent Pressure Sores		alahain
 Needs assistance in all activities: turning upper body in bed, turning lo with or without adaptive devices, but not with electric aids Performs one of the activities without assistance Performs two or three of the activities without assistance 		eicnair,
6. Performs all the bed mobility and pressure release activities independent	enny	
10. Transfers: bed-wheelchair (locking wheelchair, lifting footrests, removi	ing and adjusting arm rests, transferring, lifting feet)	· · · · · · · · · · · · · · · · · · ·
0. Requires total assistance		
 Needs partial assistance and/or supervision, and/or adaptive devices Independent (or does not require wheelchair) 	s (e.g., sliding board)	·
11. Transfers: wheelchair-toilet-tub (if uses toilet wheelchair: transfers to footrests, removing and adjusting armrests, transferring, lifting feet)	and from; if uses regular wheelchair: locking wheelchair,	lifting

0. Requires total assistance

1. Needs partial assistance and/or supervision, and/or adaptive devices (e.g., grab-bars) 2. Independent (or does not require wheelchair)

Mobility (indoors and outdoors, on even surface) Item Sore 12. Mobility indoors Requires total assistance Notes ductify indoors Notes ductify indoors Notes indopending in manual wheekhair 3. Notes indopending in manual wheekhair Make with cutches or two canes (supprocal waking) Wake with real canes Notes indopending in manual wheekhair Notes indopendent in manual wheekhair	SCIM – Spinal Cord In (Version III, 2002-201	dependence Measure		
12. Mobility Indoors Item Score A RA 12. Mobility Indoors A RA RA 13. Requires supervision while walking (with or without devices) A walking frame for without devices) A walking frame for wortches (weight) A walking frame for wortches (weight) 14. Walkis with availing frame or curches (weight) B walkis with one cane P walkis get industry of the formation of formation of the formation of the formation o	·		surfaco)	
12. Mobility Indoors 0. Require studia assistance 1. Nocks electric wheelchair or partial assistance to operate manual wheelchair 2. Moves independently in manual wheelchair 3. Require supervision while walking (with or without devices) 4. Walks with a walking frame or crutches (swing) 5. Walks with nure care 12. Mobility for Moderate Distances (10-100 meters) 6. Requires supervision while walking (with or without devices) 13. Mobility for Moderate Distances (10-100 meters) 6. Requires subativatior or partial assistance to operate manual wheelchair 7. Modes legorthead walking frame or crutches (swing) 8. Walks with a walking frame or crutches (swing) 9. Walks with a walking frame or crutches (swing) 9. Walks with a walking frame or crutches (swing) 9. Walks with walking frame or crutches (swing) 9. Walks with a walking frame or crutches (swing) 9. Needs legorthosis only 9. Walks with a walking frame or crutches (swing) 10. Needs legorthosis only 11. Needs legorthosis only 12. Walks with a walking frame or crutches (swing) 13. Walks with a walking frame or crutches (swing) 14. Walks with a walking frame or crutches (swing) 15. Walks with a walking frame or crutches (swing)		Na outaoors, on even	surrace	
2. Moves independently in manual wheekhair 3. Requires supervision will evaluating (with or without devices) 4. Walks with a walking (interpret without devices) 5. Walks with oruches or two canes (reciprocal walking) 6. Walks with one cane 7. Needs leg orthosis only 8. Walks without walking aids 13. Mobility for Moderate Distances (10-100 meters) 9. Requires total assistance 10. Needs elegeritic wheekhair or partial assistance to operate manual wheekhair 2. Moves independently in manual wheekhair 3. Needs elegeritic wheekhair or partial assistance to operate manual wheekhair 3. Needs elegeritic wheekhair on partial assistance to operate manual wheekhair 3. Needs elegeritic wheekhair on a crutches (swing) 5. Walks with one cane 7. Needs leg orthosis only 8. Walks without walking aids 10. Walks with one cane 7. Needs leg orthosis only 8. Walks without walking aids 11. Mobility Outdoors (more than 100 meters) 9. Requires total assistance 10. Needs elegeritic wheekhair op partial assistance to operate manual wheekhair 2. Needs elegeritic wheekhair op artial assistance to operate manual wheekhair 3. Requires total assistance 10. Needs elegeritic wheekhair op artial assistance to operate manual wheekhair 3. Requires total assistance 10. Needs elegeritic wheekhair op artial assistance to operate manual wheekhair 3. Requires total assistance 10. Needs elegeritic wheekhair of partial assistance to operate manual wheekhair 3. Requires total assistance 10. Requires total assistance 10. Needs elegeritic wheekhair and or truthes (wing) 3. Walks with outches or two canes (reciprocal walking) 5. Walks with outches or two canes (reciprocal walking) 5. Walks with outches or two canes (reciprocal walking) 6. Walks with a walking frame or cutches (wing) 6. Walks with a wa	-			
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 Unable to ascend or descend stairs Ascends and descends at least 3 steps with support or supervision of another person Ascends and descends at least 3 steps with support of handrail and/or crutch or cane Ascends and descends at least 3 steps without any support or supervision 16. Transfers: wheelchair-car (approaching car, locking wheelchair, removing arm and footrests, transferring to and from car, bringing wheelchair into and out of car) Requires total assistance Needs partial assistance and/or supervision and/or adaptive devices Transfers: ground-wheelchair Requires assistance Transfers independent with or without adaptive devices (or does not require wheelchair) 	 Mobility Outdoors (more that 0. Requires total assistance 1. Needs electric wheelchair of 2. Moves independently in m 3. Requires supervision while 4. Walks with a walking frame 5. Walks with rutches or two 6. Walks with one cane 7. Needs leg orthosis only 	an 100 meters) or partial assistance to operate manua nanual wheelchair e walking (with or without devices) e or crutches (swing) o canes (reciprocal waking)	al wheelchair	
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17. Transfers: ground-wheelchair 0. Requires assistance 1. Transfers independent with or without adaptive devices (or does not require wheelchair) Mobility Subtotal (0-40)	wheelchair into and out of car) 0. Requires total assistance 1. Needs partial assistance an	nd/or supervision and/or adaptive dev	vices	
	17. Transfers: ground-wheelchai 0. Requires assistance	ir		
		Mobility S	Subtotal (0-40)	
Clinician Signature: Date:			on: Re-Assessment: Discha	-

SCIM – Spinal Cord Independence Measure (Version III, Self-report 2013)

This section asks about functioning in activities of daily living. For each item, please check the box next to the statement that best reflects **your current situation**. Please read the text carefully and only check one box in each section.

1. Eati	ng and drinking
	0. I need artificial feeding or a stomach tube
	0. I need total assistance with eating/drinking
	 I need partial assistance with eating/drinking or for putting on/taking off adaptive devices
	 I eat/drink independently, but I need adaptive devices or assistance for cutting food, pouring drinks or opening containers
	3. I eat/drink independently without assistance or adaptive devices
2. (a	a) Washing your <u>upper body and head</u> Washing your upper body and head includes soaping and drying, and using a water tap.
	0. I need total assistance
	1. I need partial assistance
	2. I am independent but need adaptive devices or specific equipment (e.g., bars, chair)
	3. I am independent and do not need adaptive devices or specific equipment
(1	b) Washing your <u>lower body</u> Washing your lower body includes soaping and drying, and using a water tap.
	0. I need total assistance
	1. I need partial assistance
	 I am independent but need adaptive devices or specific equipment (e.g., bars, chair) I am independent and do not need adaptive devices or specific equipment
3. (a) Dressing your <u>upper body</u>
	Dressing the upper body includes putting on and taking off clothes like t-shirts, blouses, shirts, bras, shawls, or orthoses (e.g., arm splint, neck brace, corset) Easy-to-dress clothes are those without buttons, zippers, or laces.
	Difficult-to-dress clothes are those with buttons, zippers, or laces.
	0. I need total assistance
	1. I need partial assistance, even with easy-to-dress clothes
	2. I do not need assistance with easy-to-dress clothes, but I need adaptive devices or
	 specific equipment I am independent with easy-to-dress clothes and only need assistance or adaptive devices or a specific setting with difficult-to-dress clothes I am completely independent

SCIM – Spinal Cord Independence Measure (Version III, Self-report 2013)

ADDRESSOGRAPH

(b) Dressing your lower body

Dressing the lower body includes putting on and taking off clothes like shorts, trousers, shoes, socks, belts, or orthoses (e.g., leg splint)

Easy-to-dress clothes are those without buttons, zippers, or laces.

Difficult-to-dress clothes are those with buttons, zippers, or laces.

- 0. I need total assistance
- 1. I need partial assistance, even with easy-to-dress clothes
- 2. I do not need assistance with easy-to-dress clothes, but I need adaptive devices or specific equipment
- 3. I am independent with easy-to-dress clothes and only need assistance or adaptive devices or a specific setting with difficult-to-dress clothes
- 4. I am completely independent

4. Grooming

Please think about activities such as washing hands and face, brushing teeth, combing hair, shaving, or applying makeup

- 0. I need total assistance
- 1. I need partial assistance
- 2. I am independent with adaptive devices
- 3. I am independent without adaptive devices

5. Breathing

Please check only one box, depending on whether or not you need a respiratory (tracheal) tube.

I need a respiratory (tracheal) tube...

- 0. as well as permanent or from time to time assisted ventilation
- 2. as well as extra oxygen and a lot of assistance in coughing or respiratory tube management
- 4. as well as little assistance in coughing or respiratory tube management

I do not need a respiratory (tracheal) tube...

- 6. but I need extra oxygen or a lot of assistance in coughing or a mask (e.g., positive end-expiratory pressure (PEEP)) or assisted ventilation from time to time (e.g., bilevel positive airway pressure (BIPAP))
- 8. and only little assistance or stimulation for coughing
- 10. and can breathe and cough independently without any assistance or adaptive device

SCIM – Spinal Cord Independence Measure (Version III, Self-report 2013)

ADDRESSOGRAPH

6. Bladder management Please think about the way you empty your bladder. [Scoring of item 6: see appendix A]

(a) Use of an indwelling catheter

- 0. Yes \rightarrow Please go to question 7a
- 1. No \rightarrow Please also answer questions 6b and 6c

(b) Intermittent catheterization

- 0. I need total assistance
- 1. I do it myself with assistance (self-catheterization)
- 2. I do it myself without assistance (self-catheterization)
- 3. I do not use it

(c) Use of external drainage instruments (e.g., condom catheter, diapers, sanitary napkins)

- 0. I need total assistance for using them
- 1. I need partial assistance for using them
- 2. I use them without assistance
- 3. I am continent with urine and do not use external drainage instruments

7. Bowel management [scoring of item 7: see appendix B] (a) Do you need assistance with bowel management (e.g., for applying suppositories)?

- 0. Yes
- 1. No

(b) My bowel movements are...

- 0. irregular or seldom (less than once in 3 days)
- 1. regular (at least once every 3 days)

(c) Faecal incontinence ('accidents') happens...

- 0. twice a month or more
- 1. once a month
- 2. not at all

SCIM – Spinal Cord Independence Measure (Version III, Self-report 2013)

ADDRESSOGRAPH

8. Using the toilet

Please think about the use of the toilet, cleaning your genital area and hands, putting on and taking off clothes, and the use of sanitary napkins or diapers.

- 0. I need total assistance
- 1. I need partial assistance and cannot clean myself
- 2. I need partial assistance but can clean myself
- 4. I do not need assistance but I need adaptive devices (e.g., bars) or a special setting (e.g., wheelchair accessible toilet)
- 5. I do not need any assistance, adaptive devices or a special setting

9. How many of the following four activities can you perform without assistance or electrical aids

- turning your upper body in bed
- turning your lower body in bed
- sitting up in a bed
- doing push-ups in wheelchair (with or without adaptive devices)
- 0. none, I need assistance in all these activities
- 2. one
- 4. two or three
- 6. all of them

10. Transfers from the bed to the wheelchair

- 0. I need total assistance
- 1. I need partial assistance, supervision or adaptive devices (e.g., sliding board)
- 2. I do not need any assistance or adaptive devices
- 2. I do not use a wheelchair

11. Transfers from the <u>wheelchair to the toilet/tub</u>

Transferring also includes transfers from the wheelchair or bed to a toilet wheelchair

- 0. I need total assistance
- 1. I need partial assistance, supervision or adaptive devices (e.g., grab-bars)
- 2. I do not need any assistance or adaptive devices
- 2. I do not use a wheelchair

SCIM – Spinal Cord Independence Measure (Version III, Self-report 2013)

ADDRESSOGRAPH

12. Moving around indoors

Please check only one box, depending on whether or not you usually use a wheelchair or walk to move around indoors.

I use a wheelchair. To move around, I...

- 0. need total assistance
- 1. need an electric wheelchair or partial assistance to operate a manual wheelchair
- 2. am independent in a manual wheelchair

I walk indoors and I...

- 3. need supervision while walking (with or without walking aids)
- 4. walk with a walking frame or crutches, swinging forward with both feet at a time
- 5. walk with crutches or two canes, setting one foot before the other
- 6. walk with one cane
- 7. walk with a leg orthosis(es) only (e.g., leg splint)
- 8. walk without walking aids

13. Moving around moderate distances (10 to 100 metres)

Please check only one box, depending on whether or not you usually use a wheelchair or walk to move around moderate distances (10 to 100 meters).

I use a wheelchair. To move around, I...

- 0. need total assistance
- 1. need an electric wheelchair or partial assistance to operate a manual wheelchair
- 2. am independent in a manual wheelchair

I walk moderate distances and I...

- 3. need supervision while walking (with or without walking aids)
- 4. walk with a walking frame or crutches, swinging forward with both feet at a time
- 5. walk with crutches or two canes, setting one foot before the other
- 6. walk with one cane
- 7. walk with a leg orthosis(es) only (e.g., leg splint)
- 8. walk without walking aids

SCIM – Spinal Cord Independence Measure (Version III, Self-report 2013)

ADDRESSOGRAPH

14. Moving around outdoors for <u>more than 100 metres</u> Please check only one box, depending on whether or not you usually use a wheelchair or walk to move around outdoors for more than 100 metres.

I use a wheelchair. To move around, I...

- 0. need total assistance
- 1. need an electric wheelchair or partial assistance to operate a manual wheelchair
- 2. am independent in a manual wheelchair

I walk more than 100 metres and I...

- 3. need supervision while walking (with or without walking aids)
- 4. walk with a walking frame or crutches, swinging forward with both feet at a time
- 5. walk with crutches or two canes, setting one foot before the other
- 6. walk with one cane
- 7. walk with a leg orthosis(es) only (e.g., leg splint)
- 8. walk without walking aids

15. Going up and down stairs

Please check only one box, depending on whether or not you are able to go up and down stairs.

0. I am unable to go up and down stairs

I can go up and down at least 3 steps...

- 1. but only with assistance or supervision
- 2. but only with devices (e.g., handrail, crutch or cane)
- 3. without any assistance, supervision or devices

16. Transfers from the <u>wheelchair into the car</u>

Transfers also include putting the wheelchair into and taking it out of the car.

- 0. I need total assistance
- 1. I need partial assistance, supervision or adaptive devices
- 2. I do not need any assistance or adaptive devices
- 2. I do not use a wheelchair

SCIM – Spinal Cord Independence Measure (Version III, Self-report 2013)

ADDRESSOGRAPH

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17. Transfers from the floor to the wheelchair

- 0. I need assistance
- 1. I do not need any assistance
- 1. I do not use a wheelchair

SCORING (for clinician to complete)

Please use the following tables for items 6 and 7.

	Ite	m 6		-	Item /			
SCIM-SF	R Item		Score in		SCIM-SR			Score in
6A	6B	6C	SCIM-SR		7A	7B	7C	SCIM-SR
	Not	Not	_		Not		Not	
0	relevant	relevant	0		relevant	0	relevant	0
-	if 6A=0	if 6A=0	,		if 7B=0		if 7B=0	
1	0	0	6		0	1	1	5
1	0	1	6		0	1	2	5
1	0	2	6		1	1	1	8
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05 INSTRUCTIONS

The SCIM III is very user friendly. The authors of the SCIM intended administration and scoring of the assessment to be self-explanatory and therefore, they didn't include an instructional manual for the assessment. Although no instruction manual is available from the authors of the SCIM, some guidelines and "tips" were developed by the clinical team at RHI to improve scoring clarity and inter-rater reliability with clinicians using the measure. These guidelines were developed with consultation and feedback from clinicians and researchers who work with patients with SCI.

Guidelines for Administering and Scoring the SCIM III

There are a total of 19 items on the SCIM III, which are divided into 3 subscales (self-care, respiration and sphincter management, and mobility). A total score out of 100 is achieved, with the subscales weighted as follows: self-care: scored 0-20; respiration and sphincter management: scored 0-40; and mobility: scored 0-40 (5).

Scores are higher in patients that require less assistance or fewer aids to complete basic activities of daily living and life support activities.

The SCIM III ideally is administered by clinical observation, however chart abstraction or clinical consultation can also be used to score the items when necessary (6). More than one clinical team member can contribute to the scoring as necessary (3).

- Each of the 19 items should be assessed within a 72-hour period. All questions should be answered. 'Not tested' (NT) is not an option in any of the 19 questions.
- Record the score that best describes the patient's level of function at the time of assessment, as the score should reflect how the patient typically performs the task. For example, if the patient's function is affected on short-term basis due to an acute illness (i.e. influenza) when performing the assessment, then scoring would reflect the patient's function when he/she is healthy. However, the intent of the SCIM is to assess and show change in function; therefore if the patient's function is compromised by health issues that have longer healing times (such as a fracture or a wound), then the patient is scored on how he/she performs at the time of the assessment.
- If significant differences in function occur throughout the day the task should be scored according to the patient's baseline function.
- 'Assistance' refers to physical assistance, (including assistance with set-up); and 'adapted aids' refers to any equipment the patient requires to complete the task.

Self-Care

- Q1. Feeding: The patient's level of independence with this task should be assessed at the location where they most typically eat and drink. The patient's ability to get to an eating location through wheeling or walking is not considered when scoring this task. The patient is scored on their ability to eat and drink, and if adaptive aids or assistance is required. If the patient is independent with eating and drinking, but requires assistance with set-up, then they would achieve a score of 2. Assistance throughout the day to ensure adequate fluid intake, should also be considered. A camelback or customized cup would be considered an adapted aid.
- **O2. Bathing** (upper and lower body): This is an assessment of a patient's ability to perform bathing tasks including soaping, washing, drying the body and head and manipulating the water tap and shower handle. Shower, tub or commode transfers are not considered when scoring this task. The patient's function in their present home or institutional setting should be assessed, and not in novel settings (such as when travelling). Stand-by assistance or supervision for safety reasons such as checking water temperature, should be considered partial assistance.
- **O3. Dressing** (upper and lower body): This is an assessment of the patient's ability to don clothing. Their ability to transfer to a location to dress or obtain clothing from drawers or closets is not considered when scoring this task. The patient needs to be able to do all three of the difficult-to-dress tasks of buttons, zippers and laces (bzl) without assistance or aids to be scored as independent. If the patient can dress without any assistance or aids, but they choose to have assistance with this task, they would be scored according to how they function in their present daily routine, which would be partial or full assistance. If the patient has never tried to do the bzl's since their injury, they should be scored based on what they say their level of function would be for these activities. Examples of adaptive aids or specific equipment can be splints, adapted clothing, assistive devices (such as button hooks, reachers, dressing sticks, zipper pulls), overhead loops, bed railings, a wheelchair or an electric bed (if they position the wheel-chair or bed in a specific position to enable them to dress).
- Q4. Grooming: The patient should be evaluated on their ability to complete their typical daily grooming routine. Assessment of this task includes all activities pertaining to grooming, and managing objects such as toothbrushes, combs/hairbrushes, razors and make-up brushes. Wheeling or walking to the location of the activities is not considered when scoring this task.

Respiration and Sphincter Management

- Q5. Respiration: Assistance with coughing refers to assistance with secretion clearance and can include positioning, suctioning and physical assistance with coughing. Frequency and time should be considered when scoring this question. If the patient requires frequent sessions for long periods of time for assisted coughs/secretion removal, then that would be considered 'a lot of assistance'. If someone requires assistance occasionally for short periods of time, then that would be considered 'a little assistance'.
- Q6. Sphincter Management-Bladder: This question refers to how the patient manages their bladder. Transfers and positioning for bladder management is not considered when scoring this task. Residual volume is the amount of urine that remains in the bladder after voiding. Residual volumes can be abstracted from the patient's chart if measurement was not completed by the assessing clinician. An external drainage instrument is any equipment that is external to the

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body and is used to collect urine. This would include condom catheters, pads and adult diapers/briefs. Further explanation of the scoring options is as follows:

0. Indwelling catheter as the patient's primary method of managing their bladder.

3. This answer refers to patients who do not have an indwelling catheter and residual volumes are high or unknown. This can include patients who manually stimulate their bladder to urinate (for example, pressing on their lower abdomen to urinate), perform infrequent intermittent catheterizations, require assistance with intermittent catheterizations that are performed infrequently, or use an external drainage instrument AND have high or unknown residual volumes.

6. This answer refers to patients who have low residual volumes, perform regular intermittent catherizations throughout the day with assistance; OR use an external drainage instrument, have low residual volumes AND require assistance with applying the drainage device.

9. The patient has low residual volumes, performs intermittent catheterizations AND uses an external drainage instrument. The patient is independent with doing intermittent catheterizations and applying an external drainage device.

11. The patient is independent with performing regular intermittent catheterizations and does not require an external drainage instrument.

13. The patient has low residual volumes, uses an external drainage instrument and is independent with applying the instrument.

15. The patient is continent with low residual volumes, and does not require an external drainage instrument.

- Q7. Sphincter Management bowel: This question is about bowel emptying once the patient is in position to perform their bowel routine. The ability to transfer, perform peri-care or manage clothing is not considered when scoring this task. The patient would be scored '0' if they have infrequent bowel routines (less than once every three days), irregular timing of bowel movements or if they have more than 2 bowel accidents per month.
- **O8.** Use of Toilet: This question evaluates the patient's ability to clean themselves after toileting (either bowel or bladder), manage clothes and/or apply pads or diapers. This would include participants who manage their bladder from their wheelchair (such as catheterizing into a toilet bowl from a wheelchair). If the patient does their bowel routine in bed or on a commode with assistance and wears a drainage device for their bladder, then they would be scored at a '0' or '1', depending on the level of assistance they require. If the patient performs their bowel routine in bed, but are independent with this task, then they would score '4' as they require a special setting.

Mobility (room and toilet)

- **O9. Mobility in Bed and Action to Prevent Pressure Sores:** 'Without assistance' means the patient can change their position in bed and perform weight shifts without physical assistance or the aid of an electric bed or an electric wheelchair. They can use bedrails, the side of a wheelchair, an overhead loop or a strap to move in bed. Doing a push up in wheelchair refers to doing a seat lift or a lateral lean. The patient needs to be able to lift their buttocks completely off of the cushion in their wheelchair, or completely unweight their right and left buttocks to score '6'. A patient can use their arms and/or legs as well as adaptive devices like a table or armrests to perform the seat lift.
- **Q10. Transfers: Bed to wheelchair:** This question assesses the patient's ability to transfer between a bed and a wheelchair, which includes positioning of the wheelchair and manipulating any accessories (such as wheelchair brakes, armrests, caster locks). Scoring should also consider the patient's ability to position their legs and any adaptive aids such as a transfer board. If the patient uses a mechanical lift and are independent with parts or all of the transfer they would be scored a '1' (partial assist).
- **Q11. Transfers: Wheelchair-Toilet-Tub:** This refers to the patient's ability to transfer to either a toilet, commode or shower surface (such as the bottom of a bathtub, shower bench, shower chair or bath board). It is assessing the patient's ability to transfer to surfaces they typically use for toileting or showering. If the patient uses a different surface for toileting and showering the lower score should be chosen if the transfers have different scores.
- **Q12 to 14:** Mobility: Questions 12, 13 and 14 involve walking a variety of distances in both indoor and outdoor environments. The patient can use braces in all of the scoring options except the last one ('8': walk without aids'). The patient should be scored on the walking aid they use rather than their gait pattern (ie: if they step reciprocally but use a walker they would be scored a 4 not a 5). If the patient walks **and** uses a wheelchair scoring should reflect what the patient does typically and is safe for the patient at the time of the evaluation for the particular distance. A manual wheelchair with power assist wheels should be considered a power wheelchair. On Item 13 and 14, if the patient requires assistance with maneuvering on some terrains (such as grass or inclines) in a manual wheelchair, then they would score '1.'
- Q15. Stair Management: Scoring should reflect the patient's ability to manage stairs. If the patient is learning to climb stairs in therapy but manages stairs differently in other settings, then they would be scored on their ability to manage stairs outside of therapy. A patient who ascends and descends stairs on their buttocks should be scored '0' as this item assesses the patient's ability to manage stairs using their legs.
- **Q16.** Transfers: Wheelchair-Car: This question refers to the patient's ability to transfer in and out of a car. The patient's ability to manage their equipment once they have transferred into a car should be considered. If the patient is unable to transfer into a vehicle seat, they would be scored as '0' (requires total assistance). If the patient requires an adaptation to a vehicle to perform a vehicle transfer or requires assistance when transferring, then they would achieve a score of '1.'
- **Q17.** Transfers: Ground-Wheelchair: If the patient does not use a wheelchair, but requires assistance to transfer from floor level, they would be scored '0'.

REFERENCES & ADDITIONAL 06 RESOURCES

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Additional Resources

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> Questions or comments regarding this guideline? Email clinical@rickhanseninstitute.org.

24 | Toolkit for SCIM III

07 ADDITIONAL RELEVANT RHSCIR DATA COLLECTED

The SCIM Self-Report is collected in the RHSCIR Community Follow-up Questionnaire at one, two and five years post-injury, as well as every five years after that.



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