

**Spinal Cord Injury Spasticity Evaluation Tool:**

Adapted from Adams MM, Martin Ginis KA, and Hicks AL. The Spinal Cord Injury Spasticity Evaluation Tool: Development and Evaluation, Arch Phys Med Rehabil, 88: 1185-92, 2007; Appendix 1. Used with permission from Elsevier Publishing.

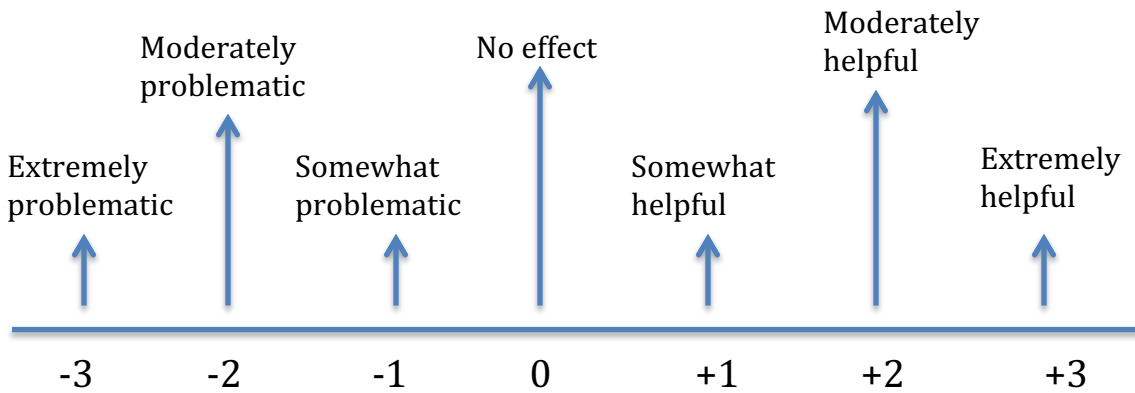
Instructions to the patient:

*“For each of the following, please choose the answer that best describes how your spasticity symptoms have affected that area of your life **during the past 7 days**. When I talk about “spasticity symptoms”, I mean:*

- a) uncontrolled, involuntary muscle contraction or movement (slow or rapid, short or prolonged)*
- b) involuntary, repetitive, quick muscle movements (up and down, side to side)*
- c) muscle tightness*
- d) what you might describe as “spasms”*

*Please let me know when a question is not applicable to you.”*

Rating scale: (print one out for the patient to refer to)



Scoring:

The SCI-SET is scored by summing all the responses from the applicable items then dividing the sum by the number of applicable items, generating a total score between -3 and +3.

Items on the SCI-SET:

<b>During the last 7 days, how have your spasticity symptoms affected:</b>	<b>Score</b>
1. your showering?	
2. your dressing / undressing?	
3. your transfers (to and from bed, chair, vehicle, etc.)?	
4. your sitting positioning (in your chair, etc.)?	
5. the preparation of meals?	
6. eating?	
7. drinking?	

8. your small hand movements (writing, use of computer, etc.)?	
9. your ability to perform household chores?	
10. your hobbies / recreational activities?	
11. your enjoyment of social outings?	
12. your ability to stand / weight-bear?	
13. your walking ability?	
14. your stability / balance?	
15. your muscle fatigue?	
16. the flexibility of your joints?	
17. your therapy / exercise routine?	
18. your manual wheelchair use?	
19. your power wheelchair use?	
20. your lying positioning (in bed, etc.)?	
21. your ability to change positions in bed?	
22. your ability to get to sleep?	
23. the quality of your sleep?	
24. your sex life?	
25. the feeling of being annoyed?	
26. the feeling of being embarrassed?	
27. your feeling of comfort socially?	
28. your feeling of comfort physically?	
29. your pain?	
30. your concern with falling?	
31. your concern with getting injured?	
32. your concern with accidentally injuring someone else?	
33. your ability to concentrate?	
34. your feelings of control over your body?	
35. your need to ask for help?	

SCI-SET Worksheet:

Patient name: \_\_\_\_\_

Date: \_\_\_\_\_

<b>During the last 7 days, how have your spasticity symptoms affected:</b>	<b>Score</b>
1. your showering?	
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29. your pain?	
30. your concern with falling?	
31. your concern with getting injured?	
32. your concern with accidentally injuring someone else?	
33. your ability to concentrate?	
34. your feelings of control over your body?	
35. your need to ask for help?	

Sum: \_\_\_\_\_

Total score (sum/35): \_\_\_\_\_