Spinal Cord Independence Measure

Patient name:				ID:					
Examiner name:			1						
Enter the score for each function in the adjacent sq examinations.	uare, belov	v the date.	. The form	may be u	sed for up	to 6			
		Exam 1	Exam 2	Exam 3	Exam 4	Exam 5	Exam 6		
Self-care	Dates:								
Feeding (cutting, opening containers, pouring, b food to mouth, holding cup with fluid)	ringing								
 0 = Needs parenteral, gastrostomy, or fully assist a large of the second of t	rinking, or f or assista	for wearing nce only fo	or cutting f	food and/o	r pouring	and/or ope	ening		
2. Bathing (soaping, washing, drying body and hea	ad, manipul	ating wate	er tap). A-u	upper body	/; B-lower	body			
A-upper body									
 0 = Requires total assistance 1 = Requires partial assistance 2 = Washes independently; does not require administration (adss) 3 = Eats and drinks independently; does not recommendently; 		-			stomary fo	r healthy p	people)		
B-lower body									
 0 = Requires total assistance 1 = Requires partial assistance 2 = Washes independently with adss 3 = Washes independently; does not require additional additional	ss								
3. Dressing (clothes, shoes, permanent orthoses:	dressing, w	earing, un	dressing).	. A-upper l	oody; B-lo	wer body			
A-upper body									
B-lower body									
 0 = Requires total assistance 1 = Requires partial assistance with clothes with 2 = Independent with cwobzl; requires adss 3 = Independent with cwobzl; does not require a 4 = Dresses (any cloth) independently; does not 	adss; needs	s assistand	ce or adss	only for b					
4. Grooming (washing hands and face, brushing to combing hair, shaving, applying makeup)	eeth,								
 0 = Requires total assistance 1 = Requires partial assistance 2 = Grooms independently with adaptive device 3 = Grooms independently without adaptive device 									
Subtot	al (0-20):								

	F	F	F	F	F	-		
	Exam 1	Exam 2	Exam 3	Exam 4	Exam 5	Exam 6		
Respiration and sphincter management								
5. Respiration								
 0 = Requires tracheal tube (TT) and permanent or intermitt 2 = Breathes independently with TT; requires oxygen, much 4 = Breathes independently with TT; requires little assistan 6 = Breathes independently without TT; requires oxygen, management (bipap) 8 = Breathes independently without TT; requires little assis 10 = Breathes independently without assistance or device 	h assistan ce in coug nuch assis	ce in coug hing or TT tance in co	hing or TT manager oughing, a	nent mask (e.		or IAV		
6. Sphincter management - bladder								
 0 = Indwelling catheter 3 = Residual urine volume (RUV) > 100cc; no regular catheterization or assisted intermittent catheterization 6 = RUV < 100cc or intermittent self-catheterization; needs assistance for applying drainage instrument 9 = Intermittent self-catheterization; uses external drainage instrument; does not need assistance for applying 11 = Intermittent self-catheterization; continent between catheterizations; does not use external drainage instrument 13 = RUV <100cc; needs only external urine drainage; no assistance is required for drainage 15 = RUV <100cc; continent; does not use external drainage instrument 								
7. Sphincter management - bowel								
 0 = Irregular timing or very low frequency (less than once in 3 days) of bowel movements 5 = Regular timing, but requires assistance (e.g., for applying suppository); rare accidents (less than twice a month) 8 = Regular bowel movements, without assistance; rare accidents (less than twice a month) 10 = Regular bowel movements, without assistance; no accidents 								
8. Use of Toilet (perineal hygiene, adjustment of clothes before/after, use of napkins or diapers).								
 0 = Requires total assistance 1 = Requires partial assistance; does not clean self 2 = Requires partial assistance; cleans self independently 4 = Uses toilet independently in all tasks but needs adaptive devices or special setting (e.g., bars) 5 = Uses toilet independently; does not require adaptive devices or special setting) 								
Subtotal (0-40):								
Mobility (room and toilet)								
9. Mobility in bed and action to prevent pressure sores								
 0 = Needs assistance in all activities: turning upper body in bed, turning lower body in bed, sitting up in bed, doing push-ups in wheelchair, with or without adaptive devices, but not with electric aids 2 = Performs one of the activities without assistance 4 = Performs two or three of the activities without assistance 6 = Performs all the bed mobility and pressure release activities independently 								
10. Transfers: bed-wheelchair (locking wheelchair, lifting footrests, removing and adjusting arm rests, transferring, lifting feet).								
 0 = Requires total assistance 1 = Needs partial assistance and/or supervision, and/or ad 2 = Independent (or does not require wheelchair) 	aptive dev	vices (e.g.,	sliding bo	ard)				

Powered by **care**patron

	Exam 1	Exam 2	Exam 3	Exam 4	Exam 5	Exam 6
11. Transfers: wheelchair-toilet-tub (if uses toilet wheelchair: transfers to and from; if uses regular wheelchair: locking wheelchair, lifting footrests, removing and adjusting armrests, transferring, lifting feet)						
 0 = Requires total assistance 1 = Needs partial assistance and/or supervision, and/or ada 2. Independent (or does not require wheelchair) 	aptive dev	ices (e.g.,	grab-bars	s)		
Mobility (indoors and outdoors, on even surface)						
12. Mobility indoors						
13. Mobility for moderate distances (10-100 meters)						
14. Mobility outdoors (more than 100 meters)						
 1 = Needs electric wheelchair or partial assistance to operate 2 = Moves independently in manual wheelchair 3 = Requires supervision while walking (with or without deverage 4 = Walks with a walking frame or crutches (swing) 5 = Walks with crutches or two canes (reciprocal walking) 6 = Walks with one cane 7 = Needs leg orthosis only 8 = Walks without walking aids 						
15. Stair management						
 0 = Unable to ascend or descend stairs 1 = Ascends and descends at least 3 steps with support or 2 = Ascends and descends at least 3 steps with support of 3 = Ascends and descends at least 3 steps without any sup 16. Transfers: wheelchair-car (approaching car, locking 	handrail a	nd/or crut	•			
wheelchair, removing arm- and footrests, transferring to and from car, bringing wheelchair into and out of car)						
 0 = Requires total assistance 1 = Needs partial assistance and/or supervision and/or ada 2 = Transfers independent; does not require adaptive device 	-		uire wheel	chair)		
17. Transfers: ground-wheelchair						
 0 = Requires total assistance 1 = Transfers independent with or without adaptive devices 	(or does	not require	e wheelch	air)	1	
Subtotal (0-40)						
Total SCIM score (0-100)						

Reference

Catz, A., Itzkovich, M., Agranov, E., Ring, H., & Tamir, A. (1997). SCIM – spinal cord independence measure: a new disability scale for patients with spinal cord lesions. *Spinal Cord*, *35*(12), 850–856. https://doi.org/10.1038/sj.sc.3100504