

Appendix: The Spinal Cord Independence Measure, Version III

Patient Name: \_\_\_\_\_ ID: \_\_\_\_\_

Examiner Name: \_\_\_\_\_

(Enter the score or each function in the adjacent square, below the date. The form may be used for up to 6 examinations).

**SCIM – SPINAL CORD INDEPENDENCE MEASURE** Version III, Sept 14, 2002

**Self Care**

1. Feeding (cutting, opening containers, pouring, bringing food to mouth, holding cup with fluid). Date: \_\_\_\_\_

Exam 1	Ex. 2	Ex. 3	Ex. 4	Ex. 5	Ex. 6

- 0. Needs parenteral, gastronomy, or fully assisted oral feeding
- 1. Needs partial assistance for eating and/or drinking, or for wearing adaptive devices.
- 2. Eats independently; needs adaptive devices or assistance only for cutting food and/or pouring and/or opening containers.
- 3. Eats and drinks independently; does not require assistance or adaptive devices.

2. Bathing (soaping washing, drying body and head, manipulating water tap). A – upper body; B – lower body.

A. 0. Requires total assistance

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- 1. Requires partial assistance
- 2. Washes independently with adaptive devices or in a specific setting (e.g. bars, chair)
- 3. Washes independently; does not require adaptive devices or in a specific setting (not customary for healthy people) (adss)

B. 0. Requires total assistance

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- 1. Requires partial assistance
- 2. Washes independently with adaptive devices or in a specific setting (e.g. bars, chair)
- 3. Washes independently; does not require adaptive devices or in a specific setting (not customary for healthy people) (adss)

3. Dressing (clothes, shoes, permanent orthoses: dressing, wearing, undressing). A – upper body; B – lower body.

A. 0. Requires total assistance

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- 1. Requires partial assistance with clothes without buttons, zippers or laces (cwobzl)
- 2. Independent with cwobzl; requires adaptive devices and/or specific settings (adss)
- 3. Independent with cwobzl; does not require adss; needs assistance or adss only for bzl
- 4. Dresses (any cloth) independently; does not require adaptive devices or specific setting

B. 0. Requires total assistance

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- 1. Requires partial assistance with clothes without buttons, zipps or laces (cwobzl)
- 2. Independent with cwobzl; requires adaptive devices and/or specific settings (adss)
- 3. Independent with cwobzl; does not require adss; needs assistance or adss only for bzl
- 4. Dresses (any cloth) independently; does not require adaptive devices or specific setting

4. Grooming (washing hands and face, brushing teeth, combing hair, shaving, applying makeup).

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A. 0. Requires total assistance

- 1. Requires partial assistance
- 2. Grooms independently with adaptive devices
- 3. Washes independently without adaptive devices

SUBTOTAL (0-20) 

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**Respiration and Sphincter Management**

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

Exam 1	Ex. 2	Ex. 3	Ex. 4	Ex. 5	Ex. 6

**5. Respiration**

- 0. Requires tracheal tube (TT) and permanent or intermittent assisted ventilation (IAV).
- 2. Breathes independently with TT; requires oxygen, much assistance in coughing or TT management.
- 4. Breathes independently with TT; requires little assistance in coughing or TT management.
- 6. Breathes independently without TT; requires oxygen, much assistance in coughing, a mask (e.g. peep) or IAV (bipap).
- 8. Breathes independently without TT; requires little assistance or stimulation for coughing.
- 10. Breathes independently without assistance or device.

**6. Sphincter Management – Bladder**

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- 0. Indwelling catheter.
- 3. Residual urine volume (RUV) > 100cc; no regular catheterization or assisted intermittent catheterization.
- 6. Residual urine volume (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; doe 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**

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- 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).**

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- 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) 

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**Mobility**

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

Exam 1	Ex. 2	Ex. 3	Ex. 4	Ex. 5	Ex. 6

**9. Mobility (room and toilet)**

- 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, nut not with electronic 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).**

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- 0. Requires total assistance
- 1. Needs partial assistance and/or supervision, and/or adaptive devices (e.g. sliding board)
- 2. Independent (or does not require wheelchair)

**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)**

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- 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)**

**12. Mobility Indoors**

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- 0. Requires total assistance
- 1. Needs electric wheelchair or partial assistance to operate manual wheelchair
- 2. Moves independently in manual wheelchair
- 3. Requires supervision while walking (with or without devices)
- 4. Walks with a walking frame or crutches (swing)
- 5. Walks with a crutches 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 mtrs)**

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- 0. Requires total assistance
- 1. Needs electric wheelchair or partial assistance to operate manual wheelchair
- 2. Moves independently in manual wheelchair
- 3. Requires supervision while walking (with or without devices)
- 4. Walks with a walking frame or crutches (swing)
- 5. Walks with a crutches or two canes (reciprocal walking)
- 6. Walks with one cane
- 7. Needs leg orthosis only
- 8. Walks without walking aids

**14. Mobility Outdoors (more than 100 meters)**

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- 0. Requires total assistance
- 1. Needs electric wheelchair or partial assistance to operate manual wheelchair
- 2. Moves independently in manual wheelchair
- 3. Requires supervision while walking (with or without devices)
- 4. Walks with a walking frame or crutches (swing)
- 5. Walks with a crutches or two canes (reciprocal walking)
- 6. Walks with one cane
- 7. Needs leg orthosis only
- 8. Walks without walking aids

**15. Stair Management**

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- 0. Unable to ascend or descend stairs
- 1. Ascends and descends at least 3 steps with support or supervision of another person
- 2. Ascends and descends at least 3 steps with support of handrail and/or crutch or cane
- 3. 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)**

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- 0. Requires total assistance
- 1. Needs partial assistance and/or supervision and/or adaptive devices
- 2. Transfers independent; does not require adaptive devices (or does not require wheelchair)

**17. Transfers: ground – wheelchair**

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- 0. Requires assistance
- 1. Transfers independent with or without adaptive devices (or does not require wheelchair)

SUBTOTAL (0-40)

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**TOTAL SCIM SCORE (0 – 100):**

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