

# Fugl-Meyer Assessment

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

Evaluator's Name: \_\_\_\_\_ Evaluator's Signature: \_\_\_\_\_

## Fugl-Meyer Assessment Upper Extremity (FMA-UE)

### A. Upper Extremity

#### I. Reflex Activity

	None = 0	Can be elicited = 2
<b>Flexors:</b> Biceps and Fingers	<input type="checkbox"/> None	<input type="checkbox"/> Can be elicited
<b>Extensors:</b> Triceps	<input type="checkbox"/> None	<input type="checkbox"/> Can be elicited

Subtotal I: ( \_\_\_ / 4 )

#### II. Volitional Movement Within Dynamic Flexor/Extensor Synergies (w/o gravitational help)

**Flexor Synergy:** Hand from contralateral knee to ipsilateral ear.

**Extensor Synergy:** Hand from ipsilateral ear to contralateral knee.

		None = 0	Partial = 1	Full = 2
<b>Flexor Energy</b>	<b>Shoulder</b>	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Full
	<ul style="list-style-type: none"> <li>• Retraction</li> <li>• Elevation</li> <li>• Abduction (90°)</li> <li>• External rotation</li> </ul>	<input type="checkbox"/> None <input type="checkbox"/> None <input type="checkbox"/> None <input type="checkbox"/> None	<input type="checkbox"/> Partial <input type="checkbox"/> Partial <input type="checkbox"/> Partial <input type="checkbox"/> Partial	<input type="checkbox"/> Full <input type="checkbox"/> Full <input type="checkbox"/> Full <input type="checkbox"/> Full
	<b>Elbow</b>	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Full
<b>Extensor Synergy</b>	<b>Forearm</b>	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Full
	<ul style="list-style-type: none"> <li>• Supination</li> </ul>	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Full
	<b>Shoulder</b>	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Full
<b>Extensor Synergy</b>	<ul style="list-style-type: none"> <li>• Adduction/Internal Rotation</li> </ul>	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Full
	<b>Elbow</b>	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Full
	<ul style="list-style-type: none"> <li>• Extension</li> </ul>	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Full
<b>Extensor Synergy</b>	<b>Forearm</b>	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Full
	<ul style="list-style-type: none"> <li>• Pronation</li> </ul>	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Full

Subtotal II: ( \_\_\_ / 18 )

Fugl-Meyer AR, Jaasko L, Leyman I, Olsson S, Steglind S: The post-stroke hemiplegic patient. A method for evaluation of physical performance. Scand J Rehabil Med 1975, 7:13-31. Rehabilitation Medicine, University of Gothenburg

### III. Volitional movement mixing synergies (without compensation)

	Score Guide	None = 0	Partial = 1	Full = 2
<b>Hand to Lumbar Spine</b> hand on lap	<b>0</b> = cannot perform or hand in front of ant-sup iliac spine <b>1</b> = hand behind ant-sup iliac spine (without compensation) <b>2</b> = hand to lumbar spine (without compensation)	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Full
<b>Shoulder flexion 0°- 90°</b> elbow at 0° pronation-supination 0°	<b>0</b> = immediate abduction or elbow flexion <b>1</b> = abduction or elbow flexion during movement <b>2</b> = flexion 90°, no shoulder abduction or elbow flexion	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Full
<b>Shoulder flexion 0°- 90°</b> elbow at 0° pronation-supination 0°	<b>0</b> = immediate abduction or elbow flexion <b>1</b> = abduction or elbow flexion during movement <b>2</b> = flexion 90°, no shoulder abduction or elbow flexion	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Full

**Subtotal III: ( \_\_\_ / 6 )**

### IV. Volitional movement with little or no synergy

	Score Guide	None = 0	Partial = 1	Full = 2
<b>Shoulder abduction 0 - 90°</b> elbow at 0° forearm neutral	<b>0</b> = immediate supination or elbow flexion <b>1</b> = supination or elbow flexion during movement <b>2</b> = abduction 90°, maintains extension and pronation	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Full
<b>Shoulder flexion</b> 90° - 180° elbow at 0° pronation-supination 0°	<b>0</b> = immediate abduction or elbow flexion <b>1</b> = abduction or elbow flexion during movement <b>2</b> = flexion 180°, no shoulder abduction or elbow flexion	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Full

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	Score Guide	None = 0	Partial = 1	Full = 2
<b>Pronation/ supination</b> elbow at 0° shoulder at 30°- 90° flexion	<b>0</b> = no pronation/supination, starting position impossible <b>1</b> = limited pronation/supination, maintains start position <b>2</b> = full pronation/supination, maintains starting position	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Full

**Subtotal IV: ( \_\_\_ / 6 )**

### V. Normal Reflex Activity

Note: Only assess if the patient gets a full score of 6 (six) points in part IV. Compare with the unaffected side.

	Score Guide	None = 0	Partial = 1	Full = 2
Biceps, triceps, finger flexors	<b>0</b> = 2 of 3 reflexes markedly hyperactive <b>1</b> = 1 reflex markedly hyperactive or at least 2 reflexes lively <b>2</b> = maximum of 1 reflex lively, none hyperactive	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Full

**Subtotal IV: ( \_\_\_ / 2 )**

**TOTAL A: ( \_\_\_ /36 )**

### B. Wrist

Note: Check the passive range of motion prior to testing. You may provide support at the elbow, take/hold at the starting position only. Do not support the wrist.

	Score Guide	None = 0	Partial = 1	Full = 2
<b>Stability at 15° dorsiflexion</b> elbow at 90°, forearm pronated shoulder at 0°	<b>0</b> = less than 15° active dorsiflexion <b>1</b> = dorsiflexion 15°, no resistance tolerated <b>2</b> = maintains dorsiflexion against resistance	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Full
<b>Repeated dorsiflexion / volar flexion</b> elbow at 90°, forearm pronated shoulder at 0°, slight finger flexion	<b>0</b> = cannot perform volitionally <b>1</b> = limited active range of motion <b>2</b> = full active range of motion, smoothly	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Full

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	Score Guide	None = 0	Partial = 1	Full = 2
<b>Stability at 15° dorsiflexion</b> elbow at 0°, forearm pronated slight shoulder flexion/abduction	<b>0</b> = less than 15° active dorsiflexion <b>1</b> = dorsiflexion 15°, no resistance tolerated <b>2</b> = maintains dorsiflexion against resistance	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Full
<b>Repeated dorsiflexion / volar flexion</b> elbow at 0°, forearm pronated slight shoulder flexion/abduction	<b>0</b> = cannot perform volitionally <b>1</b> = limited active range of motion <b>2</b> = full active range of motion, smoothly	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Full
<b>Circumduction</b> elbow at 90° forearm pronated shoulder at 0°	<b>0</b> = cannot perform volitionally <b>1</b> = jerky movement or incomplete <b>2</b> = complete and smooth circumduction	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Full

**TOTAL B: ( \_\_\_ /10 )**

### C. Hand

Note: Compare with unaffected hand. You may provide support to keep the 90° flexion. Do not support the wrist. The objects must be interposed and the patient must have an active grasp on them.

	Score Guide	None = 0	Partial = 1	Full = 2
<b>Mass flexion</b> from full active or passive extension		<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Full
<b>Mass extension</b> from full active or passive flexion		<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Full
<b>GRASP</b>				

	Score Guide	None = 0	Partial = 1	Full = 2
<b>Hook grasp</b> flexion in PIP and DIP (digits II-V) extension in MCP II-V	<b>0</b> = cannot be performed <b>1</b> = can hold position but weak <b>2</b> = maintains position against resistance	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Full
<b>Thumb adduction</b> 1-st CMC, MCP, IP at 0° scrap of paper between thumb and 2-nd MCP joint	<b>0</b> = cannot be performed <b>1</b> = can hold paper but not against tug <b>2</b> = can hold paper against a tug	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Full
<b>Pincer grasp, opposition</b> pulpa of the thumb against the pulpa of 2nd finger Pencil tug upward	<b>0</b> = cannot be performed <b>1</b> = can hold pencil but not against tug <b>2</b> = can hold pencil but not against tug	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Full
<b>Cylinder grasp</b> cylinder shaped object (small can) tug upward opposition of thumb and fingers	<b>0</b> = cannot be performed <b>1</b> = can hold cylinder but not against tug <b>2</b> = can hold cylinder against a tug	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Full
<b>Spherical grasp</b> fingers in abduction/flexion thumb opposed tennis ball tug away	<b>0</b> = cannot be performed <b>1</b> = can hold ball but not against tug <b>2</b> = can hold ball against a tug	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Full

**TOTAL C: ( \_\_\_ /14 )**

### D. Coordination/Speed

Note: Do the test seated, one trial per arm. Ask the patient to close their eyes. Then, using the tip of their index finger, touch the knee to the nose five (5) times as fast as possible.

	Score Guide	Marked = 0	Slight = 0	None = 2
<b>Tremor</b>		<input type="checkbox"/> Marked	<input type="checkbox"/> Slight	<input type="checkbox"/> None

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	Score Guide	Marked = 0	Slight = 0	None = 2
<b>Dysmetria</b>	<b>0</b> = pronounced or unsystematic <b>1</b> = slight and systematic <b>2</b> = no dysmetria	<input type="checkbox"/> Marked	<input type="checkbox"/> Slight	<input type="checkbox"/> None
<b>Time</b> Start and end with the hand on the knee	<b>0</b> = 6 or more seconds slower than the unaffected side <b>1</b> = 2-5 seconds slower than the unaffected side <b>2</b> = less than 2 seconds difference	<input type="checkbox"/> Marked	<input type="checkbox"/> Slight	<input type="checkbox"/> None

TOTAL D: ( \_\_\_ /6 )

TOTAL A - D: ( \_\_\_ /66 )

## Fugl-Meyer Assessment Lower Extremity (FMA-UE)

### E. Lower Extremity

#### I. Reflex Activity

	None = 0	Can be elicited = 2
<b>Flexors:</b> Knee flexors	<input type="checkbox"/> None	<input type="checkbox"/> Can be elicited
<b>Extensors:</b> patellar, Achilles (at least one)	<input type="checkbox"/> None	<input type="checkbox"/> Can be elicited

Subtotal I: ( \_\_\_ / 4 )

#### II. Volitional Movement Within Synergies (supine position)

##### Guide:

- **Flexor Synergy:** Maximal hip flexion (abduction/external rotation), maximal flexion in knee and ankle joint (palpate distal tendons to ensure active knee flexion).
- **Extensor Synergy:** From flexor synergy to hip extension/adduction, knee extension, and ankle plantar flexion. Resistance is applied to ensure active movement, evaluate both movement and strength (compare with the unaffected side)

		None = 0	Partial = 1	Full = 2
<b>Flexor Synergy</b>	Hip Flexion	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Full
	Knee Flexion	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Full
	Ankle Dorsiflexion	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Full

		None = 0	Partial = 1	Full = 2
<b>Extensor Synergy</b>	Hip Extension	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Full
	Hip Adduction	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Full
	Knee Extension	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Full
	Ankle Plantar Flexion	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Full

**Subtotal II: ( \_\_\_ / 14 )**

### III. Volitional movement mixing synergies

Note: Have your patient be in a sitting position with the knee 10 cm from the edge of the bed/chair.

	Score Guide	None = 0	Partial = 1	Full = 2
<b>Knee flexion</b> from actively or passively extended knee	<b>0</b> = no active motion <b>1</b> = less than 90° active flexion, palpate tendons of hamstrings <b>2</b> = more than 90° active flexion	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Full
<b>Ankle dorsiflexion</b> compare with unaffected side	<b>0</b> = no active motion <b>1</b> = limited dorsiflexion <b>2</b> = complete dorsiflexion	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Full

**Subtotal III: ( \_\_\_ / 4 )**

### IV. Volitional movement with little or no synergy

Note: Have your patient do this in a standing position with hip at 0°

	Score Guide	None = 0	Partial = 1	Full = 2
<b>Knee flexion to 90°</b> hip at 0°, balance support is allowed	<b>0</b> = no active motion or immediate, simultaneous hip flexion <b>1</b> = less than 90° knee flexion and/or hip flexion during movement <b>2</b> = at least 90° knee flexion without simultaneous hip flexion	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Full
<b>Ankle dorsiflexion</b> compare with unaffected side	<b>0</b> = no active motion <b>1</b> = limited dorsiflexion <b>2</b> = complete dorsiflexion	<input type="checkbox"/> None	<input type="checkbox"/> Partial	<input type="checkbox"/> Full

**Subtotal IV: ( \_\_\_ / 4 )**

## V. Normal reflex Activity

Note: Have your patient do this in a standing position with hip at 0°

	Score Guide	Hyper = 0	Lively = 1	Normal = 2
<b>Reflex activity</b> knee flexors, Patellar, Achilles	<b>0</b> = no active motion or immediate, simultaneous hip flexion <b>1</b> = less than 90° knee flexion and/or hip flexion during movement <b>2</b> = at least 90° knee flexion without simultaneous hip flexion	<input type="checkbox"/> Hyper	<input type="checkbox"/> Lively	<input type="checkbox"/> Normal

**Subtotal V:** (    / 2 )

## F. Coordination/Speed

Note: Do the test in a supine position, one trial per leg. Ask the patient to close their eyes. Then, using the heel of their foot, touch the knee cap of the opposite leg five (5) times as fast as possible.

	Score Guide	Marked = 0	Slight = 0	None = 2
<b>Tremor</b>		<input type="checkbox"/> Marked	<input type="checkbox"/> Slight	<input type="checkbox"/> None
<b>Dysmetria</b>	<b>0</b> = pronounced or unsystematic <b>1</b> = slight and systematic <b>2</b> = no dysmetria	<input type="checkbox"/> Marked	<input type="checkbox"/> Slight	<input type="checkbox"/> None
<b>Time</b> Start and end with the hand on the knee	<b>0</b> = 6 or more seconds slower than the unaffected side <b>1</b> = 2-5 seconds slower than the unaffected side <b>2</b> = less than 2 seconds difference	<input type="checkbox"/> Marked	<input type="checkbox"/> Slight	<input type="checkbox"/> None

**TOTAL F:** ( \_\_\_\_ / 6 )

**TOTAL E - F:** ( \_\_\_\_ / 34 )

## G. Balance

	Score Guide	None = 0	Full = 2
<b>Sit without Support</b>	<b>0</b> = Can't maintain position without support <b>2</b> = Can sit longer than 5 minutes	<input type="checkbox"/> None	<input type="checkbox"/> Full



	<b>Score Guide</b>	<b>None = 0</b>	<b>Full = 2</b>
<b>Parachute reaction on nonaffected side</b>	<b>0</b> = Unable to balance <b>2</b> = Balances by abducting arm and using the elbow to catch	<input type="checkbox"/> None	<input type="checkbox"/> Full
<b>Parachute reaction on affected side</b>	<b>0</b> = Unable to balance <b>2</b> = Balances by abducting arm and using the elbow to catch	<input type="checkbox"/> None	<input type="checkbox"/> Full
<b>Supported Standing</b>	<b>0</b> = Can't stand <b>2</b> = Can stand for more than 1 minute	<input type="checkbox"/> None	<input type="checkbox"/> Full
<b>Standing without Support</b>	<b>0</b> = Can't stand <b>2</b> = Can stand with good balance for more than 1 minute	<input type="checkbox"/> None	<input type="checkbox"/> Full
<b>Stand on Nonaffected Leg</b>	<b>0</b> = Cannot maintain balance more than 1-2 seconds <b>2</b> = Can balance for more than 10 seconds	<input type="checkbox"/> None	<input type="checkbox"/> Full
<b>Stand on Affected Leg</b>	<b>0</b> = Cannot maintain balance for more than 1-2 seconds <b>2</b> = Can balance for more than 10 seconds	<input type="checkbox"/> None	<input type="checkbox"/> Full

**TOTAL G: ( \_\_\_ /14 )**

## H. Sensation

### Upper Extremity

Note: Have your patient do the test with their eyes closed. Compare the results with the unaffected side.

		<b>Anesthesia = 0</b>	<b>Hypoesthesia/ Dysesthesia = 1</b>	<b>Normal = 2</b>
<b>Light touch</b>	upper arm, forearm	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	palmary surface of the hand	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
		<b>Less than 3/4 correct or absence = 0</b>	<b>3/4 correct or considerable difference = 1</b>	<b>correct 100%, little or no difference = 2</b>
<b>Position</b> small alterations in the position	Shoulder	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	elbow	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	wrist	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	thumb (IP-joint)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**TOTAL H Upper Extremity: ( \_\_\_ / 12 )**

## Lower Extremity

Note: Have your patient do the test with their eyes closed. Compare the results with the unaffected side.

		Anesthesia = 0	Hypoesthesia/ Dysesthesia = 1	Normal = 2
<b>Light touch</b>	Leg	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	Foot Sole	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
		<b>Less than 3/4 correct or absence = 0</b>	<b>3/4 correct or considerable difference = 1</b>	<b>correct 100%, little or no difference = 2</b>
<b>Position</b>  small alterations in the position	Hip	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	Knee	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	Ankle	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
	Great Toe (IP-Joint)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**TOTAL H Lower Extremity: ( \_\_\_ / 12 )**

## I. Passive Joint Motion

### Upper Extremity

Note: Have your patient do the test in a sitting position. Compare with the unaffected side.

	Only a few degrees (less than 10° in shoulder) = 0	Decreased = 1	Normal = 2
<b>Shoulder</b>			
Flexion (0° - 180°)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Abduction (0°-90°)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
External rotation	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Internal rotation	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>Elbow</b>			
Flexion	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Extension	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>Forearm</b>			
Pronation	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Supination	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>Wrist</b>			
Flexion	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Extension	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2

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	Only a few degrees (less than 10° in shoulder) = 0	Decreased = 1	Normal = 2
<b>Fingers</b>			
Flexion	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Extension	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**TOTAL I Upper Extremity: ( \_\_\_ / 24 )**

### Lower Extremity

Note: Have your patient do the test in a supine position. Compare with the unaffected side.

	Only a few degrees (less than 10° in shoulder) = 0	Decreased = 1	Normal = 2
<b>Hip</b>			
Flexion	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Abduction	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
External rotation	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Internal rotation	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>Knee</b>			
Flexion	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Extension	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>Ankle</b>			
Dorsiflexion	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Plantar Flexion	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>Foot</b>			
Pronation	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Extension	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**TOTAL I Upper Extremity: ( \_\_\_ / 20 )**

## J. Joint Pain

### Upper Extremity

Note: This is during passive motion.

	<b>Pronounced pain during movement or very marked pain at the end of the movement = 0</b>	<b>Some Pain = 1</b>	<b>No Pain = 2</b>
<b>Shoulder</b>			
Flexion (0° - 180°)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Abduction (0°-90°)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
External rotation	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Internal rotation	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>Elbow</b>			
Flexion	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Extension	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>Forearm</b>			
Pronation	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Supination	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>Wrist</b>			
Flexion	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Extension	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>Fingers</b>			
Flexion	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Extension	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**TOTAL J Upper Extremity: ( \_\_\_ / 24 )**

### Lower Extremity

Note: This is during passive motion.

	<b>Pronounced pain during movement or very marked pain at the end of the movement = 0</b>	<b>Some Pain = 1</b>	<b>No Pain = 2</b>
<b>Hip</b>			
Flexion	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Abduction	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
External rotation	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Internal rotation	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2

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	Pronounced pain during movement or very marked pain at the end of the movement = 0	Some Pain = 1	No Pain = 2
<b>Knee</b>			
Flexion	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Extension	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>Ankle</b>			
Dorsiflexion	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Plantar Flexion	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>Foot</b>			
Pronation	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Extension	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**TOTAL J Lower Extremity: ( \_\_\_ / 20 )**

### Score Summary

A. UPPER EXTREMITY	___ / 36
B. WRIST	___ / 10
C. HAND	___ / 14
D. COORDINATION/SPEED	___ / 6
<b>TOTAL A-D (Motor Function)</b>	<b>___ / 66</b>

E. LOWER EXTREMITY	___ / 28
F. COORDINATION/SPEED	___ / 6
<b>TOTAL E-F (Motor Function)</b>	<b>___ / 34</b>

G. BALANCE	___ / 14
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H. SENSATION (Upper Extremity)	_____ / 12
H. SENSATION (Lower Extremity)	_____ / 12
I. PASSIVE JOINT MOTION (Upper Extremity)	_____ / 24
I. PASSIVE JOINT MOTION (Lower Extremity)	_____ / 20
J. JOINT PAIN (Upper Extremity)	_____ / 24
J. JOINT PAIN (Lower Extremity)	_____ / 20
<b>TOTAL A-F (Motor Function)</b>	_____ / 100

**Additional Notes**