

Trunk Impairment Scale (TIS) Assessment

Patient Information
Name:
Date of Assessment:
Assessor's Name:

Instructions
Rate the patient's performance in each task using the specified scale. Observe and assess the patient's ability to control their trunk during each task.
Scoring Scale: 0 = Cannot perform, 1 = Performs partially, 2 = Performs fully

Part 1: Static Sitting Balance
1. Sitting Without Support
<input type="radio"/> 0. Cannot perform
<input type="radio"/> 1. Performs partially
<input type="radio"/> 2. Performs fully
Notes:
2. Maintaining Sitting Balance (with eyes closed)
<input type="radio"/> 0. Cannot perform
<input type="radio"/> 1. Performs partially
<input type="radio"/> 2. Performs fully
Notes:

Part 2: Dynamic Sitting Balance

1. Lateral Flexion (Right and Left)

Right Score:

0.

Cannot perform

1.

Performs partially

2.

Performs fully

Left Score:

0.

Cannot perform

1.

Performs partially

2.

Performs fully

Notes:

2. Rotation (Right and Left)

Right Score:

0.

Cannot perform

1.

Performs partially

2.

Performs fully

Left Score:

0.

Cannot perform

1.

Performs partially

2.

Performs fully

Notes:

Part 3: Coordination

1. Picking Up an Object from the Floor



0.

Cannot perform



1.

Performs partially



2.

Performs fully

Notes:

2. Moving from Sitting to Lying and Back



0.

Cannot perform



1.

Performs partially



2.

Performs fully

Notes:

Total Score (out of 14):

Assessor's Overall Observations and Comments: