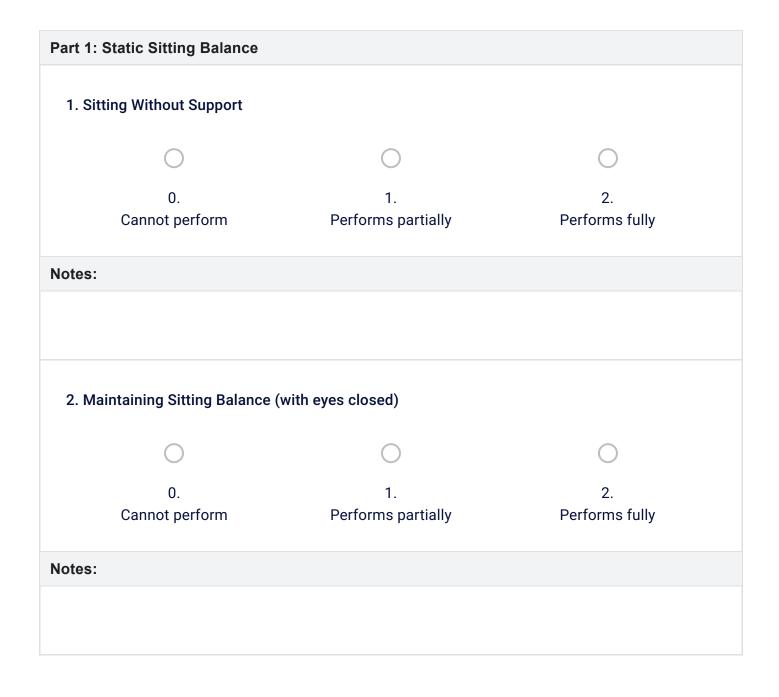
## **Trunk Impairment Scale (TIS) Assessment**

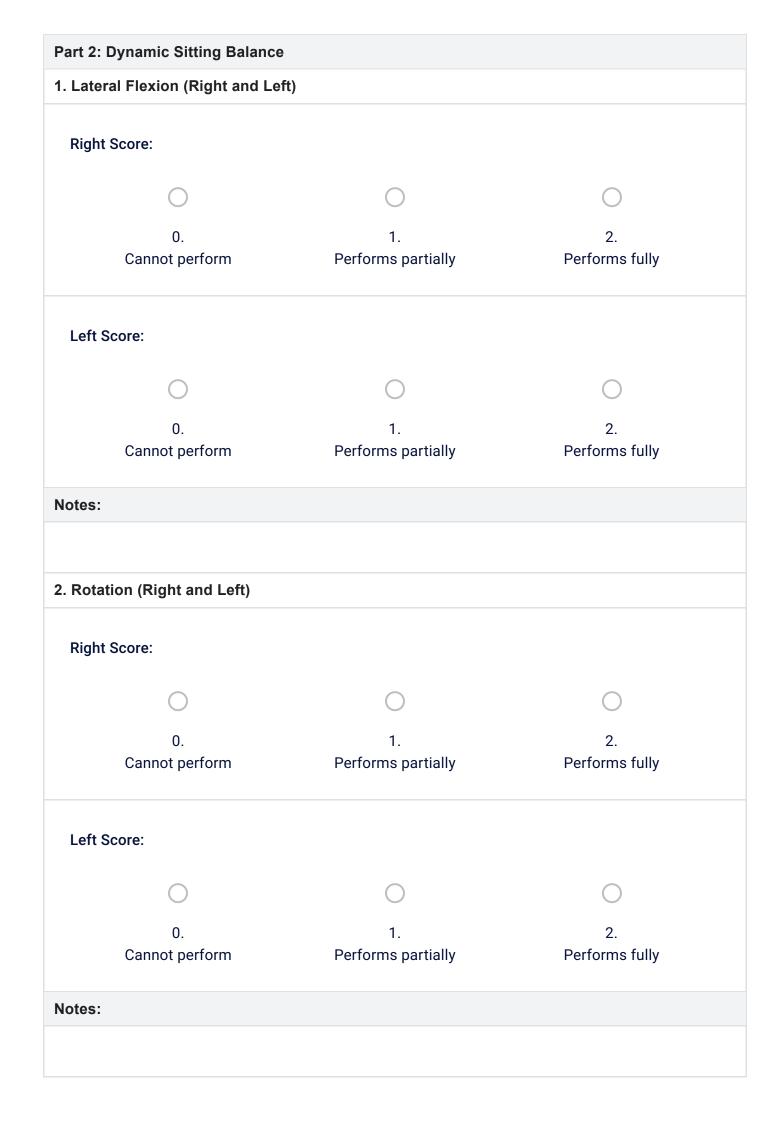
Patient Information
Name:
Date of Assessment:
Assessor's Name:

## 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 3: Coordination			
1. Picking Up an Object from the Floor			
$\bigcirc$	$\bigcirc$	$\bigcirc$	
0. Cannot perform	1. Performs partially	2. Performs fully	
Notes:			
2. Moving from Sitting to Lying and Back			
$\bigcirc$	$\bigcirc$	$\bigcirc$	
0. Cannot perform	1. Performs partially	2. Performs fully	
Notes:			

Total Score (out of 14):

## Assessor's Overall Observations and Comments: