

Trunk Impairment Scale (TIS) Assessment

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

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| 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 |

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| 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: