



Simpson-Angus Scale

STUDY # _____ GRID # _____ ID # _____ RATER # _____ DATE ____/____/____
DQC approved rater #'s only mm mm dd dd yy yy yy yy

The examination should be conducted in a room where the subject can walk a sufficient distance to allow him/her to get into a natural rhythm, e.g., 15 paces.

Each side of the body should be examined; if one side shows more pronounced pathology than the other, record more severe pathology.

Cogwheel rigidity may be palpated when the examination is carried out for items 3, 4, 5, and 6. It is not rated separately and is merely another way to detect rigidity. If detected, a minimum score of 2 would be mandatory.

1. **Gait.** Subject is observed walking into the examining room. Gait, arm swing and general posture, all form the basis for an overall score.

0 = Normal

1 = Mild diminution in swing while the subject is walking

2 = Obvious diminution in swing suggesting shoulder rigidity

3 = Stiff gait with little or no arm swing noticeable

4 = Rigid gait with arms slightly pronated; or stooped, shuffling gait with propulsion and retropulsion

-7 = Not ratable

2. **Arm Dropping.** The subject and the examiner both raise their arms to shoulder height and let them fall to their sides. In a normal subject a stout slap is heard as the arms hit the sides. In the subject with extreme Parkinson's syndrome the arms fall very slowly.

0 = Normal, free fall with loud slap and rebound

1 = Fall slowed slightly with less audible contact and little rebound

2 = Fall slowed, no rebound

3 = Marked slowing, no slap at all

4 = Arms fall as though against resistance; as though through glue

-7 = Not ratable

3. **Shoulder Shaking.** The subject's arms are bent at a right angle at the elbow and are taken one at time by the examiner who grasps one hand and also clasps the other around the subject's elbow. The subject's upper arm is pushed to and fro and the humerus is externally rotated. The degree of resistance from normal to extreme rigidity is scored as detailed. The procedure is repeated with one hand palpating the shoulder cuff while rotation takes place.

0 = Normal

1 = Slight stiffness and resistance

2 = Moderate stiffness and resistance

3 = Marked rigidity with difficulty in passive movement

4 = Extreme stiffness and rigidity with almost a frozen joint

-7 = Not ratable



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4. **Elbow Rigidity.** Examiner separately bends at right angles and extends and flexes each elbow joint, with the subject's biceps observed and simultaneously palpated. The resistance to this procedure is rated.

0 = Normal
1 = Slight stiffness and resistance
2 = Moderate stiffness and resistance
3 = Marked rigidity with difficulty in passive movement
4 = Extreme stiffness and rigidity with almost a frozen joint
-7 = Not ratable

5. **Wrist Rigidity.** Examiner separately holds each wrist in one hand and the fingers in the other hand, moving the wrist to extension, flexion and ulnar and radial deviation. The extended wrist is allowed to fall under its own weight; or the arm can be grasped above the wrist and shaken to and fro. A "0" score would be a hand that extends easily, falls loosely, or flaps easily upwards and downwards.

0 = Normal
1 = Slight stiffness and resistance
2 = Moderate stiffness and resistance
3 = Marked rigidity with difficulty in passive movement
4 = Extreme stiffness and rigidity with almost a frozen joint
-7 = Not ratable

6. **Head Rotation.** The subject sits or stands and is told to try to relax. (Questions about pain in the cervical area or difficulty moving the head should be asked to avoid causing any pain.) Clasp the subject's head between the two hands with the fingers on the back of the neck. Gently rotate the head in a circular motion 3 times and evaluate the muscular resistance to this movement.

0 = Loose, no resistance
1 = Slight resistance to movement although the time to rotate may be normal
2 = Resistance is apparent and the time of rotation is shortened
3 = Resistance is obvious and rotation is slowed
4 = Head appears stiff and rotation is difficult to carry out
-7 = Not ratable

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7. **Glabella Tap.** Subject is told to open his eyes wide and not to blink. The glabellar region is tapped at a steady rapid speed. Note the number of times the subject blinks in succession. Take care to stand behind the subject so that he does not observe the movement of the tapping finger. A full blink need not be observed; there may be contraction of the infraorbital muscle producing a twitch each time a stimulus is delivered. Vary speed of tapping to assure that the muscle contraction is related to the tap.

0 = No blinks

1 = Questionable; increased blink rate; partial blinks during initial taps that diminish to undetected

2 = Mild, unsuppressible lower lid partial blink

3 = Moderately severe, unsuppressible full blinks

4 = Severe, unsuppressible blepharospasm with every tap

-7 = Not ratable

8. **Tremor.** Subject is observed walking into examining room and then is re-examined with arms extended at right angles to the body and the fingers spread as wide as possible.

0 = Normal

1 = Mild finger tremor, obvious to sight and touch

2 = Tremor of hand or arm occurring spasmodically

3 = Persistent tremor of one or more limbs

4 = Whole body tremor

-7 = Not ratable

9. **Salivation.** Subject is observed while talking and then asked to open the mouth and elevate tongue.

0 = Normal

1 = Excessive salivation so that pooling occurs if mouth is open and tongue is raised

2 = Excessive salivation is present and might occasionally result in difficulty speaking

3 = Speaks with difficulty because of excessive salivation

4 = Frank drooling

-7 = Not ratable

10. **Akathisia.** Subject is observed for restlessness. If restlessness is noted, ask: "Do you feel restless or jittery inside; is it difficult to sit still?" Subjective response is not necessary for scoring but subject report can help make the assessment.

0 = No restlessness reported or observed

1 = Mild restlessness observed; e.g., occasional jiggling of the foot occurs when subject is seated

2 = Moderate restlessness observed; e.g., on several occasions, jiggles foot, crosses and uncrosses legs or twists a part of the body

3 = Restlessness is frequently observed; e.g., the foot or legs moving most of the time

4 = Restlessness persistently observed; e.g., subject cannot sit still, may get up and walk

-7 = Not ratable