SCIM-SPINAL CORD INDEPENDENCE MEASURE

Self-Care

1. Feeding (cutting, opening containers, pouring, bringing food to mouth, holding cup with fluid)
   A. Requires total assistance
   B. Requires partial assistance

2. Bathing (soaping, washing, drying body and head, manipulating water tap)
   A. Washes independently
   B. Washes independently with adaptive devices or in a specific setting

3. Dressing (clothes, shoes, permanent orthoses: dressing, wearing, undressing)
   A. Requires partial assistance
   B. Requires total assistance

4. Grooming (washing hands and face, brushing teeth, combing hair, shaving, applying makeup)
   A. Requires partial assistance
   B. Requires total assistance

Respiration and Sphincter Management

5. Respiration
   A. Breathes independently without assistance or device
   B. Breathes independently without assistance or device; requires oxygen

6. Sphincter Management - Bladder
   A. Indwelling catheter
   B. Residual urine volume (RUV) > 100cc, requires assistance
   C. RUV < 100cc, requires assistance

7. Sphincter Management - Bowel
   A. Regular bowel movements, without assistance
   B. Regular bowel movements, with assistance

8. Use of Toilet (perineal hygiene, adjustment of clothes, use of napkins or diapers)
   A. Requires total assistance
   B. Requires partial assistance

SUBTOTAL (0-20)
Mobility (room and toilet)

9. Mobility in Bed and Action to Prevent Pressure Sores
   0. Needs assistance in all activities: turning upper body in bed, turning lower body in bed, sitting up in bed, doing push-ups in wheelchair, with or without adaptive devices, but not with electric aids
   2. Performs one of the activities without assistance
   4. Performs two or three of the activities without assistance
   6. Performs all the bed mobility and pressure release activities independently

10. Transfers: bed-wheelchair (locking wheelchair, lifting footrests, removing and adjusting arm rests, transferring, lifting feet).
    0. Requires total assistance
    1. Needs partial assistance and/or supervision, and/or adaptive devices (e.g., sliding board)
    2. Independent (or does not require wheelchair)

11. Transfers: wheelchair-toilet-tub (if uses toilet wheelchair: transfers to and from; if uses regular wheelchair: locking wheelchair, lifting footrests, removing and adjusting arm rests, transferring, lifting feet).
    0. Requires total assistance
    1. Needs partial assistance and/or supervision, and/or adaptive devices (e.g., grab-bars)
    2. Independent (or does not require wheelchair)

Mobility (indoors and outdoors, on even surface)

12. Mobility Indoors
    0. Requires total assistance
    1. Needs electric wheelchair or partial assistance to operate manual wheelchair
    2. Moves independently in manual wheelchair
    3. Requires supervision while walking (with or without devices)
    4. Walks with a walking frame or crutches (swing)
    5. Walks with crutches or two canes (reciprocal walking)
    6. Walks with one cane
    7. Needs leg orthosis only
    8. Walks without walking aids

13. Mobility for Moderate Distances (10-100 meters)
    0. Requires total assistance
    1. Needs electric wheelchair or partial assistance to operate manual wheelchair
    2. Moves independently in manual wheelchair
    3. Requires supervision while walking (with or without devices)
    4. Walks with a walking frame or crutches (swing)
    5. Walks with crutches or two canes (reciprocal walking)
    6. Walks with one cane
    7. Needs leg orthosis only
    8. Walks without walking aids

14. Mobility Outdoors (more than 100 meters)
    0. Requires total assistance
    1. Needs electric wheelchair or partial assistance to operate manual wheelchair
    2. Moves independently in manual wheelchair
    3. Requires supervision while walking (with or without devices)
    4. Walks with a walking frame or crutches (swing)
    5. Walks with crutches or two canes (reciprocal walking)
    6. Walks with one cane
    7. Needs leg orthosis only
    8. Walks without walking aids

15. Stair Management
    0. Unable to ascend or descend stairs
    1. Ascends and descends at least 3 steps with support or supervision of another person
    2. Ascends and descends at least 3 steps with support of handrail and/or crutch or cane
    3. Ascends and descends at least 3 steps without any support or supervision

16. Transfers: wheelchair-car (approaching car, locking wheelchair, removing arm- and footrests, transferring to and from car, bringing wheelchair into and out of car)
    0. Requires total assistance
    1. Needs partial assistance and/or supervision and/or adaptive devices
    2. Transfers independent; does not require adaptive devices (or does not require wheelchair)

17. Transfers: ground-wheelchair
    0. Requires assistance
    1. Transfers independent with or without adaptive devices (or does not require wheelchair)

SUBTOTAL (0-40)

TOTAL SCIM SCORE (0-100)