

The Modified Ashworth Scale measures the increase of muscle tone. This test is required for athletes with Hypertonia

Athlete: _____ DOB: _____

GRADE	DESCRIPTION
0	No increase in muscle tone
1	Slight increase in muscle tone, manifested by a catch or by minimal resistance at the end of the range of motion (ROM) when the affected part(s) is moved in flexion or extension
1+	Slight increase in muscle tone, manifested by a catch, followed by minimal resistance throughout the remainder (less than half) of the ROM
2	More marked increase in muscle tone through most of the ROM, but affected part(s) easily moved
3	Considerable increase in muscle tone, passive movement difficult
4	Affected part(s) rigid in flexion or extension
9	Unable to test

UPPER LIMBS

Movement	Grade (R)							Grade (L)						
Shoulder														
Flexion	0	1	1+	2	3	4	9	0	1	1+	2	3	4	9
Extension	0	1	1+	2	3	4	9	0	1	1+	2	3	4	9
Abduction	0	1	1+	2	3	4	9	0	1	1+	2	3	4	9
Adduction	0	1	1+	2	3	4	9	0	1	1+	2	3	4	9
Internal Rotation	0	1	1+	2	3	4	9	0	1	1+	2	3	4	9
External Rotation	0	1	1+	2	3	4	9	0	1	1+	2	3	4	9
Elbow														
Flexion	0	1	1+	2	3	4	9	0	1	1+	2	3	4	9
Extension	0	1	1+	2	3	4	9	0	1	1+	2	3	4	9
Pro / Supination	0	1	1+	2	3	4	9	0	1	1+	2	3	4	9
Wrist														
Flexion	0	1	1+	2	3	4	9	0	1	1+	2	3	4	9
Extension	0	1	1+	2	3	4	9	0	1	1+	2	3	4	9
Ulnar Deviation	0	1	1+	2	3	4	9	0	1	1+	2	3	4	9
Radial Deviation	0	1	1+	2	3	4	9	0	1	1+	2	3	4	9

Fingers

Flexion	0	1	1+	2	3	4	9	0	1	1+	2	3	4	9
Extension	0	1	1+	2	3	4	9	0	1	1+	2	3	4	9

LOWER LIMBS

Movement	Grade (R)							Grade (L)						
Hip														
Flexion	0	1	1+	2	3	4	9	0	1	1+	2	3	4	9
Extension	0	1	1+	2	3	4	9	0	1	1+	2	3	4	9
Abduction	0	1	1+	2	3	4	9	0	1	1+	2	3	4	9
Adduction	0	1	1+	2	3	4	9	0	1	1+	2	3	4	9
Internal Rotation	0	1	1+	2	3	4	9	0	1	1+	2	3	4	9
External Rotation	0	1	1+	2	3	4	9	0	1	1+	2	3	4	9
Knee														
Flexion	0	1	1+	2	3	4	9	0	1	1+	2	3	4	9
Extension	0	1	1+	2	3	4	9	0	1	1+	2	3	4	9
Ankle														
Dorsiflexion	0	1	1+	2	3	4	9	0	1	1+	2	3	4	9
Plantarflexion	0	1	1+	2	3	4	9	0	1	1+	2	3	4	9
Supination	0	1	1+	2	3	4	9	0	1	1+	2	3	4	9
Pronation	0	1	1+	2	3	4	9	0	1	1+	2	3	4	9

Comments:

<input type="checkbox"/> I confirm that the above information is accurate.	
Name:	
Health care profession:	
Registration Authority and Number:	
Address:	
City:	Country:
Phone:	Email:
Date:	Signature: