

PRÍLOHY

Príloha č. 1 – The Scale for Contraversive pushing (Karnath, 2003)

The Scale for Contraversive Pushing (SCP).

	Spontaneous body posture	Sitting	Standing
A	1. severe contraversive tilt with falling to that side 0.75. severe contraversive tilt without falling 0.25. mild contraversive tilt without falling 0. inconspicuous		
B	Use of the non-paretic extremities (abduction & extension) 1. performed spontaneously, already when at rest 0.5. performed only on changing the position* 0. inconspicuous		Total (max = 2)
C	Resistance to passive correction of tilted posture** 1. resistance occurs 0. resistance does not occur		Total (max = 2)

*Sitting: Ask the patient to glide the buttocks on the mattress toward the non-paretic side and/or to transfer from bed to wheelchair toward the non-paretic side. Standing: ask the patient to start walking. If pushing occurs already when rising from the sitting position, section B is given the value 1 for standing; **Touch the patient at the sternum and the back. Instructions: 'I will move your body sideways. Please permit this movement'.

Příloha č. 2 – Lateropulsion scale (Paci, 2009)

Lateropulsion Scale

Supine

Use 'log roll' technique to test patient's response. Roll first towards the *affected* side then towards the *unaffected* side. Circle the side to which the resistance is most prominent. Score below the maximum resistance felt and add one point if resistance is noted in both directions. (Patients with marked lateropulsion may resist rolling to either side, hence an extra point is added if resistance is noted with rolling both towards and away from the affected side).

- 0 = No resistance to passive rolling
 - 1 = Mild resistance
 - 2 = Moderate resistance
 - 3 = Strong resistance
 - 1 = Add one point if resistance noted in both directions
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Sitting

Score with the patient seated, feet off floor, with both hands in lap. The expected hemiplegic response is for patient to carry his weight towards the unaffected side. Some patients will passively fall towards their paretic side when placed in true vertical position by the examiner. This will not be scored as 'lateropulsion'. Position the patient with their trunk 30° off true vertical towards their affected side, then score the patient's response to your attempts to bring them back to vertical. The 'lateropulsion' phenomenon is an active attempt by the patient to keep their centre of gravity towards their impaired side as they are brought to true vertical.

- 0 = No resistance to passive return to true vertical sitting position.
 - 1 = Voluntary or reflex resistive movements in trunk, arms or legs noted only in the last five degrees approaching vertical.
 - 2 = Resistive movements noted but beginning within 5–10° of vertical.
 - 3 = Resistive movements noted more than 10° off vertical.
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Standing

Score with the patient standing with whatever support is needed. The expected hemiplegic response is for the patient to carry their weight toward the unaffected side or to passively fall towards their paretic side when placed in true vertical position by the examiner. This will not be scored as 'lateropulsion'. Position the patient with their trunk 15–20° off true vertical towards their affected side then score the patient's response to your attempts to bring them back to vertical, then 5–10° past vertical toward the intact side. The 'lateropulsion' phenomenon is a voluntary or reflexive response in the trunk or limbs to keep the centre of gravity towards the impaired side, e.g., forced trunk curvature towards the paretic side, flexion of affected hip or knee, shifting weight to the lateral aspect of the unaffected foot.

- 0 = Patient prefers to place his centre of gravity over the unaffected leg.
 - 1 = Resistance is noted when attempting to bring the patient 5–10° past midline.
 - 2 = Resistive voluntary or reflex equilibrium responses noted, but only within 5° of approaching vertical.
 - 3 = Resistive reflex equilibrium responses noted, beginning 5–10° off vertical.
 - 4 = Resistive voluntary or reflex equilibrium responses noted, more than 10° off vertical.
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Transfers

Score this function by transferring the patient from the seated position first to the unaffected side, then if possible, to the affected side. The expected hemiplegic response would be for the patient to require more assistance to transfer towards the affected side (use a sit pivot, modified stand pivot, or stand pivot transfer, depending on the patient's functional level).

- 0 = No resistance to transferring to the unaffected side is noted.
 - 1 = Mild resistance to transferring to the unaffected side.
 - 2 = Moderate resistance to transferring is noted. Only one person is required to perform the transfer.
 - 3 = Significant resistance is noted with transferring to the unaffected side. Two or more people are required to transfer the patient due to the severity of lateropulsion.
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Walking

Score lateropulsion by noting active resistance by the patient to efforts by the therapist to support the patient in true vertical position. Do not score passive falling or leaning to the paretic side. Score lateropulsion as follows:

- 0 = No lateropulsion noted.
- 1 = Mild lateropulsion noted.
- 2 = Moderate lateropulsion noted with walking.
- 3 = Strong lateropulsion noted, takes two individuals to walk with the patient, or unable to walk because of severity of lateropulsion.

Circle most prominent direction of lateropulsion: Left, right, posterior-left, posterior-right.

Note: Some patients may show such marked lateropulsion that they can not be assessed while standing or walking. In such cases they are scored as having a maximum deficit for those tasks not testable due to the severity of their lateropulsion.

Total score = Sum of the above (Max = 17)