

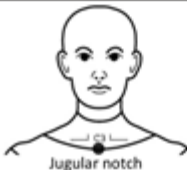
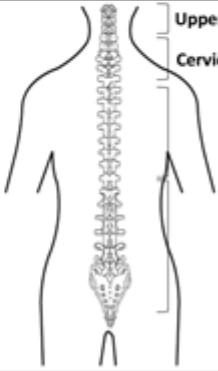


S.P.E.E.D

SPinal Emergency Evaluation of Deficits

Motor Scoring		Right	Left
Ankle or toe movement (please record)			
	No movement	0	0
	Flicker movement at toe or ankle	1	1
	Definite movement at toe or ankle	2	2
Sensory Scoring		Right	Left
Light touch S1 (please record)			
 <p>Lateral side of calcaneus S1</p>	None	0	0
	Altered	1	1
	Normal	2	2
Exclusion high cervical injury		Midline (Jugular notch)	
Light touch C3 (please record)			
 <p>Jugular notch</p>	None	0	
	Altered	1	
	Normal	2	
Confirmation of cervical SCI		Right	Left
Hand grip (please record)			
"Can you squeeze my hand"	No movement	0	0
	Weak	1	1
	Strong	2	2
Approximate location of spinal pain			
<p>If applicable: Please record the region as indicated and/or approximate vertebrae level</p>		<p>Upper cervical (UC): ≤ C3 (Ear lobe and above)</p> <p>Cervical (C): C4-C7 (Below ear lobe to clavicle)</p> <p>Upper thoracic (UT): T1-T8 (Below clavicle to end of sternum)</p> <p>Lower thoracic/lumbar (LT): > T9 (Below end of sternum to sacrum)</p>	
DATE AND TIME OF ASSESSMENT (please record):			