Nurse Delegation Program

AIMs Instructions

There are two parallel procedures, the examination procedure, which tells the person what to do, and the scoring procedure, which tells the clinician how to rate what he or she observes.

Examination Procedure

Either before or after completing the examination procedure, observe the person unobtrusively at rest (e.g., in the waiting room).

The chair to be used during the assessment should be a firm one without arms.

1. Ask the person whether there is anything in his or her mouth (such as gum or candy) and, if so, to remove it.

2. Ask about the 'current' condition of the patient's teeth. Ask if he or she wears dentures. Ask whether teeth or dentures, bother the person 'now'.

3. Ask whether the person notices any movements in his or her mouth, face, hands, or feet. If yes, ask them to describe them and to indicate to what extent the movements 'currently' bother the person or interfere with activities.

4. Have the person sit in the chair with hands on knees, legs slightly apart, and feet flat on floor. (Look at the entire body for movements while they sit in this position.)

5. Ask the person to sit with hands hanging unsupported – if male, between his legs, if female and wearing a dress, hanging over her knees. (Observe hands and other body areas).

6. Ask the person to open his or her mouth. (Observe the tongue at rest within the mouth.)

7. Ask them to stick out his or her tongue. (Observe abnormalities of tongue movement.)

8. Using one hand at a time, ask the person to take his or her thumb and touch it to each finger as fast as they can until you say stop. (Observe facial and leg movements during this activity for 10 to 15 seconds.) Repeat activity with other hand.

9. Ask the person to stretch both arms straight out in front of them. Ask them to bend one arm up toward their body while keeping the other arm extended. Then have them extend the arm back to original position and repeat with the other arm. Rest arms by side.

10. Ask the person to extend both arms out in front, palms down. (Observe trunk, legs, and mouth.)

11. Ask them to stand up. (Observe their profile)

12. Have them to walk a few paces, turn, and walk back to the chair. (Observe hands and gait.) Do this twice.

Scoring Procedure

Complete the examination procedure before making ratings.

For the movement ratings (the first three categories below), rate the highest severity observed.

0 = none, 1 = minimal (may be extreme normal), 2 = mild, 3 = moderate, and 4 = severe. According to the original AIMS instructions, one point is subtracted if movements are seen only on activation, but not all investigators follow that convention.

Facial and Oral Movements

1. Muscles of facial expression, e.g., movements of forehead, eyebrows, periorbital area, cheeks.

Include frowning, blinking, grimacing of upper face.

0 1 2 3 4

2. Lips and perioral area, e.g., puckering, pouting, smacking.

0 1 2 3 4

3. Jaw, e.g., biting, clenching, chewing, mouth opening, lateral movement.

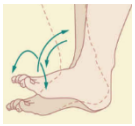
0 1 2 3 4

4. Tongue. Rate only increase in movement both in and out of mouth, not inability to sustain movement.

0 1 2 3 4

Extremity Movements

5. Upper (arms, wrists, hands, fingers). Include movements that are choreic (abrupt, rapid, brief, jerky, irregular, spontaneous) or athetoid (slow, irregular, usually seen in Cerebral Palsy). ***Do not include tremor (repetitive*, regular, rhythmic movements).**



0 1 2 3 4

6. Lower (legs, knees, ankles, toes), e.g., lateral knee movement, foot tapping, heel dropping, foot squirming, inversion, and eversion of foot.

0 1 2 3 4

Trunk Movements

7. Neck, shoulders, hips, e.g., rocking, twisting, squirming, pelvic gyrations. Include

diaphragmatic movements.

0 1 2 3 4

Global Judgments

8. Severity of abnormal movements.

0 1 2 3 4

based on the highest single score on the above items.

9. Incapacitation due to abnormal movements.

0 = none, normal

1 = minimal

2 = mild

3 = moderate

4 = severe

10. Person's awareness of abnormal movements.

0 = no awareness

1 = aware, no distress

2 = aware, mild distress

3 = aware, moderate distress

4 = aware, severe distress

Dental Status

11. Current problems with teeth and/or dentures.

0 = no

1 = yes

12. Does this person usually wear dentures?

0 = no

1 = yes