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Barry Albright Dystonia Scale (BADs)**

Availability:	Available in the public domain: Barry Albright Dystonia Wiki CNS Link .
Classification:	<p>Supplemental – Highly Recommended: for measuring dystonia in Mitochondrial Disease (Mito)</p> <p>Supplemental – Highly Recommended: Cerebral Palsy (CP)</p>
Short Description of Instrument:	<p>Construct measured: Designed for secondary dystonia and presence of dystonia in various body parts</p> <p>Means of administration: Physical therapy</p> <p>Intended respondent: Participant</p> <p># of items: 8 regions</p>
Scoring Information:	Each of the scoring criteria for each region are scored from 0 to 4. The maximum total score is 32, calculated by summation of the region scores. Assess the patient for dystonia in each of the following regions: eyes, mouth, neck, trunk, each upper and lower extremity (8 body regions).
Rationale/ Special instructions:	<p>Strengths: Good reliability for limbs and trunk; correlations with other functional and dystonia instruments</p> <p>Good intrarater reliability. Less training required to administer, relatively easy to administer. Uses parental input. Provides a more temporally integrated estimate of dystonia.</p> <p>Weaknesses: Too detailed dystonia severity scale; designed for adults</p> <p>Psychometric Properties: Good psychometric properties</p> <p>Administration: Assess the patient for dystonia in each of the following regions: eyes, mouth, neck, trunk, each upper and lower extremity (8 body regions). Write the scores on the lines provided. Rate severity based only on dystonia as evidenced by abnormal movements or postures. When assessing functional limitations, do not score as dystonia-induced functional limitation if other factors, such as weakness, lack of motor control, cognitive deficits, persistent primitive reflexes, and/or other movement disorders are contributing to functional limitation. Must be administered by a trained professional.</p>
References:	Key Reference: Barry MJ, VanSwearingen JM, Albright AL. Reliability and responsiveness of the Barry-Albright dystonia scale. Dev Med Child Neurol. 1999;41:404–411.