

**NINDS CDE Notice of Copyright  
Burke-Fahn-Marsden Movement Scale (BFMMS)**

<b>Availability:</b>	Available in the public domain: <a href="#">Burke-Fahn-Marsden Movement Scale Cambridge Univ. Press Link</a>
<b>Classification:</b>	<b>Supplemental:</b> Mitochondrial Disease
<b>Short Description of Instrument:</b>	<p><b>Construct measured:</b> Presence and severity of dystonia in rest and during activity, including provoking factors and a disability scale</p> <p>Validated scale used to quantify dystonia symptoms and signs. It is composed of two sections: a movement scale and a disability scale. It has been used in multiple studies to quantify the efficacy of treatments for dystonia, most frequently deep brain stimulation studies. dystonia in nine body regions (Appendix SUI, supporting information published online).</p> <p><b>Generic vs. disease specific:</b> Generic</p> <p><b>Means of administration:</b> Physical therapy/Q</p> <p><b>Intended respondent:</b> Participant</p> <p><b># of items:</b> 9 regions</p> <p><b># of subscales and names of sub-scales:</b> N/A</p> <p><b># of items per sub-scale:</b> N/A</p>
<b>Scoring Information</b>	The presence of dystonia is evaluated by the provoking factor subscale and is scored on a 4-point ordinal scale. Severity is scored by the severity factor subscale with a score range from 0 to 4. The individual score for each region is the product of the provoking factor and the severity factor. To 'downweight' the eyes, mouth, and neck regions, the scores for these areas are each multiplied by 0.5 before summing all region scores to calculate a total score. The maximal total score is 120.
<b>Comments / Special Instructions:</b>	The provoking factor of the BFMMS assesses die presence of dystonia at rest and during activity, but combined in one score in a hierarchical way such that the presence of dystonia at rest has the greatest influence on the score. The severity factor includes the evaluation of duration and/or amplitude but in an inconsistent way, depending on the body region. Despite the fact that the influence of dystonia on functional activities is judged in the BFM disability scale, this aspect is also scored in the severity factor. Must be administered by a trained professional.

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<b>Rationale/ Justification:</b>	<p><b>Strengths/Weaknesses:</b> Includes and patient relevant disability scale; not burdening to patients</p> <p>Time consuming to assess with two examiners, complicated weighing system, too detailed dystonia severity scale, not responsive to treatment whilst other functional factors did improve, designed for adults</p>
<b>References:</b>	<p><b>Key Reference:</b> Burke et al, 1985, Gimeno et al, 2012, Krystkowiak et al, 2007, Monbaliu et al, 2010, Pavone et al, 2012</p>