

**NINDS CDE Notice of Copyright  
Modified Rankin Scale (mRS)**

<p><b>Copyright Information:</b></p>	<p>The van Swieten mRS scale is in the public domain and a free training program was prepared by Professor KR Lees in association with the Media Services Department of the University of Glasgow to certify physicians, nurses, and first responders on how to use the mRS scale. The program consists of a series of digital video recordings and accompanying written material which includes a self paced Instruction-Demonstration module and the certification modules. <u>However</u>, sponsors and institutions wanting to use this program to document rater competency, interater reliability and educational compliance for their studies, programs and clinical trials must obtain copyright permissions as clinical trials will need additional documentation in order to comply with regulatory requirements. For additional information about the mRS training programs for healthcare professionals and for clinical research teams, visit the <a href="#">Modified Rankin Scale website</a>.</p>
<p><b>Classification:</b></p>	<p><b>Supplemental - Highly Recommended:</b> Stroke (based on study type, disease stage and disease type)</p> <p><b>Exploratory:</b> Myasthenia Gravis (MG)</p>
<p><b>Short Description of Instrument:</b></p>	<p><u>Purpose.</u> The modified Rankin Scale (mRS) is a scale commonly used for measuring the degree of disability or dependence in the daily activities of individuals who have suffered a stroke, and it has become the most widely used clinical outcome measure for stroke clinical trials.</p> <p><u>Overview.</u> The mRS was originally introduced in 1957 by Rankin, and first modified to its currently accepted form by Prof. C. Warlow's group at Western General Hospital in Edinburgh for use in the UK-TIA study in the late 1980s. The first publication of the current modified Rankin Scale was in 1988 by van Swieten, et al., who also published the first interobserver agreement analysis of the modified Rankin Scale.</p> <p><u>Time.</u> The assessment requires 5 minutes to complete.</p> <p><u>Scoring.</u> Typical Scoring: On a scale from 0 to 6; 0 indicating 'no symptoms' and 6 indicating 'death'.  Prestroke Scoring: On a scale from 0 to 5; Score=6 is not possible as someone would not be in a study if they were dead at presentation. For Score=1, symptoms may refer to those of a prior stroke in patients with a past history of stroke.</p> <p><u>Psychometric Properties.</u> Multiple types of evidence attest to the validity and reliability of the mRS. The reported data support the view that the mRS is a valuable instrument for assessing the impact of new stroke treatments.  Inter-observer reliability of the mRS can be improved by using a structured interview, by using structured assessment forms, and by having raters undergo a multimedia training process.</p>

**NINDS CDE Notice of Copyright  
Modified Rankin Scale (mRS)**

	<p><u>Other Important Notes.</u></p> <p>English and eleven different language translations are available.</p> <p>Consider employing a formal scoring system for the mRS such as the, the Structured Interview for the mRS, or a training program to determine the score that best describes the subject's current state.</p> <p>The mRS is highly reliable at pre-stroke, 30 and 90 days, and upon return to the community, but caution should be exercised when trying to apply it at hospital arrival or discharge. There are currently no published instructions on the use of the mRS to assess initial stroke disability. Raters using this at admission or discharge should develop a standard methodology and scoring instructions for use in hospital setting.</p>
<b>References:</b>	<p>Rankin J (May 1957). "Cerebral vascular accidents in patients over the age of 60. II. Prognosis". <i>Scott Med J</i> 2 (5): 200–15.</p> <p>Farrell B, Godwin J, Richards S, Warlow C, et al. (1991). "The United Kingdom transient ischaemic attack (UK-TIA) aspirin trial: final results.". <i>J Neurol Neurosurg Psychiatry</i> 54: 1044–1054.</p> <p>Van Swieten J, Koudstaal P, Visser M, Schouten H, et al. (1988). "Interobserver agreement for the assessment of handicap in stroke patients." <i>Stroke</i> 19: 604–607.</p> <p>Wilson JL, Hareendran A, Hendry A, et al. (2005). "Reliability of the Modified Rankin Scale Across Multiple Raters: Benefits of a Structured Interview.". <i>Stroke</i> 36: 777-781.</p> <p>Bruno A, Shah N, Lin C, Close B, Hess DC, Davis K, Baute V, Switzer JA, Waller JL, Nichols FT. Improving modified Rankin Scale assessment with a simplified questionnaire. <i>Stroke</i>. 2010 May;41(5):1048-50.</p>