

**NINDS CDE Notice of Copyright
Penn Spasm Frequency Scale**

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| Availability: | Information can be found on the Rehab Measures website at NINDS CDE Notice of Copyright Penn Spasm Frequency Scale Link |
| Classification: | Exploratory: Spinal Cord Injury (SCI) and SCI-Pediatric (Exploratory as patient/caregiver patient reported outcomes). |
| Short Description of Instrument: | <p>Construct measured: Spasticity</p> <p>Intended respondent: Participant</p> <p># of items: 2</p> <p># of subscales and names of sub-scales: spasm frequency and spasm severity</p> <p># of items per sub-scale: N/A</p> |
| Comments/Special instructions: | <p>Background: The Penn Spasm Frequency Scale is a self-report measure that assesses an individual's perception of spasticity frequency and severity.</p> <p>Scoring: The Penn Spasm frequency Scale is comprised of two parts: spasm frequency and spasm severity. If the participant selects 0 in the first part of the assessment, the second part is not performed.</p> <p>Spasm Frequency:</p> <ul style="list-style-type: none"> 0 = No spasm 1 = Mild spasms induced by stimulation 2 = Infrequent full spasms occurring less than once per hour 3 = Spasms occurring more than once per hour 4 = Spasms occurring more than 10 times per hour <p>Spasm Severity:</p> <ul style="list-style-type: none"> 1 = Mild 2 = Moderate 3 = Severe |

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| <p>Rationale/ Justification:</p> | <p>Strengths/Weaknesses: The Penn Spasm Frequency Scale is a self-report assessment that includes elements of frequency and severity of muscle spasms, which form major aspects of the spasticity experience, besides muscle "stiffness" that is the focus of the Modified Ashworth Scale. The subjectivity in determining frequency and severity can confound interpretation of the score and make it somewhat difficult to compare between individuals or groups. However, it can be considered as a potentially useful adjunct to the Modified Ashworth Scale. Both instruments provide essentially ordered categorical elements that do not lend themselves well to accurate quantitative analysis. This scale is what is currently available in the realm of a self-report outcome for spasticity. It would seem possible and desirable to improve on it.</p> <p>SCI-Pediatric-specific: No Studies with children, but relevant and appropriate with children. No age recommendation in literature. Future research is needed.</p> |
| <p>References:</p> | <p>Adams, M. M., Ginis, K. A., & Hicks, A. L. (2007). The spinal cord injury spasticity evaluation tool: development and evaluation. <i>Arch Phys Med Rehabil</i>, 88(9), 1185–1192.</p> <p>Hsieh, J. T., Wolfe, D. L., Miller, W. C., & Curt, A. (2008). Spasticity outcome measures in spinal cord injury: psychometric properties and clinical utility. <i>Spinal Cord</i>, 46(2), 86–95.</p> <p>Priebe, M. M., Sherwood, A. M., Thornby, J. I., Kharas, N. F., & Markowski, J. (1996). Clinical assessment of spasticity in spinal cord injury: a multidimensional problem. <i>Arch Phys Med Rehabil</i>, 77(7), 713–716.</p> |