

Canadian Neurological Scale – Quick Reference Sheet

Alert or Drowsy → CNS		Stuporous or Comatose → Glasgow Coma Scale		Score
LEVEL OF CONSCIOUSNESS				
Alert: If Spontaneous Eye Opening, Normal level of consciousness	→	→	→	Alert: 3.0
Drowsy: When stimulated verbally remains awake and alert for short periods but tends to dose off	→	→	→	Drowsy: 1.5
ORIENTATION				
Oriented: Ask patient: 1. Where are you? (City and Hospital) 2. What is the month and year? (If early in the month, first 3 days of previous month are acceptable). Speech can be slurred BUT must be intelligible	→	→	→	Oriented: 1.0
Disoriented: If patient cannot state both place and time, or cannot express answers in words or intelligible speech.	→	→	→	Disoriented or N/A: 0.0
SPEECH				
Receptive Speech Testing: (i.e. understand simple commands)				
Ask the patient to: 1. Close your eyes 2. Point to the ceiling 3. Does a stone sink in water? *DO NOT MIMIC THESE COMMANDS*				
If patient cannot complete all three commands: Score a Receptive Deficit of 0.0 and proceed to Section A2: Motor Response- Receptive Deficit Present	Normal Speech or Expressive Deficit Present			
Score				
A1: Motor Response				
Normal Speech or Expressive Deficit Present				
Score				
A2: Motor Response				
Receptive Deficit Present				
Score				
Face: Have patient mimic a grin, show teeth or gums, and note symmetry of nasal labial folds. If the patient is unable to grin/smile with mimics, apply pressure to sternum, and note symmetry. Record side with WORST deficit with an "R" or "L."	Symmetrical 0.5 Asymmetrical 0.0 R/L	Face: Ask the patient to smile/grin, note symmetry of mouth and nasal labial folds. If Symmetrical Score 0.5 If asymmetry present Score 0.0		
Arms: Place patient's outstretched arms in front at 90° – must hold for 5 sec. If pt unable to perform compare response when pressure is applied to nailbeds bilaterally. Note equal/unequal motor response, record side with WORST deficit with an "R" or "L."	Equal 1.5 Unequal 0.0 R/L	Always record side with WORST deficit and indicate side with an "R" or "L" Proceed with the following Grading System: None: 1.5 (No detectable weakness, limb outstretched 90° X 5seconds AND withstands resistance) Mild: 1.0 (Limb outstretched 90° X 5 seconds BUT succumbs to resistance) Significant: 0.5 (Limb outstretched cannot maintain 90° X 5 seconds against gravity – resistance is not done) Total: 0.0 (Absence of movement OR muscle contraction without movement)		
Legs: Bring thighs toward trunk 90° with knees flexed – must hold for 5 sec. If pt unable to perform compare response when pressure is applied to nailbeds bilaterally. Note equal/unequal motor response, record side with WORST deficit with an "R" or "L."	Equal 1.5 Unequal 0.0 R/L	Arms (Proximal) tested in Sitting or Lying Sitting: Elevate pt's arms to shoulder level & apply resistance below shoulders (ask pt to resist you or don't let me push your arm down) Lying: Elevate arms to 45° to 90° X 5 sec & apply resistance below shoulders.		
Quick Notes:				
1. DO NOT complete all sections of the tool Normal /Expressive deficit = mentation + A1 sections				
OR Receptive deficit = mentation + A2 sections				
2. ROM ability against gravity will differentiate grading level of weakness.				
3. Outstretched limb is 90° X 5 seconds for normal.				
None: 1.5 Mild: 1.0 Significant: 0.5 Total: 0.0				
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