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Clinical characteristics of patients with multiple system atrophy in Ann Akade Med Singap. 2005;34:553-7. CAS PubMed Google Scholar 17. Blum L, Korner-Bitensky N. The usefulness of Berg's balance scale in stroke rehabilitation: a systematic review. *Phys Ther*. 2008;88:559-66. Article PubMed Google Scholar Page 2 1. Gait (from SARA 1) The patient asked (1) to walk at a safe distance parallel to the wall, including half turn (turn to face the opposite direction of the gait) and (2) walk in tandem (heel to heel) without support. 0. Normal, no difficulty in walking, turning or walking in tandem (up to one miss allowed) 1. Small difficulties, visible only when walking 10 steps in a row in tandem 2. Obviously a deranged, tandem of 10 steps is not possible 3. Significant staggering, difficulty in the half-turn, but without the support of 4. The stunning, intermittent support for the wall required 5. Heavy staggering, constant support for one stick or easy support with one hand required 6. Walking zgt. 10 m only with a strong support (two special sticks or stroller or accompanying person) 7. Walking zlt. 10 m only with a strong support (two special sticks or stroller or accompanying person) 8. Can't walk even if 2 is supported. Transfers (from BBS 5) Arrange chairs (s) to transfer the rod. Ask the patient to move one way to the armrest seat and one way to the seat without armrests. You can use two chairs (one with armrests and one without armrests) or a bed and chair. 0. The possibility of safe transmission with little use of hands 1. The ability to transfer safely a certain need of hands 2. The possibility of transmission with verbal cueing and/or surveillance 3. Need one person to help 4. It takes two people to help or control to be safe 3. Finger tapping (from UMSARS Part II-8) Patient taps the thumb with his index finger in quick succession with the wide amplitude possible on each side, at least 15 to 20 s. Assess the most affected limbs. Note that the performance violation on this task may be caused by bradykinesia and/or cerebellum inconsistencies. Evaluate functional performance regardless of the underlying engine disorder. 0. Normal. 1. With minor impairments. 2. Moderate violation. Serious violations. 4. Hardly can accomplish the task. 4. Handwriting (from UMSARS Part I-3) 0. Normal. 1. With mild violations (all words are legible). 2. Moderate violation (up to half words unintelligible). 3. With notable irregularities (most words are promiscuous). 4. Impossible to write 5. Standing without support with your feet together (from BBS 7) Place your feet together and stand without holding 0. The ability to place your feet together on your own and stand 1 min safely 1. The ability to place your feet together on your own and stand for 1 min with observation 2. Possibility feet together on their own, but unable to hold for 3. Needs help to reach the position, but is able to stand 15 feet together 4. Need help to reach the position and is unable to hold for 15 to 6. Turning to look behind your left and right shoulders, standing (from BBS 10) Turn to look right behind you to your left shoulder. Repeat to the right. The examiner can select an object to look directly behind the subject to encourage a better turn. 0. Looks behind on both sides and the weight shifts well to one. Looks behind one side only the other side shows less weight shift 2. Turns aside only, but maintains balance 3. Surveillance is required when turning 4. Needs help to save from losing balance or falling 7. Turning 360 (from BBS 11) Turn all around in full circle. Pause. Then turn the full circle in the other direction. 0. The ability to rotate 360 safely in 4 c or less 1. The ability to rotate 360 safely on one side is only 4 with or less than 2. Able to rotate 360 safely, but slowly 3. Needs close observation or verbal signal 4. Needs help with turning 8. Body Influence (from UMSARS

