

Barry-Albright Dystonia Scale

Patient's Number: _____

Date: _____

Directions: Assess the patient for dystonia in each of the following regions: eyes, mouth, neck, trunk, each upper and lower extremity (8 body regions). Write the scores on the lines provided (whole numbers only). Rate severity based only on dystonia as evidenced by abnormal movements or postures.

Dystonia: sustained muscle contractions causing twisting and repetitive movements or abnormal postures.

Spasticity: velocity-dependent resistance to passive stretch.

Athetosis: distal writhing or contorting movements.

Chorea: brief, rapid, unsustained, irregular movements.

Ataxia: incoordination of movement characterized by wide-based unsteady gait, falling movements.

Eyes: Signs of dystonia of the eyes include: Prolonged eyelid spasms and/or forced eye deviations.

0 _____ **Absence** of eye dystonia.

1 _____ **Slight.** Dystonia less than 10% of the time.

2 _____ **Mild.** Frequent blinking without prolonged spasms of eye closure and/or eye movements less than 50% of the time.

3 _____ **Moderate.** Prolonged spasms of eyelid closure, but eyes open most of the time.

4 _____ **Severe.** Prolonged spasms of eyelid closure, with eyes closed at least 30% of the time.

* _____ Unable to assess eye movements.

Eyes: _____

Mouth: Signs of dystonia of the mouth include: Grimacing, clenched or deviated jaw, forced open mouth, and/or forceful tongue thrusting.

0 _____ **Absence** of mouth dystonia.

1 _____ **Slight.** Dystonia less than 10% of the time and does not interfere with speech or feeding.

2 _____ **Mild.** Dystonia less than 50% of the time and does not interfere with speech or feeding.

3 _____ **Moderate.** Dystonia more than 50% of the time, or dystonia that interferes with speech or feeding.

4 _____ **Severe.** Dystonia more than 50% of the time or dystonia that prevents speech or feeding.

* _____ Unable to assess mouth movements.

Mouth: _____

Neck: Signs of dystonia of the neck include: Pulling of the neck into any plane of motion: Extension, flexion, lateral flexion or rotation.

0 _____ **Absence** of neck dystonia.

1 _____ **Slight.** Pulling less than 10% of the time and does not interfere with lying, sitting, standing or walking.

2 _____ **Mild.** Pulling less than 50% of the time and does not interfere with lying, sitting, standing or walking.

3 _____ **Moderate.** Pulling more than 50% of the time or dystonia that interferes with lying, sitting, standing or walking.

4 _____ **Severe.** Pulling more than 50% of the time or dystonia that prevents sitting in standard wheelchair, standing or walking (i.e. requires more than standard head rest for seating).

* _____ Unable to assess neck movements.

Neck: _____

Barry-Albright Dystonia Scale (cont.)

Trunk:

- 0 _____ **Absence** of trunk dystonia.
- 1 _____ **Slight.** Pulling less than 10% of the time and does not interfere with lying, sitting, standing or walking.
- 2 _____ **Mild.** Pulling less than 50% of the time and does not interfere with lying, sitting, standing or walking.
- 3 _____ **Moderate.** Pulling more than 50% of the time or dystonia that interferes with lying, sitting, standing or walking.
- 4 _____ **Severe.** Pulling more than 50% of the time or dystonia that prevents sitting in standard wheelchair, standing or walking.
- * _____ Unable to assess trunk movements.

Trunk: _____

Upper Extremities:

- 0 _____ **Absence** of upper extremity dystonia.
- 1 _____ **Slight.** Dystonia less than 10% of the time and does not interfere with normal positioning or functional activities.
- 2 _____ **Mild.** Dystonia less than 50% of the time and does not interfere with normal positioning or functional activities.
- 3 _____ **Moderate.** Dystonia more than 50% of the time or dystonia that interferes with normal positioning or upper extremity function.
- 4 _____ **Severe.** Dystonia more than 50% of the time or dystonia that prevents normal positioning or upper extremity function; i.e., arms restrained in wheelchair to prevent injury.
- * _____ Unable to assess upper extremity movements.

Left Upper Extremity: _____

Right Upper Extremity: _____

Lower Extremities:

- 0 _____ **Absence** of lower extremity dystonia.
- 1 _____ **Slight.** Dystonia less than 10% of the time and does not interfere with normal positioning or functional activities.
- 2 _____ **Mild.** Dystonia less than 50% of the time and does not interfere with normal positioning or functional activities.
- 3 _____ **Moderate.** Dystonia more than 50% of the time or dystonia that interferes with normal positioning or lower extremity weight bearing or function.
- 4 _____ **Severe.** Dystonia more than 50% of the time or dystonia that prevents normal positioning or lower extremity weight bearing or function.
- * _____ Unable to assess lower extremity movements.

Left Lower Extremity: _____

Right Lower Extremity: _____

Total Score: _____

Rater's Initials: _____