

**SIMPSON-ANGUS SCALE  
(SAS)**

**1. GAIT:**

The patient is examined as he walks into the examining room, his gait, the swing of his arms, his general posture, all form the basis for an overall score for this item. This is rated as follows:

|  |                          |
|--|--------------------------|
| <b>0</b> = Normal  | <input type="checkbox"/> |
| <b>1</b> = Diminution in swing while the patient is walking            | <input type="checkbox"/> |
| <b>2</b> = Marked diminution in swing with obvious rigidity in the arm | <input type="checkbox"/> |
| <b>3</b> = Stiff gait with arms held rigidly before the abdomen        | <input type="checkbox"/> |
| <b>4</b> = Stopped shuffling gait with propulsion and retropulsion     | <input type="checkbox"/> |

**2. ARM DROPPING:**

The patient and the examiner both raise their arms to shoulder height and let them fall to their sides. In a normal subject, a stout slap is heard as the arms hit the sides. In the patient with extreme Parkinson's syndrome, the arms fall very slowly:

|  |                          |
|--|--------------------------|
| <b>0</b> = Normal, free fall with loud slap and rebound                      | <input type="checkbox"/> |
| <b>1</b> = Fall slowed slightly with less audible contact and little rebound | <input type="checkbox"/> |
| <b>2</b> = Fall slowed, no rebound   | <input type="checkbox"/> |
| <b>3</b> = Marked slowing, no slap at all                                    | <input type="checkbox"/> |
| <b>4</b> = Arms fall as though against resistance; as though through glue    | <input type="checkbox"/> |

**3. SHOULDER SHAKING:**

The subject's arms are bent at a right angle at the elbow and are taken one at a time by the examiner who grasps one hand and also clasps the other around the patient's elbow. The subject's upper arm is pushed to and fro and the humerus is externally rotated. The degree of resistance from normal to extreme rigidity is scored as follows.

|   |                          |
|---|--------------------------|
| <b>0</b> = Normal   | <input type="checkbox"/> |
| <b>1</b> = Slight stiffness and resistance                              | <input type="checkbox"/> |
| <b>2</b> = Moderate stiffness and resistance                            | <input type="checkbox"/> |
| <b>3</b> = Marked rigidity with difficulty in passive movement          | <input type="checkbox"/> |
| <b>4</b> = Extreme stiffness and rigidity with almost a frozen shoulder | <input type="checkbox"/> |

**4. ELBOW RIGIDITY:**

The elbow joints are separately bent at right angles and passively extended and flexed, with the subject's biceps observed and simultaneously palpated. The resistance to this procedure is rated. (The presence of cogwheel rigidity is noted separately.)

|   |                          |
|---|--------------------------|
| <b>0</b> = Normal   | <input type="checkbox"/> |
| <b>1</b> = Slight stiffness and resistance                              | <input type="checkbox"/> |
| <b>2</b> = Moderate stiffness and resistance                            | <input type="checkbox"/> |
| <b>3</b> = Marked rigidity with difficulty in passive movement          | <input type="checkbox"/> |
| <b>4</b> = Extreme stiffness and rigidity with almost a frozen shoulder | <input type="checkbox"/> |

**5. WRIST RIGIDITY or Fixation of position:**

The wrist is held in one hand and the fingers held by the examiner's other hand, with the wrist moved to extension, flexion and ulnar and radial deviation:

|   |                          |
|---|--------------------------|
| <b>0</b> = Normal   | <input type="checkbox"/> |
| <b>1</b> = Slight stiffness and resistance                              | <input type="checkbox"/> |
| <b>2</b> = Moderate stiffness and resistance                            | <input type="checkbox"/> |
| <b>3</b> = Marked rigidity with difficulty in passive movement          | <input type="checkbox"/> |
| <b>4</b> = Extreme stiffness and rigidity with almost a frozen shoulder | <input type="checkbox"/> |

**6. LEG PENDULOUSNESS:**

The patient sits on a table with his legs hanging down and swinging free. The ankle is grasped by the examiner and raised until the knee is partially extended. It is then allowed to fall. The resistance to falling and the lack of swinging form the basis for the score on this item:

|   |                          |
|---|--------------------------|
| <b>0</b> = The legs swing freely                      | <input type="checkbox"/> |
| <b>1</b> = Slight diminution in the swing of the legs | <input type="checkbox"/> |
| <b>2</b> = Moderate resistance to swing               | <input type="checkbox"/> |
| <b>3</b> = Marked resistance and damping of swing     | <input type="checkbox"/> |
| <b>4</b> = Complete absence of swing                  | <input type="checkbox"/> |

**7. HEAD DROPPING:**

The patient lies on a well-padded examining table and his head is raised by the examiner's hand. The hand is then withdrawn and the head allowed to drop. In the normal subject the head will fall upon the table. The movement is delayed in extrapyramidal system disorder and in extreme parkinsonism it is absent. The neck muscles are rigid and the head does not reach the examining table. Scoring is as follows:

|   |                          |
|---|--------------------------|
| <b>0</b> = The head falls completely with a good thump as it hits the table             | <input type="checkbox"/> |
| <b>1</b> = Slight slowing in fall, mainly noted by lack of slap as head meets the table | <input type="checkbox"/> |
| <b>2</b> = Moderate slowing in the fall quite noticeable to the eye                     | <input type="checkbox"/> |
| <b>3</b> = Head falls stiffly and slowly  | <input type="checkbox"/> |
| <b>4</b> = Head does not reach the examining table                                      | <input type="checkbox"/> |

**8. GLABELLA TAP:**

Subject is told to open eyes wide and not to blink. The glabella region is tapped at a steady, rapid speed. The number of times patient blinks in succession is noted:

|                               |                          |
|-------------------------------|--------------------------|
| <b>0</b> = 0 - 5 blinks       | <input type="checkbox"/> |
| <b>1</b> = 6 - 10 blinks      | <input type="checkbox"/> |
| <b>2</b> = 11 - 15 blinks     | <input type="checkbox"/> |
| <b>3</b> = 16 - 20 blinks     | <input type="checkbox"/> |
| <b>4</b> = 21 and more blinks | <input type="checkbox"/> |

**9. TREMOR:**

Patient is observed walking into examining room and is then reexamined for this item:

|   |                          |
|---|--------------------------|
| <b>0</b> = Normal   | <input type="checkbox"/> |
| <b>1</b> = Mild finger tremor, obvious to sight and touch | <input type="checkbox"/> |
| <b>2</b> = Tremor of hand or arm occurring spasmodically  | <input type="checkbox"/> |
| <b>3</b> = Persistent tremor of one or more limbs         | <input type="checkbox"/> |
| <b>4</b> = Whole body tremor                              | <input type="checkbox"/> |

**10. SALIVATION:**

Patient is observed while talking and then asked to open his mouth and elevate his tongue. The following ratings are given:

|   |                          |
|---|--------------------------|
| <b>0</b> = Normal   | <input type="checkbox"/> |
| <b>1</b> = Excess salivation to the extent that pooling takes place if the mouth is open and the tongue raised. | <input type="checkbox"/> |
| <b>2</b> = When excess salivation is present and might occasionally result in difficulty in speaking            | <input type="checkbox"/> |
| <b>3</b> = Speaking with difficulty because of excess salivation  | <input type="checkbox"/> |
| <b>4</b> = Frank drooling   | <input type="checkbox"/> |