## INTERNATIONAL SPINAL CORD INJURY MUSCULOSKELETAL BASIC DATA SET FORM (Version 1.0)

### Table #1-6

<table>
<thead>
<tr>
<th>Date performed: YYYY/MM/DD</th>
<th>MUSCSKDT</th>
</tr>
</thead>
</table>

### Table #1

**Neuro-Musculoskeletal history before spinal cord lesion (collected once):**

- ☐ Pre-existing congenital deformities of the spine and spinal cord
  - CONGDEF0
  - CONGDFDX
  - CONGDLOC

  If yes, specify Diagnosis and Location: ____________________

  If previous surgery due to this, description: ____________________

  Date of surgery YYYYMMDD: __Unknown__

- ☐ Pre-existing degenerative spine disorders
  - DGNSPINE
  - DGNSPNDX
  - DGNSPLOC

  If yes, specify Diagnosis and Location: ____________________

  If previous surgery due to this, description: ____________________

  Date of surgery YYYYMMDD: __Unknown__

- ☐ Pre-existing systemic neuro-degenerative disorders
  - NEURODGN
  - NRDGNNDX
  - NRDGNLOC

  If yes, specify Diagnosis and Location: ____________________

  If previous surgery due to this, description: ____________________

  Date of surgery YYYYMMDD: __Unknown__

### Table #6

**Presence of spasticity / spasms**

- ☐ No
- ☐ Yes

**SPASTICITY**

Treatment for spasticity / spasms within the last four weeks?

- ☐ No
- ☐ Yes

**SPSTXL4W**
### Fractures, heterotopic ossifications, contractures, or degenerative changes/overuse:

<table>
<thead>
<tr>
<th>FRACTLOC</th>
<th>Fractures since spinal cord lesion (only those not documented previously)</th>
<th>Heterotopic ossification</th>
<th>Contracture</th>
<th>Degenerative changes / Overuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOLOC</td>
<td>Right</td>
<td>Left</td>
<td>Date of fracture YYYY/MM/DD</td>
<td>Right</td>
</tr>
<tr>
<td>CONTRLOC</td>
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<tr>
<td>DEGENLOC</td>
<td></td>
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<tr>
<td>Neck / Cervical spine</td>
<td>FRACTRNO</td>
<td>HONO</td>
<td>FRACTRDT</td>
<td>HOSIDE</td>
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<tr>
<td>Shoulder / Humerus</td>
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<tr>
<td>Elbow</td>
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<tr>
<td>Forearm</td>
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<tr>
<td>Wrist</td>
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<tr>
<td>Hand</td>
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<tr>
<td>Upper back / Thoracic spine</td>
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<tr>
<td>Lower back / Lumbar spine</td>
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<tr>
<td>Pelvis</td>
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<tr>
<td>Hip / Femur</td>
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<tr>
<td>Knee</td>
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<tr>
<td>Tibia / fibula</td>
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<tr>
<td>Ankle</td>
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<tr>
<td>Foot</td>
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</tbody>
</table>

Method used to document heterotopic ossification, if present:
- X-ray
- CT-scan
- Triple phase bone scan
- Other method, specify

Scoliosis
- No
- Yes
If scoliosis is present, method of assessment (check all that apply):
- Observation in sitting
- Observation in standing
- Plain radiographs in sitting
- Plain radiographs in standing
- Surgical treated?
- If Yes: Date of surgery YYYYMMDD
- Unknown

Other musculoskeletal problems; specify

Do any of the above musculoskeletal challenges interfere with your activities of daily living (transfers, walking, dressing, showers, etc.)?
- No – not at all
- Yes, a little
- Yes, a lot