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Score DRS : Disability rating scale

- Protocoles - Techniques - Scores et formules - Neurologie -



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Score DRS : Disability rating scale

Catégorie	Item	Instructions	Score
Eveil et réponse	Ouverture des yeux	0 = spontané ; 1 = à la parole ; 2 = à la douleur ; 3 = jamais	
Communication	0 = orientée ; 1 = confuse ; 2 = inappropriée ; 3 = incompréhensible ; 4 = aucune		
Motricité	0 = à l'ordre simple ; 1 = localisée ; 2 = en retrait 3 = flexing 4 = en extension 5 = aucune		
Capacités cognitives pour les activités quotidiennes	Alimentation	0 = complète ; 1 = partielle ; 2 = minimale ; 3 = aucune	
Toilette	0 = complète ; 1 = partielle ; 2 = minimale ; 3 = aucune		
Orientation	0 = complète ; 1 = partielle ; 2 = minimale ; 3 = aucune		
Dépendance des autres	Niveau d'autonomie	0 = complètement indépendant ; 1 = indépendant dans certains lieux ; 2 = peu dépendant ; 3 = modérément dépendant 4 = plutôt dépendant 5 = totalement dépendant	
Adaptation psychosociale	Travail en collectivité	0 = sans restriction ; 1 = emplois particuliers 2 = emplois aménagés (non-compétitif) 3 = incapacité	

Catégories de handicap

Total	Niveau de handicap
0	Aucun
1	faible
2-3	partiel
4-6	modéré
7-11	modérément sévère
12-16	sévère
17-21	extrêmement sévère
22-24	Etat végétatif
25-29	Etat végétatif majeur

DRS Terms and Definitions

Eye Opening

0	SPONTANEOUS : eyes open with sleep/wake rhythms indicating active and arousal mechanisms ; does not assume awareness.
1	TO SPEECH AND/OR SENSORY STIMULATION : a response to any verbal approach, whether spoken or shouted, not necessarily the command to open the eyes. Also, response to touch, mild pressure.
2	TO PAIN : tested by a painful stimulus.(Standard painful stimulus is the application of pressure across index fingernail of best side with wood or a pencil ; for quadriplegics pinch nose tip and rate as 0, 1, 2 or 5.)
3	NONE : no eye opening even to painful stimulation.

Best Communication Ability

If patient cannot use voice because of tracheostomy or is aphasic or dysarthric or has vocal cord paralysis or voice dysfunction then estimate patient's best response and enter note under comments.

0	ORIENTED : implies awareness of self and the environment. Patient able to tell you a) who he is ; b) where he is ; c) why he is there ; d) year ; e) season ; f) month ; g) day ; h) time of day.
1	CONFUSED : attention can be held and patient responds to questions but responses are delayed and/or indicate varying degrees of disorientation and confusion.
2	INAPPROPRIATE : intelligible articulation but speech is used only in an exclamatory or random way (such as shouting and swearing) ; no sustained communication exchange is possible.
3	INCOMPREHENSIBLE : moaning, groaning or sounds without recognizable words ; no consistent communication signs.
4	NONE : no sounds or communication signs from patient.

Best Motor Response

0	OBEYING : obeying command to move finger on best side. If no response or not suitable try another command such as "move lips," "blink eyes," etc. Do not include grasp or other reflex responses.
1	LOCALIZING : a painful stimulus at more than one site causes a limb to move (even slightly) in an attempt to remove it. It is a deliberate motor act to move away from or remove the source of noxious stimulation. If there is doubt as to whether withdrawal or localization has occurred after 3 or 4 painful stimulations, rate as localization.
2	WITHDRAWING : any generalized movement away from a noxious stimulus that is more than a simple reflex response.
3	FLEXING : painful stimulation results in either flexion at the elbow, rapid withdrawal with abduction of the shoulder or a slow withdrawal with adduction of the shoulder. If there is confusion between flexing and withdrawing, then use pin prick on hands, then face.
4	EXTENDING : painful stimulation results in extension of the limb.

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5	NONE : no response can be elicited. Usually associated with hypotonia. Exclude spinal transection as an explanation of lack of response ; be satisfied that an adequate stimulus has been applied.
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Cognitive Ability for Feeding, Toileting and Grooming

Rate each of the three functions separately. For each function answer the question, does the patient show awareness of how and when to perform each specified activity. Ignore motor disabilities that interfere with carrying out a function, this is rated under Level of Functioning described below. Rate best response for toileting based on bowel and bladder behavior. Grooming refers to bathing, washing, brushing of teeth, shaving, combing or brushing of hair and dressing.

0	COMPLETE : continuously shows awareness that he knows how to feed, toilet or groom self and can convey unambiguous information that he knows when this activity should occur.
1	PARTIAL : intermittently shows awareness that he knows how to feed, toilet or groom self and/or can intermittently convey reasonably clearly information he knows when the activity should occur.
2	MINIMAL : shows questionable or infrequent awareness that he knows in a primitive way how to feed, toilet or groom self and/or shows infrequently by certain signs, sounds or activities that he is vaguely aware when the activity should occur.
3	NONE : shows virtually no awareness at any time that he knows how to feed, toilet or groom self and cannot convey information by signs, sounds, or activity that he knows when the activity should occur.

Level of Functioning

0	COMPLETELY INDEPENDENT : able to live as he wishes, requiring no restriction due to physical, mental, emotional or social problems.
1	INDEPENDENT IN SPECIAL ENVIRONMENT : capable of functioning independently when needed requirements are met (mechanical aids).
2	MILDLY DEPENDENT : able to care for most of own needs but requires limited assistance due to physical, cognitive and/or emotional problems (e.g. needs non-resident helper).
3	MODERATELY DEPENDENT : able to care for self partially but needs another person at all times.
4	MARKEDLY DEPENDENT : needs help with all major activities and the assistance of another person at all times.
5	TOTALLY DEPENDENT : not able to assist in own care and requires 24-hour nursing care.

"Employability"

The psychosocial adaptability or "employability" item takes into account overall cognitive and physical ability to be an employee, homemaker or student. This determination should take into account considerations such as the following :

- ▶ 1. Able to understand, remember and follow instructions ;
- ▶ 2. Can plan and carry out tasks at least at the level of an office clerk or in simple routine, repetitive industrial situations or can do school assignments ;
- ▶ 3. Ability to remain oriented, relevant and appropriate in work and other psychosocial situations ;
- ▶ 4. Ability to get to and from work or shopping centers using private or public transportation effectively ;

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- ▶ 5. Ability to deal with number concepts ;
- ▶ 6. Ability to make purchases and handle simple money exchange problems ;
- ▶ 7. Ability to keep track of time schedules and appointments.

0	NOT RESTRICTED : can compete in the open market for a relatively wide range of jobs commensurate with existing skills ; or can initiate, plan, execute and assume responsibilities associated with homemaking ; or can understand and carry out most age relevant school assignments.
1	SELECTED JOBS, COMPETITIVE : can compete in a limited job market for a relatively narrow range of jobs because of limitations of the type described above and/or because of some physical limitations ; or can initiate, plan, execute and assume many but not all responsibilities associated with homemaking ; or can understand and carry out many but not all school assignments.
2	SHELTERED WORKSHOP, NON-COMPETITIVE : cannot compete successfully in job market because of limitations described above and/or because of moderate or severe physical limitations ; or cannot without major assistance initiate, plan, execute and assume responsibilities for homemaking ; or cannot understand and carry out even relatively simple school assignments without assistance.
3	NOT EMPLOYABLE : completely unemployable because of extreme psychosocial limitations of the type described above ; or completely unable to initiate, plan, execute and assume any responsibilities associated with homemaking ; or cannot understand or carry out any school assignments.

Testing Tips

If in doubt, give the patient the benefit of the doubt.

Remember that feeding, toileting and grooming items are rated on cognitive ability to know how and when, not physical ability.

Always use two independent raters when possible, and compare ratings after completed. If there is a one point discrepancy that cannot be resolved, mean the two ratings (a .5 score). If there is a discrepancy of 1.5 or more points, obtain additional information on the case and re-rate.

If a patient clinically falls between two ratings, rate in .5 increment (e.g. between 2 and 3 = 2.5)

Interpreting Score

The maximum score a patient can obtain on the DRS is 29, which represents an extreme vegetative state. A person without disability would score zero. For the DRS to be reliable, it must be employed when the individual is free from the influence of anesthesia, other mind-altering drugs, recent seizure, or recovery from surgical anesthesia.

The DRS can be self-administered or scored through interview with the client or family member. The ease of scoring and the brevity of the scale are compelling reasons for its popularity. Scoring time can range from 30 seconds (if one is very familiar with the scale and the client) to 15 minutes, assuming the rater must interview the client/family and seek additional information from available staff.

An additional advantage is the ease and brevity with which information can be obtained by phone interview. Although not optimum, DRS ratings can even be obtained by medical record review retrospectively in certain cases. Another advantage of the DRS is that expertise in the field is not needed to complete it accurately.

A limitation of the DRS is its relative insensitivity at the low end of the scale (mild TBI) and its inability to reflect more subtle but sometimes significant changes in an individual within a specific, limited window of recovery.

The Disability Rating Scale

▶ 1. Eye opening : _____

- 0 Spontaneous
- 1 To Speech
- 2 To Pain
- 3 None

▶ 2. Communication Ability : _____

- 0 Oriented
- 1 Confused
- 2 Inappropriate
- 3 Incomprehensible
- 4 None

▶ 3. Motor Response : _____

- 0 Obeying
- 1 Localizing
- 2 Withdrawing
- 3 Flexing
- 4 Extending
- 5 None

▶ 4. Feeding (knows how and when) : _____

- 0.0 Complete
- 0.5
- 1.0 Partial

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- 1.5
- 2.0 Minimal
- 2.5
- 3.0 None

▶ 5. Toileting (knows how and when) : _____

- 0.0 Complete
- 0.5
- 1.0 Partial
- 1.5
- 2.0 Minimal
- 2.5
- 3.0 None

▶ 6. Grooming (knows how and when) : _____

- 0.0 Complete
- 0.5
- 1.0 Partial
- 1.5
- 2.0 Minimal
- 2.5
- 3.0 None

▶ 7. Level of Functioning (physical & cognitive disability) : _____

- 0.0 Completely independent
- 0.5
- 1.0 Independent in special environment
- 1.5
- 2.0 Mildly dependent - Limited assistance (Non-resident helper)
- 2.5
- 3.0 Moderately dependent - Moderate assistance (Person in home)
- 3.5
- 4.0 Markedly dependent (Assistance with all major activities, at all times)
- 4.5
- 5.0 Totally dependent (24 hour Nursing Care)

Disability Categories

Total DR Score	Level of Disability
0	None
1	Mild
2-3	Partial
4-6	Moderate
7-11	Moderately Severe

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12-16	Severe
17-21	Extremely Severe
22-24	Vegetative State
25-29	Extreme Vegetative State

Références

- ▶ Rappaport et al., (1982). Disability rating scale for severe head trauma patients : coma to community. Archives of Physical Medicine and Rehabilitation, 63 : 118-123