

# NIH Stroke Scale – Picture Description



# Stroke Nih Scale Pocket Card

**Maryam Rafael Aghalar, Rawa Jaro  
Araim, Lyn Weiss**



## **Stroke Nih Scale Pocket Card:**

**Neuromuscular Quick Pocket Reference** Maryam Rafael Aghalar, Rawa Jaro Araim, Lyn Weiss, 2011-12-28

Neuromuscular Quick Pocket Reference provides easy and efficient access to common physical examination techniques and other neurological tests performed in a broad range of specialties. Mainly composed of tables, charts, and photographs, this handy reference puts together and organizes the information that clinicians use on a daily basis. The first part of the book covers musculoskeletal physical exam by region. Each entry is formatted and includes test name, purpose, techniques, clinical findings, for positive test, sensitivity, specificity, and sources. Photographs showing proper placement and action accompany most entries and provide a visual blueprint for successfully replicating tests in the exam room. The second part of the book is devoted to common neurological tests and scales for on-the-go reference, including muscles, motor points, dermatomes, and myotomes; spasticity findings; radiculopathies; traumatic brain injury assessment; stroke scales; pressure ulcers; and much more. Features of Neuromuscular Quick Pocket Reference include: Pocket sized for portability and ease of use. Covers common neuromuscular assessment tests performed on a daily basis. Technical photographs enhance understanding and help hone point of care exam skills. Sensitivity and specificity of each test is displayed. Presents frequently used neurological tables and scales for quick look up of essential patient care information.

**Improving the Chain of Recovery for Acute Stroke in Your Community** National Institute of Neurological Disorders and Stroke (U.S.). Symposium, 2003

*Pädiatrische Neurologie - Neuropädiatrie* Lucia Gerstl, Ingo Borggräfe, Andreas Hufschmidt, Florian Heinen, 2025-06-04 Die zweite Auflage dieses Standardwerks mit grundlegend neuer konzeptueller Ausrichtung behandelt das gesamte Spektrum der Kinderneurologie. Das Praxishandbuch und Werkbuch richtet sich an alle, die klinische Verantwortung für Kinder und Jugendliche tragen, deren Weg durch neurologische Erkrankungen und Entwicklungsstörungen geprägt ist. Die über 180 Kapitel differenzieren klinische Fragestellungen und ermöglichen durch ihre klare Struktur ein schnelles Erfassen der Inhalte mit Fokus auf wirksame evidenzbasierte und personalisierte Therapien. Dabei werden von der akuten Versorgung über die Betreuung komplex chronisch Erkrankter bis hin zu rehabilitativer und palliativer Neuropädiatrie alle zentralen Themenfelder abgedeckt. Begleitet von prägnanten Übersichten über die wichtigsten Techniken und Untersuchungsmethoden. Der ausführliche und neue EEG und MRT Bildatlas sowie das Medikamentenregister mit Anwendungsdetails bieten zusätzlich wertvolle Hilfestellung für die klinische Praxis.

**NIH Stroke Scale** National Institute of Neurological Disorders and Stroke (U.S.), 2011\* Prevention, 2006-05 Prevention magazine provides smart ways to live well with info and tips from experts on weight loss, fitness, health, nutrition, recipes, anti-aging, diets.

**Stroke Pocketcard Set** David Palestrant, 2009 This card discusses the management of acute stroke, the localization of stroke based on clinical symptoms, various prognostic scores, and other management topics. Most of the management information on this card pertains to ischemic stroke. Specific topics covered are as follows: Guidelines for management of patients who are receiving tPA. Guidelines for intra-arterial thrombolysis and mechanical clot

removal Information on stroke localization and relevant syndromes Illustrations with the vasculature and vascular territories of the brain Definition and classification of TIAs Information on the prognosis of stroke based on the NIH NIHSS Information on imaging modalities used in stroke diagnosis their advantages and disadvantages Stroke workup informations General guidelines for hospital management and supportive care Guidelines for the prevention of secondary stroke Guidelines for the prevention of cardioembolic stroke Guidelines for carotid endarterectomy

**Baseline NIH Stroke Scale Responses**

**Predict Ischemic Stroke Subtype** Enrique Carlos Leira,2007 *The Predictive Value of the NIH Stroke Scale in Functional Outcome Using the Functional Independence Measure Scale* Colleen Rose Walsh,1998 *Application of the NIH Stroke Scale for Validation of Telemedicine as a Diagnostic Tool. Assessing the Effects of Bandwidth on Audio and Video Quality* Edward F. McDonough,2001

**FINDING THE BEST APPROACH TO ANALYZE THE NIHSS AT 24 HOURS TO MEASURE TREATMENT EFFECT IN TRIALS OF ACUTE STROKE** Nadinda van Ende,2017

Background NIH stroke scale NIHSS is increasingly used as outcome in RCTs of acute stroke treatment but no consensus exists on how to analyze the effect of treatment on NIHSS Our aim is to study what the best approach is to analyze this important early indicator of treatment effect

Methods We used the data from the MR CLEAN trial n 500 in a bootstrap analysis with 5000 runs to estimate valid and generalizable treatment effect parameters based on NIHSS Missing values for pertinent outcome and baseline variables were imputed with single regression if less than 4% NIHSS was analyzed with 5 different approaches identified in the literature For the approaches that used regression models unadjusted and adjusted estimates for age baseline NIHSS and collateral score were calculated We added the effect on mRS for comparison We compared the effect estimates between the different approaches and the Z statistic as a measure that combines strength of the effect and precision

Results Baseline characteristics were evenly distributed between intervention and control NIHSS scores at 24 h and 1 week were available with less than 1% and 4% missing values The absolute z value of the regression model of the effect of EVT on mRS at 3 months was 3.12 and 3.15 after adjustment Z values or any type of effect analysis of NIHSS at 1 week were not better than those at 24 hours data on poster figure Z values for plain NIHSS and change in NIHSS from baseline were substantially lower than the reference value Z values for dichotomized NIHSS exceeded the reference only for two of the three dichotomizations The z value of the effect parameter u201cimprovementu201d exceeded the reference but only barely so for fair improvement The effect parameter difference in log NIHSS at 24h exceeded the reference

Discussion Using plain NIHSS or change in NIHSS in a linear regression model to estimate the effect of acute stroke treatment is not an efficient and sensitive approach Dichotomizing the NIHSS in good outcome or improvement seems efficient but the best cut point will vary unpredictably depending on the patient population and chance We conclude that analysis of the effect of treatment on the full NIHSS scale with linear regression on log transformed data provides an efficient way to analyze early treatment effects with the NIH stroke scale

*Day 90 Acute Ischemic Stroke Outcomes Can be Derived from Early Functional Activity Level* Bruce

Ovbiagele,2009 *DISCREPANCY BETWEEN NATIONAL INSTITUTE OF HEALTH STROKE SEVERITY SCALE (NIHSS) AND FINAL INFARCT SIZE AFTER ACUTE ISCHEMIC STROKE*. Jason Ings,2017 Evidence derived from recent clinical trials show that if initiated within 24 hours and continued for 30 days combination therapy of Aspirin and Clopidogrel DAPT improves outcomes by lowering risk of subsequent ischemic events in patients with Acute Minor Ischemic Stroke AMIS NIHSS u2264 3 and Transient Ischemic Attack TIA Studies have shown that after acute ischemic stroke AIS NIHSS score and the size of ischemic infarct seen on neuroimaging predict stroke severity and are important determinants of hemorrhagic transformation HT In our study we intend to show that after ischemic stroke there can be potential discrepancy between NIHSS score and infarct size volume estimated on early repeat neuroimaging

**The Change of the National Institute of Health Stroke Scale in Patients with Acute Ischemic Stroke at Baseline and Discharge and Its Prediction on Prognosis** ,2017 Objective To evaluate the change of NIHSS score in patients with acute ischemic stroke at baseline and discharge Methods This was a study of multicenter stroke registration in our country a total of 54 centers are involved This study assessed the neurological deficit score NIHSS of patients admitted to hospital corrected demographic data health insurance type clinical classification risk factors past medical history Multivariate regression analysis was used to analyze the influence factors of NIHSS score on the outcome of discharge Then changes in NIHSS with baseline at discharge and the relationship between NIHSS and MRS were compared Results 5473 ischemic stroke patients were recruited The NIHSS score at discharge was significantly lower than the baseline with an average reduction of 1 points a median of between the ages of four and a score of 0 to about 3 The left lower limb movement was the most obvious All items of NIHSS had influence on prognosis like age level of consciousness consciousness level instruction awareness of questioning gaze facial palsy sensation visual fields limb movement sensation ataxia dysarthria language extinction and inattention multivariate regression analysis shows facial palsy the level of consciousness instruction vision Limb movement effects on the prognosis of patients At the time of discharge NIHSS score decreased significantly compared to the baseline Conclusion The NIHSS score at discharge was significantly lower than the baseline with an average reduction of 1 points interquartile range 0

**A PROSPECTIVE OBSERVATIONAL EXPLORATORY INVESTIGATOR INITIATED STUDY TO EVALUATE THE RISK FACTORS FOR ACUTE STROKE U2013 A MULTI-CENTER STUDY** Pushpendra Nath Renjen,2017 Background and Aims Stroke is one of the major neurological disorders leading to death and physical disability worldwide accounting for 5.5 million deaths annually The primary objective of this study was to evaluate the risk factors contributing to acute stroke The secondary objective was to assess severity of acute stroke using NIH stroke scale and to evaluate new risk factors and any gender specific risk factors Methods We studied 526 patients with ischemic and haemorrhagic stroke in subjects seen within 24 hours of onset of symptoms The NIHSS was calculated for all the subjects We recorded detailed demographic details medical history of risk factors for stroke smoking and alcohol consumption treatment for stroke thrombolysis and or surgical

procedures along with the socioeconomic details and dietary habits Results A total of 609 patients were screened and 526 were included in the study of which 72.3% were males and 27.7% females Among the population 75% were above 50 years of age The mean BMI was 25.8 14.3 14.6% of the population were obese Hypertension and diabetes mellitus were the most common comorbidities observed The severity of stroke was assessed by NIH Stroke scale NIHSS score Based on severity 20.5% had mild stroke and 57.4% had stroke of moderate severity There are no major newer gender based risk factors that could be observed from the study Conclusions Hypertension and diabetes mellitus were identified as major risk factors of stroke The risk factors were correlated with stroke severity as per NIHSS score Risk factors pattern in stroke and TIA was similar to the published data

A MODEL TO EVALUATE INITIAL STROKE SEVERITY USING PARAMETERS REQUIRING MINIMAL TRAINING FOR ACUTE ISCHEMIC STROKE PATIENTS Heejin Chang,2017 Background and Purpose We tested whether adding two dysarthria and facial weakness PASS2 to the three parameters of Prehospital Acute Stroke Severity PASS scale could improve the estimation of initial stroke severity in the emergency room Methods We used five PASS2 parameters age month gaze and arm weakness dysarthria and facial weakness and National Institute of Health Stroke Scale NIHSS score prospectively collected from consecutive 509 ischemic stroke patients who arrived at emergency room within 72 hours of the onset of symptoms We developed two regression models to equate the correlation that the PASS parameters and the PASS2 parameters each have with the actual NIHSS score of individual patients The performances of the PASS and the PASS2 were compared to see which model produces results closer to the NIHSS evaluation of stroke severity Results We acquired regression model equations with the 3 PASS parameters NIHSS  $1.91 \text{ age month} \times 6.72 \text{ gaze} \times 4.66 \text{ Arm weakness} \times 3.03$  and the 5 parameters NIHSS  $1.36 \text{ age month} \times 7.01 \text{ Arm weakness} \times 2.69 \text{ gaze} \times 4.41 \text{ dysarthria} \times 0.92 \text{ facial weakness} \times 0.99$  The results showed that the PASS 2  $r = 0.752$   $p = 0.001$  has a higher correlation with the initial NIHSS evaluation than the PASS  $r = 0.715$   $p =$

**CODE STROKE: DISTINGUISHING STROKE-MIMICS FROM CEREBROVASCULAR DISEASE USING THE NIHSS SCALE** Fernando Mancha,2017 Background and purposeStroke mimics SM are usually difficult to diagnose in emergency setting up to 20% of potential strokes Thus some SM are misdiagnosed and treated with intravenous thrombolysis Our aim was to evaluate TM score TeleStroke mimic score and clinical features of NIHSS to improve discrimination of SM from cerebrovascular diseases CVD Material and methodsWe included 165 patients 82 SM 83 haemorrhagic ischaemic CVD paired by initial NIHSS score from a sample of 453 code stroke attended in a tertiary referral hospital Data was recorded prospectively from May 2014 to February 2017 TM score and NIHSS items were evaluated and logistic regression was made to find the best predictors of SM ResultstCVD were older and had higher rates of vascular risk factors Mean NIHSS in SM was 4.3 Thrombolysis was administered in 20.5% of CVD vs 6% SM Forty two percent of SM had 15points in TM score while 78% of CVD had 15 ROC curve of TM score was 0.66 0.58 0.75  $p =$  Thrombectomy In Acute Ischemic Stroke Patients With NIHSS 5 Or Lower Brian Enriquez,2017 BackgroundAcute ischemic stroke patients with low

National Institute of Health Stroke Scale NIHSS who harbor a large vessel occlusion LVO decline in a 20 to 40 % rate and have underappreciated impairments related to there relatively mild strokes It remains unclear whether patients presenting with large vessel occlusion strokes and mild symptoms benefit from mechanical thrombectomy MT Only a few patients in the randomized controlled with MT had low baseline NIHSS AimThe purpose of the present study was to compare outcomes in acute ischemic stroke patients with intracranial vessel occlusions and minor stroke symptoms NIHSS 5 or lower treated with MT with those who treated with best medical treatment alone Method In a prospective observational study at Oslo University Hospital we assessed the outcome in patients admitted with minor stroke NIHSS 5 or lower premorbid modified Rankin Scale 0 2 middle cerebral M1 M2 intracranial carotid anterior posterior cerebral basilar or vertebral artery occlusions large vessel occlusion LVO Groups receiving MT or best medical treatment were compared All patients were assessed with perfusion imaging before MT Treatment decisions were made by the treating physician Oslo University Hospital has been the intervention center for the east southern part of Norway covering half of the population in Norway Clinical outcome with improvement of NIHSS from baseline to 24 hours and modified Rankin Scale Barthel Index and EuroQol at 3 months was compared ResultsAmong 323 consecutive patients treated with MT in 2017 18 47 patients 14 6 % had mild strokes with NIHSS 5 or lower at admission During the same period 26 consecutive patients with NIHSS 5 or lower at admission was assessed for MT but treated with best medical therapy on no MT Clinical outcome in both patient groups was good and comparable Patients with intracranial carotid M1 M2 occlusion and evidence of penumbra at baseline imaging were the most common patients with low NIHSS who were treated with MT The patients treated with MT often had aphasia or disabling symptoms The most common reason why no endovascular interventions were done were mild symptoms like facial palsy and dysarthria or that the thrombus had been dislodged with more peripheral vessel occlusion ConclusionThrombectomy in selected patients with low NIHSS is safe and can increase the chance of excellent clinical outcome after 3 months Larger prospective studies are needed Stroke Assessment Pocket Guide ,2014 **Correlational Study of the National**

**Institutes of Health Stroke Scale with Older African Americans with Actute Stroke** Carole Campbell Burnett,2008 Background and Purpose Stroke or cerebrovascular accident is a leading cause of neurological impairment and long term disability in the older adult Projections of the elderly indicate they are more vulnerable to stroke than in the general population African Americans experience not only a higher stroke incidence than whites but also higher stroke mortality and among stroke survivors worse residual physical impairments Because of these impairments a valid and reliable measure of stroke impairment is needed that can be utilized in an acute hospital setting to determine the most appropriate rehabilitation plan for African American patients The National Institutes of Health Stroke Scale NIHSS has been determined to be a valid and reliable tool for patients with an acute stroke However few data exist about the appropriateness of this instrument for African American stroke survivors Therefore the purpose of this study was to determine the reliability of the National

Institutes of Health Stroke Scale NIHSS for African Americans with an acute stroke

**Methods** This study was a reliability correlational study of African Americans who were admitted to the hospital with the diagnosis of a cerebrovascular accident. On admission to an acute urban hospital patients with the diagnosis with an acute CVA were referred to physical therapy by the primary physician and within 48 hours of referral underwent a physical therapy examination. Part of the initial examination included the National Institutes of Health Stroke Scale NIHSS and patients were re-examined three months post-discharge with the NIHSS. The main outcome measures were the comparison of the initial score and the score 3 months post-discharge.

**Results** The study included a cohort of 35 older African Americans between 60 and 92 years of age. Sixty percent of the subjects were under 80 years of age, 77% women, 23% men, 57% had a left cerebral insult and 43% had a right. 83% had a thrombus. A Pearson product correlation, Spearman rho correlation, and Chi Square were done to determine level of significance and test of independence. A significant relationship was found between the initial score and the repeat score and discharge destination at  $p < .05$ .

**A Mobile App Based Strategy to Reduce Door to Needle Time in Acute Ischemic Stroke**, 2017

**Background** Time to revascularization is critical in improving outcomes in stroke patients. We hypothesized that a mobile app can help reduce door to needle time by taking the stroke team through the clinical pathway along with real-time notifications.

**Methods** Consecutive patients presenting to the Emergency Department between April 2017 and March 2018 with acute stroke were entered in a mobile app with patient parameters, timer, NIH stroke scale NIHSS, thrombolysis checklist, and tPA dose calculator. The app also enabled team synchronization by notifying all members and of the patient movement in real-time along with sharing of images. Door to needle time (DNT) captured from the app was entered into a spreadsheet and compared to previous values from our center.

**Findings** 62 patients were thrombolysed while using the mobile app. The mean DNT was 45 min with 89% being thrombolysed within 60 mins. These patients were compared with 100 consecutive patients who were thrombolysed in the months prior to April 2017 where the mean DNT was 57 min with 67% thrombolysed within 60 mins. A mean DNT decrease of 12 minutes was seen with a 1.3x increase in DNT.



## **Stroke Nih Scale Pocket Card Book Review: Unveiling the Power of Words**

In a world driven by information and connectivity, the ability of words has are more evident than ever. They have the capability to inspire, provoke, and ignite change. Such could be the essence of the book **Stroke Nih Scale Pocket Card**, a literary masterpiece that delves deep into the significance of words and their affect our lives. Compiled by a renowned author, this captivating work takes readers on a transformative journey, unraveling the secrets and potential behind every word. In this review, we will explore the book is key themes, examine its writing style, and analyze its overall impact on readers.

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### **Stroke Nih Scale Pocket Card Introduction**

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