

The American Heart Association presented a Stroke Outcome Classification (AHA.SOC) score classifies the severity and extent of neurological impairments that are the basis for disability. The classification also identifies the level of independence of stroke patients according to basic and more complex activities of daily living both at home and in the community. The classification score is meant to describe the limitations resulting from the current stroke. It is not an evaluation of disabilities caused by other neurological events. Furthermore, it is a summary score. (Kelly-Hayes, Robertson et al. 1998)

## CLASSIFICATION OF IMPAIRMENTS

A complete clinical examination is the basis for documenting the major domains of neurological impairment. In this classification schema the number of affected domains is recorded as well as severity of impairments.

Potentially affected neurological domains are:

- ⊕ *Motor*: Motor impairments are the most prevalent of all deficits seen after stroke, usually with involvement of the face, arm, and leg, alone or in various combinations. Motor functions assessed in the AHA.SOC include cranial nerve function (including speech and swallowing), muscle power and tone, reflexes, balance, gait, coordination, and apraxia.
- ⊕ *Sensory*: Sensory deficits range from loss of primary sensations to more complex loss of perception. Patients may describe numbness, tingling, or altered sensitivity. The more complex sensory losses include astereognosis, agraphia, and extinction to double simultaneous stimuli.
- ⊕ *Vision*: Stroke can cause monocular visual loss, homonymous hemianopia, or cortical blindness.
- ⊕ *Language*: Dysphasia may be exhibited by disturbances in comprehension, naming, repetition, fluency, reading, or writing.
- ⊕ *Cognition*: Stroke can cause impairments in memory, attention, orientation, calculation abilities, and construction. It is important to assess ability to learn and retain new information in the cognitive evaluation.
- ⊕ *Affect*: Depression is the most common affective disturbance seen after stroke. It tends to be observed more often in the months after stroke than during the acute event. Symptoms include loss of energy, lack of interests, loss of appetite, and insomnia.

The neurological examination is the basis for determining neurological impairments in the AHA.SOC score. However, the task force recommends that clinicians support their rating decisions by using standardized assessment

measures whenever possible.