
AIMS EXAMINATION PROCEDURE

Either before or after completing the examination procedure observe the patient unobtrusively at rest (i.e., in waiting room). The chair to be used in this examination should be a hard, firm one without arms.

1. Ask the patient whether there is anything in mouth (i.e., gum, candy, etc.) and if there is, to remove it.
2. Ask patient about the current condition of his/her teeth. Ask if patient wears dentures. Do teeth or dentures bother patient now?
3. Ask whether patient notices any movements in mouth, face, hands, or feet. If yes, ask to describe and to what extent they currently bother patient or interfere with activities.
4. Have patient sit in chair with hands on knees, legs slightly apart and feet flat on floor. Look at entire body for movements while in this position.
5. Ask patient to sit with hands hanging unsupported. If male, between legs, if female and wearing a dress, hanging over knees. (Observe hands and other body areas.)
6. Ask patient to open mouth (observe tongue at rest within mouth). Do this twice.
7. Ask patient to protrude tongue (observe abnormalities of tongue movements). Do this twice.
8. Ask patient to tap thumb, with each finger, as rapidly as possible for 10-15 seconds, separately with right hand, then with left hand. (Observe facial and leg movements.)
9. Flex and extend patient's left and right arms (one at a time). (Note any rigidity and rate on DOTES.)
10. Ask patient to stand up. (Observe in profile. Observe all body areas again, hips included.)
11. Ask patient to extend both arms outstretched in front with palms down. (Observe trunk, legs, and mouth.)
12. Have patient walk a few paces, turn and walk back to chair. (Observe hands and gait.) Do this twice.

FACIAL AND ORAL MOVEMENTS

1. Muscles and Facial Expression

e.g., movements of forehead, eyebrows, periorbital area, cheeks; include frowning, blinking, smiling, grimacing

0 = None 1 = Minimal, may be extreme normal 2 = Mild 3 = Moderate 4 = Severe

Score:

2. Lips and Perioral Area

e.g., puckering, pouting, smacking

0 = None 1 = Minimal, may be extreme normal 2 = Mild 3 = Moderate 4 = Severe

Score:

3. Jaw

e.g., biting, clenching, chewing, mouth opening, lateral movement

0 = None 1 = Minimal, may be extreme normal 2 = Mild 3 = Moderate 4 = Severe

Score:

4. Tongue

Rate only increase in movement both in and out of mouth, NOT inability to sustain movement

0 = None 1 = Minimal, may be extreme normal 2 = Mild 3 = Moderate 4 = Severe

Score:

EXTREMITY MOVEMENTS

5. Upper (arms, wrists, hands, fingers)

Include Choreic movements (i.e., rapid, objectively purposeless, irregular, spontaneous), athetoid movements (i.e., slow, irregular, complex, serpentine). Do not include tremor (i.e., repetitive, regular, rhythmic).

0 = None 1 = Minimal, may be extreme normal 2 = Mild 3 = Moderate 4 = Severe

Score:

6. Lower (legs, knees, ankles, toes)

e.g., lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot

0 = None 1 = Minimal, may be extreme normal 2 = Mild 3 = Moderate 4 = Severe

Score:

TRUNK MOVEMENTS

7. Neck, shoulders, hips

e.g., rocking, twisting, squirming, pelvic gyrations

0 = None 1 = Minimal, may be extreme normal 2 = Mild 3 = Moderate 4 = Severe

Score:

GLOBAL JUDGMENTS

8. Severity of abnormal movements

0 = None 1 = Minimal, may be extreme normal 2 = Mild 3 = Moderate 4 = Severe

Score:

9. Incapacitation due to abnormal movements

0 = None 1 = Minimal, may be extreme normal 2 = Mild 3 = Moderate 4 = Severe

Score:

10. Patient's awareness of abnormal movements

0 = None 1 = Minimal, may be extreme normal 2 = Mild 3 = Moderate 4 = Severe

Score:

DENTAL STATUS

11. Current problems with teeth and/or dentures

Yes No

12. Does patient usually wear dentures?

Yes No

COMPLETED: Yes No

Score:

Completed -Yes: All questions have been answered

Completed - No: Some or all questions have not been answered

SIGNATURE / CREDENTIALS / DATE: _____