

Note: It is recommended that this Data Set have two additional key variables:

- SITE (to distinguish the location where the data are recorded) and
- SUBJECT (to distinguish the patient/study participant)

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

Date performed: YYYY/MM/DD Table #1-6

Neuro-Musculoskeletal history before spinal cord lesion (collected once): Table #1

Pre-existing congenital deformities of the spine and spinal cord
If yes, specify Diagnosis and Location
If previous surgery due to this, description
Date of surgery YYYYMMDD Unknown

Pre-existing degenerative spine disorders
If yes, specify Diagnosis and Location
If previous surgery due to this, description
Date of surgery YYYYMMDD Unknown

Pre-existing systemic neuro-degenerative disorders
If yes, specify Diagnosis and Location
If previous surgery due to this, description
Date of surgery YYYYMMDD Unknown

Presence of spasticity / spasms Table #6

No Yes
Treatment for spasticity / spasms within the last four weeks?
 No Yes

Fractures, heterotopic ossifications, contractures, or degenerative changes/overuse:

Table #2-5

FRACTLOC HOLOC CONTRLOC DEGENLOC	FRACTRNO Fractures since spinal cord lesion (only those not documented previously)				HONO Heterotopic ossification		CONTRCNO Contracture		DEGENRNO Degenerative changes / Overuse	
	Right	Left	Date of fracture YYYY/MM/DD	Fragility fracture	Right	Left	Right	Left	Right	Left
	FRACSIDE			FRGLFRAC	HOSIDE		CNTRSIDE		DEGNLSIDE	
Neck / Cervical spine			FRACTRDT							
Shoulder/ Humerus										
Elbow										
Forearm										
Wrist										
Hand										
Upper back / Thoracic spine										
Lower back / Lumbar spine										
Pelvis										
Hip / Femur										
Knee										
Tibia / fibula										
Ankle										
Foot										

Method used to document heterotopic ossification, if present:

- X-ray CT-scan Triple phase bone scan Other method, specify _____

HODOCMTH

Table #6

HOOTHMTH

Scoliosis

SCLIOSIS

- 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

If scoliosis is present,

- Surgically 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

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