KAMS IL Scoring Breakdown

Assessment	Score Break Down
Overall	The overall score is an average of all the assessment scores in the workflow (total score / # of assessments). **Example** 589/8 = 74%. If an assessment is skipped, a score of 0 is recorded for the skipped assessment and the overall score is reduced accordingly. **Very Poor (0-25), Poor (26-50), Moderate (51-75), Good (76-100)**
Back Flexion	Range of Motion scores are based on AMA Guidelines. Any Range of Motion greater than the 90° threshold is considered 100%, any Range of Motion less than the guideline threshold is represented as a percentage of the guideline. **Example** (74° achieved / 90° AMA Guideline) x 100 = 82% **Very Poor (0-25), Poor (26-50), Moderate (51-75), Good (76-100)**
Back Extension	Range of Motion scores are based on AMA Guidelines. Any Range of Motion greater than the 25° threshold is considered 100%, any Range of Motion less than the guideline threshold is represented as a percentage of the guideline. **Example** (22° achieved / 25° AMA Guideline) x 100 = 88% **Very Poor (0-25), Poor (26-50), Moderate (51-75), Good (76-100)**
Back Lateral Flexion Left	Range of Motion scores are based on AMA Guidelines. Any Range of Motion greater than the 25° threshold is considered 100%, any Range of Motion less than the guideline threshold is represented as a percentage of the guideline. **Example** (20° achieved / 25° AMA Guideline) x 100 = 80% **Very Poor (0-25), Poor (26-50), Moderate (51-75), Good (76-100)**
Back Lateral Flexion Right	Range of Motion scores are based on AMA Guidelines. Any Range of Motion greater than the 25° threshold is considered 100%, any Range of Motion less than the guideline threshold is represented as a percentage of the guideline. **Example** (18° achieved / 25° AMA Guideline) x 100 = 72% **Very Poor (0-25), Poor (26-50), Moderate (51-75), Good (76-100)**

Posture Angel	The overall score for the posture angel assessment focuses on **1 primary factor**: external rotation at the shoulder joint. As with the other Range of Motion assessments, any Range of Motion greater than the 90° threshold is considered 100%, any range of motion less than the Guideline threshold is represented as a percentage of the Guideline. **Example** (88° achieved / 90° AMA Guideline) x 100 = 98%. There are **4 secondary factors** that also contribute to the overall score including: head carriage, spinal extension, shoulder lateral tilt, and hip lateral tilt. Individual factor scores can be represented as "Yes/No" or as a percent. A score of 100% indicates zero deviation and lower scores represent progressively more deviation. The spinal extension factor is a selectable checkbox on the assessment scorecard. This is to be observed by the practitioner and selected if applicable. **Very Poor (0-25), Poor (26-50), Moderate (51-75), Good (76-100)**
mCTSIB - Balance Assessment	There are 4 balance assessments in mCTSIB. Balance both feet down, eyes open with no foam, balance both feet down with eyes closed with no foam, balance both feet down, eyes open on foam and balance both feet down, eyes closed on foam. Each balance assessment has an overall score, which is composed of scores from **4 body segments** including: head, shoulders, hips, and knees. Tilt and sway are monitored throughout the entire balance assessment. A score of 100% indicates zero tilt or sway was observed and lower scores indicate progressively more tilt and sway. A final overall score is created by taking an average of all **4 individual balance assessment** scores. If an assessment is skipped, a score of 0 is recorded for the skipped assessment and the overall score is reduced accordingly. **Very Poor (0-25), Poor (26-50), Moderate (51-75), Good (76-100)**
Reverse Lunge	The overall score for the reverse lunge assessment is composed of **7 factors** taking into consideration the upper and lower body. These factors include: ability to lunge and return to standing, reach kneeling position, knee valgus, knee over toe, shoulder-wrist inline, shoulder lateral tilt, and shoulder axis rotation. Individual scores all contribute to the overall score and can be found in the subjective notes following the assessment. Individual factor scores can be represented as "Yes/No" or as a percent. Scores are represented similar to overhead squat except for knee over toe and shoulder-wrist inline. For these 2 factors, a score of 0% indicates knees passed the toes or shoulders and wrists did not remain in line respectively. **Very Poor (0-25), Poor (26-50), Moderate (51-75), Good (76-100)**

5 Times Sit to Stand	The overall score for 5 x STS is based on **3 factors.** The primary factor in getting a score for 5 x STS is the amount of time taken to complete the assessment, the second factor is age. We have compiled normative data from the age of 20+, each age range has a time value associated with it. The final factor is if the patient is able to complete 4 sits and 5 stands. **Example** a patient is 75 years old which has a normative data time of 10 sec. They completed 4 sits and 5 stands in 7.73 seconds which is under the normative data, they will automatically score 100%. If they take longer than the normative data for that age range their time taken to complete the assessment will be divided by their normative data. (12.46 sec (time taken to complete) the assessment/10sec (normative data) = overall score of 80%) **Poor (0-25), Moderate (26-50), Good (51-75), Great (76-100)**

Functional Planar Mapping
& Movement Index

Index	Score Breakdown
Overall	Every assessment in the workflow can identify specific joint dysfunctions. Combining all the assessments in the workflow, the 3 most prominent upper body and lower body dysfunctions are identified. Dysfunctions are classified as **stability** (red) or **mobility** (blue), **stability/mobility** (purple) and can be identified in the **transverse** (tp), **sagittal** (sp), or **frontal** (fp) planes. Identified dysfunctions are displayed on the human skeleton diagram.
Balance	The balance index is derived from the mCTSIB balance assessments. Dysfunctions include: head, shoulder, hip, knee, and ankle axis deviations. **Very Poor (0-30), Poor (31-40), Moderate (41-60), Good (61-80), Great (81-100)**
Flexibility	The flexibility index is derived from back flexion, back extension, lateral flexion left, lateral flexion right, reverse lunge, and posture angel assessments. Dysfunctions include: reduced back flexion and extension, reduced back lateral flexion left and right, inability to maintain arms in lunge, not reaching depth in lunge, reduced shoulder extension and external rotation, and low back hyperextension. **Very poor (0-20), Poor (31-40), Moderate (41-60), Good (61-80), Great (81-100)**
Core Stability	The core stability index is derived from reverse lunge, 5 x STS and posture angel assessments. Dysfunctions include: frontal plane tilt of the hip and shoulder axis. **Very Poor (0-30), Poor (31-50), Moderate (51-70), Good (71-90), Great (91-100)**
Dynamic Posture	The dynamic posture index is derived from the posture angel assessments. Dysfunctions include: forward head posture, shoulder axis tilt and rotation, and hip axis tilt and rotation. **Very poor (0-30), Poor (31-50), Moderate (51-70), Good (71-90), Great (91-100)**
Lower Extremity Power	The lower extremity power index is derived from the 5 x STS assessments. Dysfunctions include: not completing all 4 sits and 5 stands and taking longer than normative time for the age category. **Very poor (0-30), Poor (31-50), Moderate (51-70), Good (71-90), Great (91-100)**

Functional Asymmetry	The functional asymmetry index is derived from back flexion, back extension, reverse lunge, mCTSIB, posture angel assessments. Dysfunctions include: left and right asymmetries in the back lateral flexion, maintaining arms overhead and balance. **Very poor (0-30), Poor (31-50), Moderate (51-70), Good (71-80), Great (81-100)**
Susceptibility to Injury	The susceptibility to injury index is derived from back flexion, back extension, reverse lunge, and posture angel assessments. Dysfunctions include: reduced shoulder mobility, valgus knee collapse, vertical jump height asymmetry, and reduced back flexion. **Very High (81-100), High (71-80), Moderate (51-70), Low (31-50), Very Low (0-30)**