### Fugl-Meyer Motor Assessment UE (UEFMA)

Record ID	
Examiner	
A. UPPER EXTREMITY	
The starting position for all the items is, unle	ss otherwise stated, with the patient seated on a
dining type chair without arms. The patient's pronation. If sitting balance is a concern a Ve	forearms and hands should rest on the thighs in elero trunk strap may be used for safety.
I. Reflex activity Instructions: "Relax your arm as I support it a	nd test your reflexes "
Flexors: biceps and finger flexors (at least one)	0 - None 2 - Can be elicited
Extensor: triceps	<ul> <li>0 - None</li> <li>2 - Can be elicited</li> </ul>
Subtotal I (max 4)	

Flexor synergy: hand from contralateral knee to ipsilateral ear. From extensor synergy (shoulder adduction/internal rotation, elbow extension, forearm pronation) to flexor synergy (shoulder abduction/ external rotation, elbow flexion, forearm supination)

Instruction: "Raise your hand toward your ear, bring your elbow up to shoulder height, and keep your thumb pointed up toward the ceiling, like you are answering the telephone, like this (demonstrate)."

Shoulder retraction	<ul> <li>0 - None</li> <li>1 - Partial</li> <li>2 - Full</li> <li>3</li> </ul>
Shoulder elevation	<ul> <li>0 - None</li> <li>4 - Partial</li> <li>5 - Full</li> </ul>
Shoulder abduction (90*)	<ul> <li>0 - None</li> <li>1 - Partial</li> <li>2 - Full</li> </ul>
Shoulder external rotation	<ul> <li>0 - None</li> <li>1 - Partial</li> <li>2 - Full</li> </ul>
Elbow flexion	<ul> <li>0 - None</li> <li>1 - Partial</li> <li>2 - Full</li> </ul>
Forearm supination	<ul> <li>0 - None</li> <li>1 - Partial</li> <li>2 - Full</li> </ul>

### Extensor synergy: hand from ipsilateral ear to the contralateral knee

Instruction: "Raise your hand toward your ear, bring your elbow up to shoulder height, and keep your thumb pointed up toward the ceiling. Then fully straighten your elbow while reaching across your body toward your opposite knee, turning your palm down, like this (demonstrate)."

Shoulder adduction/internal rotation	<ul> <li>0 - None</li> <li>1 - Partial</li> <li>2 - Full</li> <li>3</li> </ul>
Elbow extension	<ul> <li>0 - None</li> <li>1 - Partial</li> <li>2 - Full</li> </ul>
Forearm pronation	<ul> <li>0 - None</li> <li>1 - Partial</li> <li>2 - Full</li> </ul>

Adapted from Fugl-Meyer A, Jaasko L, Leyman I, Olsson S, Steglind S. The post-stroke hemiplegic patient: a method for 2 evaluation of physical performance. Scandinavian Journal of Rehabilitation Medicine. 1975;7:13-31.

Subtotal II (max 18)

## III. Volitional movement mixing synergies, without compensation

Hand to lumbar spine, start with hand on lap

- 0 Cannot perform or hand in front of ant-sup iliac spine
- 1 Hand behind ant-sup iliac spine (without compensation
- 2 Hand to lumbar spine (without compensation)

(Instruction: "Place the back of your hand to your low back, like this (demonstrate)")

Shoulder flexion 0-90\*, elbow at 0\*, pronation-supination at 0\*

- ) 0 Immediate abduction or elbow flexion
  - 1 Abduction or elbow flexion during movement
- 2 Flexion 90\*, no shoulder abduction or elbow flexion

(Instruction: "Fully straighten your elbow at your side and point your thumb forward. Keep your elbow straight and raise your arm up to shoulder height. Do not bend your elbow as you are moving, like this (demonstrate).")

Pronation-supination, elbow at 90\*, shoulder at 0\*

- O No pronation/supination, starting position impossible
- 1 Limited pronation/supination, maintains starting position
- 2 Full pronation/supination, maintains starting position

Instruction: "Place your arm at your side in the (shape of an "L", like this (demonstrate), and without moving the rest of your arm, turn your palm up and down as far as you can go, like this (demonstrate).")

Subtotal III (max 6)

### IV. Volitional movement with little or no synergy

Shoulder abduction 0-90*, elbow at 0*, forearm pronated	<ul> <li>0 - Immediate supination or elbow flexion</li> <li>1 - Supination or elbow flexion during movement</li> <li>2 - Abduction 90*, maintains extension and pronation</li> <li>(Instruction: "Rest your arm at your side, fully straighten your elbow, bring your arm out toward the side to shoulder height, keeping your palm facing the floor, like this (demonstrate).")</li> </ul>
Shoulder flexion 90-180*, elbow at 0*, pronation-supination at 0*	<ul> <li>0 - Immediate abduction or elbow flexion</li> <li>1 - Abduction or elbow flexion during movement</li> <li>2 - Flexion 180*, no shoulder abduction or elbow flexion</li> <li>(Instruction: "Hold your arm straight out in front of your body, straighten your elbow, point your thumb up toward the ceiling. Bring your arm up as far as you can, like this (demonstrate).")</li> </ul>
Pronation/supination, elbow at 0*, shoulder at 30-90* flexion	<ul> <li>0 - No pronation/supination, starting position impossible</li> <li>1 - Limited pronation/supination, maintains start position</li> <li>2 - Full pronation/supination, maintains starting position</li> <li>(Instruction: "Straighten your arm in front of your body, keep your elbow straight and turn your palm up and down as far as you can go, like this (demonstrate)".)</li> </ul>
Subtotal IV (max 6)	

## V. Normal reflex activity, assessed only if full score of 6 points is achieved in part IV, compared with the unaffected side

Biceps, triceps, finger flexors

- O 2 of 3 reflexes markedly hyperactive or 0 points in part IV
- 1 1 reflex markedly hyperactive or at least 2 reflexes lively
- $\bigcirc$  2 Maximum of 1 reflex lively, none hyperactive

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Subtotal V (max 2)	
TOTAL A (Subtotals I-V, max 36)	
VI. WRIST	
support may be provided at the elbow to take or hol	d the starting position, no support at
wrist, check the passive range of motion prior testin	ng
Wrist stability (elbow 90°) Apply resistance at 15° dorsiflexion. The elbow may be supported if needed. Lift your hand and hold it there, keep your elbow bent.	<ul> <li>0 - Less than 15* active dorsiflexion</li> <li>1 - Dorsiflexion 15*, no resistance tolerated</li> <li>2 - Maintains dorsiflexion against resistance</li> </ul>
Instruction: "Place your arm at your side in the shape of an "L", performed and hold your wrist upwards, like this (demonstrate).")	palm facing down; without moving the rest of your arm,
Wrist flexion/extension (elbow 90°) The elbow may be supported if needed. Lift your hand up and down, keep your elbow bent. (Instruction: "Place your arm at your side in the shape of an " arm, extend your wrist all the way up and down, like this (det	<ul> <li>0 - Cannot perform volitionally</li> <li>1 - limited active range of motion</li> <li>2 - full active range of motion, smoothly</li> </ul>
Wrist stability (elbow 0°) Apply resistance at 15° dorsiflexion. The elbow may be supported if needed. (Instruction: Lift your hand, hold the position with your arm straight.)	<ul> <li>0 - Less than 15* active dorsiflexion</li> <li>1 - Dorsiflexion 15*, no resistance tolerated</li> <li>2 - Maintain dorsiflexion against resistance</li> </ul>
Wrist flexion/extension (elbow 0°) The elbow may be supported if needed. Lift your hand up and down with your arm straight. (Instruction: "Straighten your arm in front of your body; ke upwards, like this (demonstrate)")	<ul> <li>0 - Cannot perform volitionally</li> <li>1 - Limited active range of motion</li> <li>2 - full range of motion, smoothly</li> <li>wep your elbow straight, extend and hold your wrist</li> </ul>

Adapted from Fugl-Meyer A, Jaasko L, Leyman I, Olsson S, Steglind S. The post-stroke hemiplegic patient: a method for 5 evaluation of physical performance. Scandinavian Journal of Rehabilitation Medicine. 1975;7:13-31.

Circumduction, elbow at 90\*, forearm pronated, shoulder at  $0^*$ 

- O Cannot perform volitionally
- 1 Jerky movement or incomplete
- ☐ 1 Complete and smooth circumduction

(Instruction: "Rest your arm in your lap, move your wrist in a circle, like this (demonstrate)")

Subtotal VI (max 10)

TOTAL B (max 10)

### VII. HAND

Grasps: Support may be provided proximal to the elbow, keep 90\* elbow flexion, no support at the wrist, compare with affected hand, the objects are interposed, active grasp

Mass flexion, from full active or passive extension	<ul> <li>0 - None</li> <li>1 - Partial</li> <li>2 - Full</li> <li>(Instruction: Forearm on lap in resting posture.</li> <li>"Make a strong fist, like this (demonstrate)")</li> </ul>
Mass extension, from full active or passive flexion	<ul> <li>0 - None</li> <li>1 - Partial</li> <li>2 - Full</li> <li>(Instruction: Forearm on lap in resting posture "Open your hand as much as you can, like this (demonstrate).")</li> </ul>
Grasp	
a. Hook grasp, flexion in PIP and DIP (digits II-V), extension in MC II-V	<ul> <li>O - Cannot be performed</li> <li>1 - Can hold position but weak</li> <li>2 - Maintain position against resistance</li> <li>(Instruction: "Place your arm at your side in the shape of an "L", like this (demonstrate),"Make your hand look like a hook or claw; don't let me pull your fingers straight, like this (demonstrate).")</li> </ul>

Adapted from Fugl-Meyer A, Jaasko L, Leyman I, Olsson S, Steglind S. The post-stroke hemiplegic patient: a method for 6 evaluation of physical performance. Scandinavian Journal of Rehabilitation Medicine. 1975;7:13-31.

b.Thumb adduction 1st CMC, MCP, IP at 0*, scrap of paper between th and 2nd MCP joint	numb 0 - Cannot be performed 1 - Can hold paper but not against tug 2 - Can hold paper against a tug (Instruction: Place your arm at your side in the shape of an "L". "Hold this paper between your thumb and index finger keeping them both straight; don't let me pull it away, like this (demonstrate).")
c. Pincer grasp, opposition pulpa of the thumb against the pulpa of 2nd finger, pencil, tug away	<ul> <li>0 - Cannot be performed</li> <li>1 - Can hold pencil but not against tug</li> <li>2 - Can hold pencil against a tug</li> </ul>
	(Instruction: Place your arm at your side in the shape of an "L". "Take the pencil from me with the pads of your thumb and index finger; don't let me pull it away, like this (demonstrate).")
d. Cylinder grasp cylinder shaped object (small can) tug away, opposition of thumb and fingers	<ul> <li>0 - cannot be performed</li> <li>1 - can hold cylinder but not against tug</li> <li>2 - can hold cylinder against a tug</li> </ul>
	(Instruction: Place your arm at your side in the shape of an "L". Take the can from me with your thumb and index fingers wrapped around it; don't let me pull it away, like this (demonstrate).")
e. Spherical grasp fingers in abduction/flexion, thumb opposed, ten ball, tug away	<ul> <li>0 - cannot be performed</li> <li>1 - can hold ball but not against tug</li> <li>2 - can hold ball against a tug</li> </ul>
	(Instruction: Place your arm at your side in the shape of an "L." Take this tennis ball from my hand with your fingers; don't let me pull it out of your hand, like this (demonstrate).")
TOTAL VII (max 14)	
TOTAL C (max 14)	

### VIII. COORDINATION/SPEED

sitting, after one trial with both arms, eyes closed, tip of the index finger from knee to nose, 5 times as fast as possible

Instruction "While keeping your eyes closed (or blindfolded), bring your finger (or 1st knuckle) from your knee to your nose as rapidly as possible 5 times, like this (demonstrate). Do not start until I say 'Go' because I am going to time you."

Tremor	
	○ 0 - marked
	$\bigcirc$ 1 - slight $\bigcirc$ 3 – none
	<u> </u>
Dysmetria	<ul> <li>0 - pronounced or unsystematic</li> <li>1 - slight and systematic</li> </ul>
	2 - no dysmetria
Time	$\bigcirc$ 0 - at least 6 seconds slower than unaffected side
start and end with the hand on the knee	$\bigcirc$ 1 - 2-5 seconds slower than unaffected side
Subtotal VIII (max 6)	
I - V Subtotal	
VI. WRIST Subtotal (max 10)	
VII. HAND Subtotal (max 14)	
VIII. COORDINATION/SPEED Subtotal (max 6)	
I OTAL MOTOR FUNCTION DEFINIA (Max 00)	

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# Telerehabilitation Fugl-Meyer Motor Assessment UE (tUEFMA) for Remote Use

Record ID

Examiner

### II. Volitional movement within synergies, without gravitational help

Flexor synergy: hand from contralateral knee to ipsilateral ear. From extensor synergy (shoulder adduction/internal rotation, elbow extension, forearm pronation) to flexor synergy (shoulder abduction/ external rotation, elbow flexion, forearm supination)

Instruction: "Raise your hand toward your ear, bring your elbow up to shoulder height, and keep your thumb pointed up toward the ceiling, like you are answering the telephone, like this (demonstrate)."

Shoulder retraction	<ul> <li>0 - None</li> <li>1 - Partial</li> <li>2 - Full</li> </ul>
Shoulder elevation	<ul> <li>0 - None</li> <li>1 - Partial</li> <li>2 - Full</li> </ul>
Shoulder abduction (90*)	<ul> <li>0 - None</li> <li>1 - Partial</li> <li>2 - Full</li> </ul>
Shoulder external rotation	<ul> <li>0 - None</li> <li>1 - Partial</li> <li>2 - Full</li> </ul>
Elbow flexion	<ul> <li>0 - None</li> <li>1 - Partial</li> <li>2 - Full</li> </ul>
Forearm supination	<ul> <li>0 - None</li> <li>1 - Partial</li> <li>2 - Full</li> </ul>

Adapted from Fugl-Meyer A, Jaasko L, Leyman I, Olsson S, Steglind S. The post-stroke hemiplegic patient: a method for 9 evaluation of physical performance. Scandinavian Journal of Rehabilitation Medicine. 1975;7:13-31.

### Extensor synergy: hand from ipsilateral ear to the contralateral knee

Instruction: "Raise your hand toward your ear, bring your elbow up to shoulder height, and keep your thumb pointed up toward the ceiling. Then fully straighten your elbow while reaching across your body toward your opposite knee, turning your palm down, like this (demonstrate)."

Shoulder adduction/internal rotation	<ul> <li>0 - None</li> <li>4 - Partial</li> <li>5 - Full</li> </ul>
Elbow extension	<ul> <li>0 - None</li> <li>3 - Partial</li> <li>4 - Full</li> </ul>
Forearm pronation	<ul> <li>0 - None</li> <li>3 - Partial</li> <li>4 - Full</li> </ul>

Subtotal II (max 18)

## III. Volitional movement mixing synergies, without compensation

Hand to lumbar spine, start with hand on lap

- O o Cannot perform or hand in front of ant-sup iliac spine
- 1 Hand behind ant-sup iliac spine (without compensation
- O 2 Hand to lumbar spine (without compensation)

(Instruction: "Place the back of your hand to your low back, like this (demonstrate)")

Shoulder flexion 0-90\*, elbow at 0\*, pronation-supination at 0\*

- ) 0 Immediate abduction or elbow flexion
- $\bigcirc$  1 Abduction or elbow flexion during movement
- 2 Flexion 90\*, no shoulder abduction or elbow flexion

(Instruction: "Fully straighten your elbow at your side and point your thumb forward. Keep your elbow straight and raise your arm up to shoulder height. Do not bend your elbow as you are moving, like this (demonstrate).")

Pronation-supination,	, elbow a	t 90*,	shoulder	at 0*
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- O No pronation/supination, starting position impossible
- 1 Limited pronation/supination, maintains starting position
- 2 Full pronation/supination, maintains starting position

Instruction: "Place your arm at your side in the (shape of an "L", like this (demonstrate), and without moving the rest of your arm, turn your palm up and down as far as you can go, like this (demonstrate).") If this is not possible, you can support your arm close to your elbow against your torso using your less affected arm.

Subtotal III (max 6)

### IV. Volitional movement with little or no synergy

Shoulder abduction 0-90*, elbow at 0*, forearm pronated	<ul> <li>0 - Immediate supination or elbow flexion</li> <li>1 - Supination or elbow flexion during movement</li> <li>2 - Abduction 90*, maintains extension and pronation</li> <li>(Instruction: "Rest your arm at your side, fully straighten your elbow, bring your arm out toward the side to shoulder height, keeping your palm facing the floor, like this (demonstrate).")</li> </ul>
Shoulder flexion 90-180*, elbow at 0*, pronation-supination at 0*	<ul> <li>0 - Immediate abduction or elbow flexion</li> <li>1 - Abduction or elbow flexion during movement</li> <li>2 - Flexion 180*, no shoulder abduction or elbow flexion</li> <li>(Instruction: "Hold your arm straight out in front of your body, straighten your elbow, point your thumb up toward the ceiling. Bring your arm up as far as you can, like this (demonstrate).")</li> </ul>

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Pronation/supination, elbow at 0*, shoulder at 30-90* flexion	<ul> <li>0 - No pronation/supination, starting position impossible</li> <li>1 - Limited pronation/supination, maintains start position</li> <li>2 - Full pronation/supination, maintains starting position</li> </ul>
(Instruction: "Straighten your arm in front of your body, keep your elbow straight and turn your palm up and down as far as you can go, like this (demonstrate)". If this is not possible, you can support your arm close to your elbow using your less affected arm, like this (demonstrate)	
Subtotal IV (max 6)	
VII. HAND	
Mass flexion, from full active or passive extension	<ul> <li>0 - None</li> <li>3 - Partial</li> <li>4 - Full</li> <li>(Instruction: Forearm on lap in resting posture. "Make a strong fist, like this (demonstrate)")</li> </ul>
Mass extension, from full active or passive flexion	<ul> <li>0 - None</li> <li>4 - Partial</li> <li>5 - Full</li> <li>(Instruction: Forearm on lap in resting posture "Open your hand as much as you can, like this (demonstrate).")</li> </ul>

## GRASP: keep 90\* elbow flexion, compare with affected hand, the objects are interposed using the less-affected arm/hand, active grasp

a. Hook grasp, flexion in PIP and DIP (digits II-V), extension in MCP II-V

○ 0 - Cannot be performed

1 - Can hold position but weak

2 - Maintain position against resistance

(Instruction: "Place your arm at your side in the shape of an "L", like this (demonstrate),"Make your hand look like a hook or claw; with your stronger hand try to pull your fingers. Hold the position. Don't let your strong hand pull your fingers straight, like this (demonstrate).")

Adapted from Fugl-Meyer A, Jaasko L, Leyman I, Olsson S, Steglind S. The post-stroke hemiplegic patient: a method for 12 evaluation of physical performance. Scandinavian Journal of Rehabilitation Medicine. 1975;7:13-31.

b.Thumb adduction 1st CMC, MCP, IP at 0*, scrap of paper between t and 2nd MCP joint	humb 0 - Cannot be performed 1 - Can hold paper but not against tug 2 - Can hold paper against a tug
	(Instruction: Place your arm at your side in the shape of an "L". "Hold this paper between your thumb and index finger keeping them both straight; don't let your stronger hand pull it away, like this (demonstrate).")
c. Pincer grasp, opposition pulpa of the thumb against the pulpa of 2nd finger pencil, tug away	<ul> <li>0 - Cannot be performed</li> <li>1 - Can hold pencil but not against tug</li> <li>2 - Can hold pencil against a tug</li> </ul>
(Instruction: Place your arm at your side in the shape of an "L", like this (demonstrate) and keep it against your trunk. Hold this position. "Take the pencil from your stronger hand with the pads of your thumb and index finger; don't let your other stronger hand pull it away, like this (demonstrate).")	
d. Cylinder grasp cylinder shaped object (small can) tug away, opposition of thumb and fingers	<ul> <li>0 - cannot be performed</li> <li>1 - can hold cylinder but not against tug</li> <li>2 - can hold cylinder against a tug</li> </ul>
	(Instruction: Place your arm at your side in the shape of an "L", like this (demonstrate) and keep it against your trunk. Hold this position. Take the can from your stronger hand, with your thumb and index fingers wrapped around it; don't let your stronger hand pull it away, like this (demonstrate).")
e. Spherical grasp fingers in abduction/flexion, thumb opposed, ter ball, tug away	<ul> <li>0 - cannot be performed</li> <li>1 - can hold ball but not against tug</li> <li>2 - can hold ball against a tug</li> </ul>
	(Instruction: Place your arm at your side in the shape of an "L", like this (demonstrate) and keep it against your trunk. Hold this position. Take this tennis ball from your stronger hand with your fingers; don't let the stronger hand pull it out of your hand, like this (demonstrate).")
Subtotal VII (max 14)	
Subtotal C (max 14)	
TOTAL tUEFMA (max 44)	

Adapted from Fugl-Meyer A, Jaasko L, Leyman I, Olsson S, Steglind S. The post-stroke hemiplegic patient: a method for 13 evaluation of physical performance. Scandinavian Journal of Rehabilitation Medicine. 1975;7:13-31.