

INSTRUCTIONS FOR PERFORMING AIMS EXAM

Observe patient unobtrusively at rest (e.g. in waiting room) either before or after completing the examination.

Use a hard, firm chair without arms for the exam.

1. Ask patient whether there is anything in his/her 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 patient if he/she wears dentures. Do teeth or dentures bother patient now?
 3. Ask patient whether he/she 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 his/her 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 in movement.) 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 separate scale if applicable.
 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.
- *Activated movements

PROPOSED SCORING CONVENTIONS FOR AIMS EXAM•

1. Score all involuntary hyperkinetic movements other than tremor (but including ticlike and dystonic movements) regardless of presumptive etiology. For example, score movements of Huntington's disease or Tourette's syndrome.
2. In scoring movement severity, consider the three dimensions of quality, frequency, and amplitude.
3. Do not follow the original AIMS instruction to subtract 1 point from movements seen only on activation. Instead, score by considering the composite amplitude and frequency of movements that are qualitatively consistent with tardive dyskinesia.
4. Consider frequency in distinguishing tremor from choreiform movements. Parkinsonian tremor generally occurs at three to six cycles per second, while tardive dyskinesia movements are rarely faster than two per second.
5. Use a score of 1 (minimal, may be extreme of normal) when movements are of marginal quality, amplitude, or frequency.
6. Generally do not rate mirror movements, which are nonspecific. If it is unclear whether the movements seen are mirror movements, rate them 1.
7. On AIMS item 1, muscles of facial expression, rate only movements of the upper face (forehead and periorbital areas).
8. In distinguishing lip from jaw movements: a) Consider the cranial nerve responsible for the movement noted. Rate movements involving the lower distribution of the facial nerve (for example, puckering or smacking) as lip movements; rate movements brought about by the lower two-thirds of the trigeminal nerve (such as grinding or chewing) as jaw movements. b) Do not rate lip movements if they are passive secondary to tongue or jaw movement. If both upper and lower lips move, the movements are not considered passive.
9. If necessary, rate tongue movements with the patient's mouth closed, by observing movements of the larynx. As Lane and others propose, "A sufficient condition for giving tongue movement a score of three is if the tongue breaks the imaginary plane connecting upper and lower teeth."
10. Score toe tapping and other restless-extremity movements (other than tremor) if they appear to be involuntary rather than classical akathisia movements. If the voluntariness of such movements is uncertain, rate them 1, regardless of amplitude or frequency.
11. Note that severity can be assessed in two complementary ways: by the global severity score (item 9), which equals the highest single score in the seven body areas (items 1 through 7), and by the total severity score (item 8), which is the sum of items 1 through 7.

- Munetz MR, Benjamin 5, "How to Examine Patients Using the Abnormal Involuntary Movement Scale," Hosp Commun Psych 39 (1988) 1172-1177.