

COMMUNITY MENTAL HEALTH OF OTTAWA COUNTY

INSTRUCTIONS for AIMS

Either before or after the examination procedure, observe the client unobtrusively, when the client is at rest (for example, in the waiting room). The chair to be used in the examination should be a hard, firm chair without arms.

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

WAITING FOR SCORING THE AIMS EXAMINATION

- 1) Score all involuntary hyper kinetic movements other than tremor (but including tie-like dystonic movements) regardless of presumptive etiology. For example, score movements of Hunting's disease or Tourette's syndrome.
- 2) In scoring severity, consider the three dimensions of quality, frequency and amplitude.
- 3) Do not follow the original AIMS instruction to subtract one 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 an 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, muscle 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: pucker or smacking) as lip movements; rather 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 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 3 is if the tongue breaks the imaginary plane connecting the 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 the amplitude of frequency.