

## Overall Neuropathy Limitations Scale

The Overall Disability Sum Score (ODSS) was the first scale designed to assess the limitations of patients with immune-mediated peripheral neuropathies. The ODSS focuses on upper and lower limb functions, and consists of a checklist for interviewing patients. The ODSS has showed reliability, responsiveness and construct validity in people with Guillain-Barré syndrome, chronic inflammatory demyelinating polyneuropathy and paraprotein-associated demyelinating neuropathy. To reduce a possible ceiling effect, the ODSS was modified slightly to include climbing stairs and running. This new measure is called the Overall Neuropathy Limitations Scale (ONLS). The *Criteria* requires that this scale be completed by adding the total of the Arm scale score (0-5) and Leg scale score (0-7) yielding a total score of 0-12.

To evaluate a change in disability on patient review an Adjusted ONLS is recorded. The adjusted score is identical to the ONLS disability score except for the exclusion of changes in upper limb function from 0 to 1 or from 1 to 0, because these changes have not been judged to be clinically significant in all patients. All other 1-point steps in either the arm or leg scale represent clinically meaningful changes in disability.

## Overall Neuropathy Limitations Scale

**Instructions:** *The examiner should question **and** observe the patient in order to determine the answers to the following questions. Note should be made of any other disorder other than peripheral neuropathy which limits function.*

### Arms Scale

Does the patient have any symptoms in their hands or arms, e.g. tingling, numbness or weakness? (if no, go to legs section)	Yes		No	
<b>Is the patient affected in their ability to:</b>	<b>Not affected</b>	<b>Affected but not prevented</b>	<b>Prevented</b>	
Wash and brush their hair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Turn a key in a lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use a knife and fork together (or spoon, if knife and fork not used)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do or undo buttons or zips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dress the upper part of their body excluding buttons or zips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If all these functions are prevented can the patient make purposeful movements with their hands or arms?	Yes	No	Not applicable	

### Arms grade score

- 0** = Normal
- 1** = Minor symptoms in one or both arms but not affecting any of the functions listed
- 2** = Disability in one or both arms affecting but not preventing any of the functions listed
- 3** = Disability in one or both arms preventing at least one but not all functions listed
- 4** = Disability in both arms preventing all functions listed but purposeful movement still possible
- 5** = Disability in both arms preventing all purposeful movements

### Legs Scale

	<b>Yes</b>	<b>No</b>	<b>Not applicable</b>
Does the patient have difficulty running or climbing stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the patient have difficulty with walking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does their gait look abnormal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How do they mobilise for about 10 metres (i.e. 33 feet)?			
Without aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With one stick or crutch or holding to someone's arm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With two sticks or crutches or one stick or crutch holding onto someone's arm or frame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With a wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If they use a wheelchair, can they stand and walk 1 metre with the help of one person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If they cannot walk as above are they able to make some purposeful movements of their legs, e.g. reposition legs in bed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the patient use ankle foot orthoses/braces? ( If yes, please indicate, Right or Left )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Legs grade score**

- 0** = Walking/climbing stairs/running not affected
- 1** = Walking/climbing stairs/running is affected, but gait does not look abnormal
- 2** = Walks independently but gait looks abnormal
- 3** = Requires unilateral support to walk 10 metres (stick, single crutch, one arm)
- 4** = Requires bilateral support to walk 10 metres (sticks, crutches, crutch and arm, frame)
- 5** = Requires wheelchair to travel 10 metres but able to stand and walk 1 metre with the help of one person
- 6** = Restricted to wheelchair, unable to stand and walk 1 metre with the help of one person, but able to make some purposeful leg movements
- 7** = Restricted to wheelchair or bed most of the day, unable to make any purposeful movements of the legs

Is there any disorder, other than peripheral neuropathy, which affects the above functions? If Yes, please describe in the comments section in BloodSTAR.

Yes

No

**Overall Neuropathy Limitation Scale Score**

Arm scale score (0 to 5)

5

+

Leg scale score (0 to 7)

7

Range: 0 (no disability) to 12 (maximum disability).

Total ONLS score (please enter into BloodSTAR):

12

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