

NSAA Observed Family Report (NSAA_OR) Worksheet

V1.0 15/11/2021

Name	Date	Guide to Reporting Estimates 0 = Unable 1 = Able to perform task 2 = Likely to be NSAA equivalent
DOB	Examiner	

Activity	As per manual			Observed by clinician	Parent reported
	2	1	0	2, 1 or 0	2, 1 or 0
1. Stand *3	Upright, heels down for count of 3 seconds	With compensation count of 3 seconds	Cannot stand still or cannot stand independently		
2. Walk *3	Walks with heel-toe or flat-footed gait pattern	Persistent toe walker, unable to heel-toe consistently	Not able to walk independently		
3. Stand up from chair *3	Able to stand up keeping arms folded	Able with adaptation	Unable		
4. Stand on one leg – right *3.5	Able to stand upright in a relaxed manner for a count of 3 seconds	Stands but with adaptation	Unable		
5. Stand on one leg – left *3.5	Able to stand upright in a relaxed manner for a count of 3 seconds	Stands but with adaptation	Unable		
6. Climb box step – right *3	Faces step – no support needed	Goes up with adaptation / independent	Unable to perform independently		
7. Descend box step –right *3.5	Faces forward, steps down controlling weight-bearing leg.	Sideways / skips down / needs hands for balance or hands on legs	Unable to perform independently		
8. Climb box step – left *3	Faces step – no support needed	Goes up with adaptation / independent	Unable to perform independently		
9. Descend box step –left *3.5	Faces forward, steps down controlling weight-bearing leg. No support needed	Sideways / skips down / needs hands for balance or hands on legs	Unable to perform independently		
10. Lifts head *4	In supine, full neck flexion in mid-line.	Head lifted through side flexion, partial neck flex, protraction	Unable. No clearance of head from surface		
11. Gets to sitting *3	Starts in supine –one hand / arm to push up	Uses two arms / pulls on legs / turns towards floor	Unable		
12. Rise from floor *4	No evidence of Gower’s manoeuvre.	At least one of the components– rolls towards floor, and/or use hand(s) on legs	(a) NEEDS to use external support OR (b) Unable NO TIME RECORDED		
13. Stands on heels *3.5	Both feet at the same time, clearly standing on heels only for count of 3	Raises forefoot on both feet – all metatarsal heads off ground / dorsiflexes one foot only	Unable		
14. Jump *3	Both feet at the same time, clear the ground	Skips or does not fully clear both feet at the same time	Unable		
15. Hop right leg *4	Entire foot clears the floor	Able to bend knee AND raise heel, no floor clearance	Unable or only raises heel		
16. Hop left leg *4	Entire foot clears the floor	Able to bend knee AND raise heel, no floor clearance	Unable or only raises heel		
17. Walk Run (10 m) *3	Both feet off the ground (no double stance phase during running)	‘Duchenne jog’ or fast walk	Walk		
				Observed estimate	Reported estimate
TOTAL / 34	Estimated range				

Reason for using this form: Too young to follow instructions Cooperation Issues Other

Timed RFF: no time if uses furniture _____ . _____

Timed 10m run / walk _____ . _____

Age at which 85% of controls achieve full score *3 = 3 years of age, *3.5 = 3.5 years of age, *4 = 4 years of age (Mercuri 2016)