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# Corrigendum: Staged use of ordinal and linear disability scales: a practical approach to granular assessment of acute stroke outcome

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## KEYWORDS

cerebrovascular disease/stroke, acute cerebral hemorrhage, acute cerebral infarction, acute stroke syndromes, emergency treatment of stroke, outcome assessment, clinical trials

## A corrigendum on

[Staged use of ordinal and linear disability scales: a practical approach to granular assessment of acute stroke outcome](#)

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In the published article, the Supplementary Methods Text was mistakenly not included in the publication. The missing material appears below:

**Supplementary Methods Text**

The following 4 pages contain:

- 1) Administration instructions
- 2) The 5 ALDS question sets, each containing 15 items indexed to a particular mRS score level

## AMC Linear Disability Score (ALDS) after mRS Assessment

### Introduction

Assessing the clinically meaningful effect on outcome in stroke patients allows more accurate interpretation in clinical trials. The AMC (Academic Medical Center) Linear Disability Score (ALDS) is a calibrated generic item bank to measure the level of physical disability in patients (1–3). The ALDS is a sensitive and generic disability scale which measures a broader range of activities compare to the Rankin assessment. The major difference between the ALDS and the Rankin assessment is that the ALDS is a linear disability score assessment and is a patient-reported outcome whereas the Rankin score is an ordinal disability score assessment and is a rater-assigned outcome.

### General instructions

#### Sources of information

Obtain information from the same people that provided answers for the Rankin Focused Assessment (RFA).

#### Choose the right assessment

This assessment is intended for use after completing the Rankin Focused Assessment (RFA). There are different sets of questions matched to each Rankin score result. Choose the AMC Linear Disability Score (ALDS) question set according to the Rankin score. For example, if your patient has Rankin score of 3, then assess ALDS 3 question set. However, if every question in the initial ALDS question set ends up marked ‘Yes’ or ‘NA’, then please proceed to next lower numbered ALDS question set and complete the

assessment *unique* to that ALDS set. For example, if your patient has a Rankin score of 2, then assess ALDS 2. However, if the patient answered all the questions in ALDS 2 ‘Yes’ or ‘NA’ then proceed to ALDS 1 and assess all the *unique* questions in ALDS 1 that were not in ALDS 2. Similarly, if every question in the initial ALDS question set ends up marked ‘No’ or ‘NA’, then please proceed to next higher numbered ALDS question set and complete the assessment *unique* to that ALDS set. For example, if your patient has a Rankin score of 2, then you will complete ALDS 2. If the patient answered all questions in ALDS 2 ‘No’ or ‘NA’ then proceed to ALDS 3 and complete all the *unique* questions in ALDS 3.

Rankin Score	Assessment
Rankin Score 0	ALDS 1
Rankin Score 1	ALDS 1
Rankin Score 2	ALDS 2
Rankin Score 3	ALDS 3
Rankin Score 4	ALDS 4
Rankin Score 5	ALDS 5

#### Scoring instructions

There are two response options which are ‘Yes’ and ‘No’. If a patient responds that he/she can carry out the activity but only with difficulty, then ‘Yes’ should be marked. If a patient says the question is not applicable because the patient has never attempted the activity in the question after stroke, then mark the ‘NA’ box. The answer should reflect what the patient can do without assistance of another person. However, assistance of a walker, cane and other prosthetic devices are fine.

### References

- Holman R, Lindeboom R, Glas C, Vermeulen M, de Haan RJ. Constructing an item bank using item response theory: the AMC linear disability score project. *Health Serv Outcomes Res Methodol.* (2003) 4:19–33.
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- Weisscher N, Vermeulen M, Roos YB, de Haan RJ. What should be defined as good outcome in stroke trials; a modified Rankin score of 0-1 or 0-2? *J Neurol.* (2008) 255:867–74.

Visit Nurse Name : \_\_\_\_\_

Patient Number : \_\_\_\_\_ Subject Initials : \_\_\_\_ \_\_\_\_ Date of Visit : \_\_\_\_/ \_\_\_\_/ \_\_\_\_

## AMC Linear Disability Score Rating Form

Information for completing this form was obtained from (please check all that apply):

- Patient
- Spouse
- Son
- Daughter
- Father
- Mother
- Physical therapist
- Speech therapist
- Other individual, specify role: \_\_\_\_\_
- Sister
- Brother
- Other relative, specify relationship: \_\_\_\_\_
- Friend
- Nurse
- Home health aide
- Occupational therapist
- Physician

Please mark (X) in the appropriate box. Choose the questionnaire according to the Rankin Score. Please assess all the questions. See the instruction sheets for further information.

ALDS 1 : Assessment for Patient with Rankin Score 0 or Rankin Score 1				
		Yes	No	NA
1	Can you vacuum a flight of stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Can you carry a bag of shopping upstairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Can you go for a walk in the woods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Can you travel by local bus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Can you carry a tray?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Can you walk up a hill?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Can you cut your toe nails?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Can you stand for 10 minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Can you use a washing machine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Can you walk down a flight of stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Can you go for a short walk (15 min)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Can you change the sheets on a bed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Can you buy a few things from the store?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Can you take a shower and wash your hair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Can you pick something up from the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Visit Nurse Name : \_\_\_\_\_

Patient Number : \_\_\_\_\_ Subject Initials : \_\_\_\_ \_\_\_\_ Date of Visit : \_\_\_\_/ \_\_\_\_/ \_\_\_\_

Please mark (X) in the appropriate box. Choose the questionnaire according to the Rankin Score. Please assess all the questions. See the instruction sheets for further information.

ALDS 2 : Assessment for Patient with Rankin Score 2				
		Yes	No	NA
1	Can you vacuum a flight of stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Can you carry a bag of shopping upstairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Can you go for a walk in the woods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Can you travel by local bus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Can you carry a tray?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Can you go shopping for clothes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Can you cut your toe nails?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Can you stand for 10 minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Can you use a washing machine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Can you walk down a flight of stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Can you change the sheets on a bed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Can you buy a few things from the store?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Can you take a shower and wash your hair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Can you pick something up from the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Can you prepare breakfast or lunch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ALDS 3 : Assessment for Patient with Rankin Score 3				
		Yes	No	NA
1	Can you travel by local bus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Can you carry a tray?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Can you cut your toe nails?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Can you stand for 10 minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Can you walk down a flight of stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Can you go for a short walk (15 min)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Can you change the sheets on a bed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Can you take a shower and wash your hair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Can you pick something up from the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Can you get in and out of a car?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Can you prepare breakfast or lunch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Can you put on/take off socks and slippers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Can you sit on the edge of a bed from lying down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Can you put on and take off a coat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Can you walk to and get on and off the toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Visit Nurse Name : \_\_\_\_\_

Patient Number : \_\_\_\_\_ Subject Initials : \_\_\_\_ Date of Visit : \_\_\_\_/ \_\_\_\_/ \_\_\_\_

Please mark (X) in the appropriate box. Choose the questionnaire according to the Rankin Score. Please assess all the questions. See the instruction sheets for further information.

ALDS 4 : Assessment for Patient with Rankin Score 4				
		Yes	No	NA
1	Can you carry a tray?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Can you walk up a flight of stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Can you buy a few things from the store?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Can you take a shower and wash your hair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Can you pick something up from the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Can you get in and out of a car?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Can you peel and core an apple?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Can you prepare breakfast or lunch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Can you eat a meal at the table?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Can you put on/take off socks and slippers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Can you put pants on?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Can you sit on the edge of a bed from lying down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Can you put on and take off a coat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Can you walk to and get on and off the toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Can you wash your lower body when taken to sink?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ALDS 5 : Assessment for Patient with Rankin Score 5				
		Yes	No	NA
1	Can you change the sheets on a bed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Can you pick something up from the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Can you get in and out of a car?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Can you peel and core an apple?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Can you eat a meal at the table?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Can you put on/take off socks and slippers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Can you sit up (from lying) in bed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Can you get a book off the shelf?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Can you answer the telephone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Can you make a bowl of cereal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Can you move between two dining chairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Can you wash and dry your lower body?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Can you put on and take off a coat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Can you wash and dry your face and hands?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Can you get out of bed into a chair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The authors apologize for this error and state that this does not change the scientific conclusions of the article in any way. The original article has been updated.

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