

thinkALS – TOOL FOR CLINICIANS

thinkALS.alsagoldenwest.org

COULD THIS BE ALS?

PROGRESSIVE and **ASYMMETRIC MUSCLE WEAKNESS** without radicular pain or sensory loss.

A: LIMB ONSET OR FEATURES

- Ankle weakness, finger weakness or proximal arm or leg weakness
- Muscle atrophy (especially around the thumb)
- Fasciculations and cramps in a weak limb (look for deltoid, scapular, triceps, thigh regions)

B: BULBAR ONSET OR FEATURES

- Slow or slurred speech
- Dysphagia to liquids and/or solids (coughs frequently with water)
- Pseudobulbar affect/emotional lability
- Excessive saliva or pharyngeal mucus secretions
- Tongue fasciculations or atrophy (best assessed when tongue fully relaxed in floor of mouth)

C: SUPPORTING ALS

- Family history of ALS or dementia
- Progressive unintentional weight loss, with muscle weakness
- Unexplained neck weakness
- Unexplained frequent falls and gait abnormalities
- Orthopnea or hemidiaphragm weakness
- End-of-the-day worsening in speech and weakness
- Hyperreflexia with presence of atrophy and weakness

D: AGAINST ALS

- Presence of isolated radicular pain
- Symmetric proximal OR distal limb weakness
- Cog wheel rigidity
- Prominent sensory loss
- Isolated fasciculations or cramps without weakness
- Rapid onset with no progression

thinkALS if patient has:

AT LEAST ONE feature in **CATEGORY A** or **B**, AND NO features in **CATEGORY D**

Additional presence of **AT LEAST ONE** feature in **CATEGORY C** strengthens ALS suspicion

Consider urgent referral to a multidisciplinary ALS center!

Please state clearly in your referral **"CLINICAL SUSPICION FOR ALS"**.
Most ALS Centers can accommodate **URGENT ALS** referrals within 2 weeks!

To find a Multidisciplinary ALS Center
or Clinic near you, visit
CLINICS.ALSAGOLDENWEST.ORG

