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 near you, visit THINKALS.ORG

*THIS TOOL IS INTENDED TO SERVE AS REFERRAL GUIDE & SHOULD NOT BE USED TO CONFIRM AN ALS DIAGNOSIS*