

## 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

thinkMND 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 MND suspicion

**Consider urgent referral to a multidisciplinary MND center!**  
Please state clearly in your referral **"CLINICAL SUSPICION FOR MND"**.  
Most ALS Centers can accommodate **URGENT MND** referrals within 2 weeks!