

Expanded Exam for the Bush-Francis Catatonia Rating Scale

Part 1: The assessment below reviews the first 14 items of the BFCRS, which constitute the Bush-Francis Catatonia Screening Instrument (BFCSI). We include the full-scale items of gegenhalten and grasp reflex below for efficient sequencing of clinical assessment, though these items should not be scored as part of the BFCSI.

Procedure	Item
Begin the assessment by observing the patient before engaging them in conversation. If it is unclear whether the patient is asleep, attempt to awaken them before scoring items.	
- Observe overall degree of motor activity : <i>Does the patient exhibit excitement or immobility? A painful stimulus may be necessary to evaluate for degree of psychological stupor if they are motionless.</i>	Excitement/immobility
- Observe body for stereotypies and mannerisms : <i>Does the patient make repetitive gestures or do other things in an odd, manneristic fashion?</i>	Stereotypy/mannerism ^{1/2}
- Observe face for grimacing : <i>Does the patient have a contorted facial expression or exaggerated muscle movements?</i>	Grimacing
- Observe eyes for staring and eye contact : <i>Is the gaze fixed or not making eye contact?</i>	Staring/withdrawal ^{1/2}
Engage the patient in conversation.	
- Assess quantity and quality of speech : <i>Is the patient mute or the voice abnormal?</i>	Mutism/mannerism ^{2/2}
- Assess speech content for repetition : <i>Does the patient repeat a phrase/phrases?</i>	Verbigeration
- Assess speech for echoing : <i>Does the patient repeat what they hear?</i>	Echolalia ^{1/2}
During the evaluation, scratch your head in an exaggerated fashion. If the patient is standing, turn in a circle.	
- Observe behavior for mimicry : <i>Does the patient mimic your movement?</i>	Echopraxia ^{2/2}
- Observe body for postures : <i>Is the patient in a bizarre posture or maintaining a mundane posture for an extended period of time?</i>	Posturing ^{1/2}
Say, "Keep your arms relaxed as I examine them." Then, attempt to re-position their arms.	
- Observe body for passively-induced postures : <i>Does the patient maintain new postures?</i>	Catalepsy ^{2/2}
Next, bend/move each arm with alternating lighter and heavier force. Examine lower extremities similarly.	
- Evaluate tone for initial resistance that releases : <i>Is it like a warm candle bending?</i>	Waxy flexibility
- Evaluate tone for rigidity through the arc of movement : <i>Is the tone increased?</i>	Rigidity
- Evaluate tone for resistance proportional to the force applied : <i>Does the tone increase proportional to the applied force?</i>	Gegenhalten*
Apply firm pressure across the patient's palm from the ulnar to the radial side.	
- Evaluate response for grasp reflex : <i>Does the patient's hand close reflexively?</i>	Grasp reflex*
For negativism, evaluate the following:	
- Observe response to attempted exam : <i>Did the patient oppose the arm exam or another element of exam (e.g., passive attempts to open closed eyes)?</i>	Negativism**
- Observe response to instructions : <i>Throughout the assessment, has the patient failed to follow instructions (e.g., "Open your eyes")? Or has the patient done the opposite of what was requested?</i>	
For withdrawal, consult collateral (i.e., chart, nursing, family) to determine the following:	
- Evaluate behavior for withdrawal over the past 48 hr.: <i>Has the patient had minimal oral intake over the past 1–2 days?</i>	Withdrawal ^{2/2}

*Full-scale item (i.e., not part of the Bush-Francis Catatonia Screening Instrument), included for efficient assessment.

**Failure to stop performing another catatonic feature (e.g., staring) on command should NOT be scored as negativism.

Part 2: The assessment below covers the remaining items on the full BFCRS to provide a total score.

Procedure	Item
Ask the patient to extend their arm; then say, "Do not let me lift your arm." Try to lift their arm using one finger beneath their hand, applying a gentle force. If the patient does not extend an arm, attempt to lift their arm from its resting position likewise.	
- Evaluate response for mitgehen : <i>Does the arm rise, as though being drawn upward by an unseen force?</i>	Mitgehen
Extend your hand and say, "Shake my hand." After 1–2 seconds, relax and stop shaking.	
- Observe response to instruction to shake your hand : <i>Does the patient persist in shaking your hand after you've stopped shaking?</i>	Automatic obedience ^{1/2}
- Observe movement once they let go of your hand : <i>Do they persist with a shaking motion in the air?</i>	Perseveration ^{1/2}
Say "This time, do not shake my hand" and then extend your hand.	
- Observe behavior for indecision : <i>Does the patient extend their hand partway as though stuck or uncertain? Similarly, throughout the assessment, does the patient ever appear stuck initiating or performing actions?</i>	Ambitendency
Rate the following based on the patient's speech and behaviors throughout the assessment:	
- Review speech content for repetition : <i>Was the patient unable to change subject content from one question to the next (verbal perseveration)? Similarly, has the patient persisted in performing any elicited behavior (motor perseveration)?</i>	Perseveration ^{2/2}
- Review response to instructions : <i>Did the patient obey commands in a reflexive or exaggerated fashion?</i>	Automatic obedience ^{2/2}
- Review behavioral impulsivity : <i>Did the patient exhibit sudden, inappropriate behaviors?</i>	Impulsivity
- Review combativeness : <i>Did the patient strike out at you or others around them?</i>	Combativeness
Obtain most recent vital signs. If the patient appears to have autonomic arousal (e.g., sweating, hyperventilation, ruddy complexion, or oily skin from overactive sebaceous glands), assess vitals during evaluation.	
- Review temperature, blood pressure, heart rate, respiratory rate, sweating : <i>Does the patient have autonomic abnormalities?</i>	Autonomic abnormality