

Online supplement

Expanded version of the Neurological Evaluation Scale Tests included in each sub-scale:

Primary signs

Cranial nerve palsy (right and left)
Smooth pursuit
Saccade to target
Saccade to command
Synkinesis
Gaze impersistence
Convergence
Tone increase (right and left)
Limb hyperreflexia (right and left)
Plantar reflex (right and left)
Romberg
Chorea (right and left)
Tremor (right and left)
Mirror movements (right and left)
Glabellar reflex
Snout reflex
Grasp reflex (right and left)
Suck reflex

Sensory integration signs

Audio-visual integration
Stereognosis (right and left)
Graphaesthesia (right and left)
Extinction
Right/left confusion

Motor coordination signs

Tandem walk
Rapid alternating movements (right and left)
Finger–thumb opposition (right and left)
Finger–nose test (right and left)

Motor sequencing signs

Fist ring test (right and left)
Fist edge–palm test (right and left)
Ozeretski test

Scoring

The scores for the original Neurological Evaluation Scale items (included in the sensory integration, motor coordination, motor sequencing sub-scales)¹ were left unchanged (items scored on a 3-point scale, from 0=no abnormality to 2=marked impairment; snout and suck reflexes scored either as 0 or 2).

For the remaining items (included in the primary sub-scale), we used the scores as indicated by Griffiths *et al.*:¹⁸ a 3-point scale: 0=no abnormality; 1=intermediate criterion; 2=a score at or above a reference criterion regarded as clearly abnormal/marked impairment.

As the audio-visual integration sign (part of the Sensory Integrative sub-scale) was missing for a considerable number of participants, this sign was not included in the total Sensory Integrative score.