

Arousal Facilitation Protocol

To be utilized when a patient does not have adequate arousal (eye opening) and attention prior to providing therapeutic interventions or assessing level of consciousness. If the patient has sustained eye closure or has a change in behavioral responsiveness, consider completing.



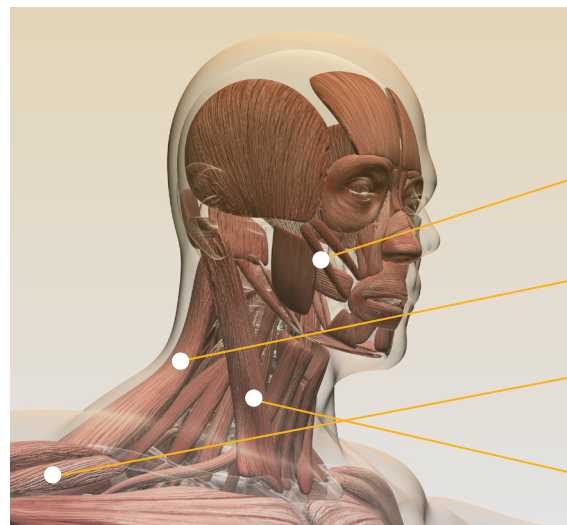
Unilaterally provide deep pressure (rolling muscle body three to four times between thumb and forefinger) to muscle bodies of (in order):

1. Face
2. Neck
3. Shoulder
4. Sternocleidomastoid (SCM)



Repeat on opposite side in same order (from face to SCM).

***It is important to note presence of injuries and lines prior to completing.**



1. Face
2. Back of neck
3. Shoulder
4. Sternocleidomastoid (SCM)

Bodien YB, Chatelle C, Taubert A, Uchanio S, Giacino JT, Ehrlich-Jones L. Updated Measurement Characteristics and Clinical Utility of the Coma Recovery Scale-Revised Among Individuals With Acquired Brain Injury. *Arch PMR* 2021 102 (169-70)

Giacino, J. T., Fins, J. J., Laureys, S., & Schiff, N. D. (2014). Disorders of consciousness after acquired brain injury: the state of the science. *Nature Reviews Neurology*, 10(2), 99-114. doi:10.1038/nrneurol.2013.279

Giacino, J & Kalmar, K. (2006). Coma Recovery Scale- Revised. *The Center for Outcome Measurement in Brain Injury*. <http://www.tbims.org/combi/crs>. Update by: Yelena Bodien, Camille Chatelle, and Joseph Giacino