

Patient Specific Functional Scale

Description: The Patient-Specific Functional Scale (PSFS) is a self-reported, patient-specific measure, designed to assess functional change, primarily in patients presenting with musculoskeletal disorders. The scale was developed by Stratford* and colleagues as a self-report measure of function that could be used in patients with varying levels of independence. The advantages of the PSFS include its wide applicability and ease of use clinically, both desirable attributes in an outcome measure.

***Source:** Stratford P, Gill C, Westaway M, Binkley J. Assessing disability and change on individual patients: a report of a patient specific measure. *Physiotherapy Canada* 1995; 47:258-63.

Instructions to patient and scoring: At initial assessment, patients are asked 'Today, are there any activities that you are unable to do or having difficulty with because of your problem?' Patients then rate their functional limitation with each nominated activity on a 0 to 10 scale, where 0 = unable to perform activity and 10 = able to perform activity at same level as before injury or problem. At follow-up assessments patients are asked again to rate each of their previously nominated activities on the same scale. There is no total score calculated and the PSFS is not designed to compare patients, rather individual items are followed over time. The PSFS takes only 5–10 minutes to complete and score and requires no special training to administer.

Reliability, validity and sensitivity to change: The PSFS has been shown to be valid, reliable, and/or responsive to change in musculoskeletal conditions such as neck pain, cervical radiculopathy, knee pain, and acute & mechanical low back pain, lower limb amputees using prosthesis, and in determining functional level for community-dwelling older adults (Bobos et al., 2018, Chatman et al., 1997, Cleland, 2006, Horn, et al., 2012, Mathias et al., 2018, Pengel 2004, Resnick & Borgia, 2011, Westaway, 1998). When compared to other instruments, the PSFS has been shown to be more responsive than the Neck Disability Index (Cleland 2006), the Pain Rating Index, and the Roland Morris questionnaire (Pengel 2004).

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