OCTH 6260-Spring- Assessment Rating Form

I. General Information

Title of the test: Fugl-Meyer Assessment (FM) (1975)

Author: Alex Fugl-Meyer, Elizabeth Jaasko, Ingegerd Leyman, Sigyn Olsson, Solveig Steglind

Publisher: Author publishes

Time required to administer: 20-30 minutes

Cost of the Test: Free-cost of equipment only

II. Description of Test

Type/Purpose of Test: This is a stroke specific performance based measure.

Population: Stroke Survivors, Adolescent: 13-17 years; Adult: 18-64 years; Elderly adult: 65+

Focus of measurement: Activities of Daily Living; Functional Mobility; Pain

__x_ Organic systems _x__ Abilities ___ Participation/life habits ___ Environmental Factors

III. Practical Administration

Ease of Administration: Fairly easy to administer. Must have knowledge on Range of Motion testing, reflex testing, stereognosis testing, light touch testing, and proprioception testing.

Clarity of Directions: The directions are pretty clean. They tell you what to do and then how to score them.

Scoring Procedures:

- There is a a rating form at the end of the manual to record scores
- Items are scored on a 3-point ordinal scale
    - *0 = cannot perform*
    - *1 = performs partially*
    - *2 = performs fully*
- Maximum Score = 226 points
- The Five domains assessed include:
    - Motor function (UE maximum score = 66; LE maximum score = 34)
    - Sensory function (maximum score = 24)
    - Balance (maximum score = 14)
    - Joint range of motion (maximum score = 44)
    - Joint pain (maximum score = 44)

Examiner Qualification & Training: Review of the manual. Must have knowledge and training in Range of Motion testing; reflex testing, stereognosis testing, light touch testing, and proprioception testing. Examiner must be qualified with neuroanatomy education to understand the area of the brain affected by the CVA.

IV. Technical Considerations

(this section was not easily found) Standardization: ____ Norms _ ___ Criterion Referenced ____ Other _____

Reliability: Intrarater Pearson correlation coefficients were high for the total score (0.98 to 0.99), upper extremity motor subcore (0.995 to 0.996), lower extremity motor subscore (0.96), sensation subscore (0.95 to 0.96), joint range of motion and plain subscore (0.86 to 0.996), and balance subscore (0.89 to 0.98). Interrater reliability yield similarly high correlation for all subscores.

Validity: Evidence from validation studies has demonstrated construct and convergent validity by comparing the FM to tools with previously established validity, including the Barthel Index.

Manual: _x___ Excellent ____ Adequate ____ Poor

What is (are) the setting/s that you would anticipate using this assessment?
Inpatient, Outpatient, Acute care, Home Health, research

Summary of strengths and weaknesses:
Weakness:

The Sensation, Balance, Joint Range of Motion and Joint Pain domains have been criticized as less well suited for this instrument given its intended purpose

Joint Range of Motion may be a measured differently depending on the administrator, so the inclusion of the Joint Pain domain may be unnecessary

Distal fine motor functions may be underrepresented (finger movement not assessed)

Arm scores are more heavily weighted than the leg scores

Better measures of balance are now available

Inclusion of subjective items on the Sensation and Joint Pain domains may reduce the measures reliability

Strength:

Gives a good over view of the patients motor and sensory function
Can be used in a variety of settings
With a stroke patient it will give a good idea of the function of the affected limb.
Can be used as a pre and posttest. You can see if changes have happened due to intervention or more motor and sensory is coming back to the client.

References:

Ali, D., Moore, J. (2010, December 15). Rehab measures: Fugl-Meyer Assessment of Motor Recovery after Stroke. Retrieved from: http://www.rehabmeasures.org/Lists/RehabMeasures/DispForm.aspx?ID=908

Fugl-Meyer, A. R., Jaasko, L., Leyman, I,, Olsson, S., & Steglind, S. (1975).The post-stroke hemiplegic patient: A method for evaluation of physical performance. *Scandinavian Journal of Rehabilitation Medicine, 7*(1), 13-31.