

**This assessment review was compiled by our students and is intended to be used as a guide in assisting clinicians. We encourage you to review the evaluations and assessments for yourself to guarantee the most accurate and updated information.*

I. General Information

Title of the test: Upper Extremity Functional Index (UEFI)

Author: Paul W. Stratford, Jill M. Binkley, Diane M. Stratford

Publisher: Not available

Time required to administer: Less than five minutes. Approximately thirty seconds to score.

Cost of the Test: Free at http://www.tac.vic.gov.au/media/upload/upper_extremity.pdf

II. Description of Test

Type/Purpose of Test: The Upper Extremity Functional Index (UEFI) is a self-report questionnaire that consists of 20 items that are rated on a 5-point Likert scale. The purpose of the questionnaire is to inquire about the client's current upper extremity functional status in a variety of activities.

Population: Individuals with any upper extremity dysfunction of musculoskeletal origin. The authors indicated it would be appropriate to use this assessment with individuals with shoulder, elbow, wrist, or hand deficits.

Focus of measurement:

Organic systems Abilities Participation/life habits Environmental Factors

III. Practical Administration

Ease of Administration: This assessment is easy to administer. All that is required of the practitioner to administer this questionnaire is to provide the client with the form to complete and to ensure that all 20 items are assigned a rating.

Clarity of Directions: The directions that are available for this assessment are concise and clear. The instructions are easy to comprehend. They provide enough detail for the client to be able to complete the form with little assistance or direction from the assessment administrator.

Scoring Procedures:

1. Ensure that the examinee assigned a rating to all items on the form.
2. Sum the numbers circled by the examinee in each column and record each of these totals in the column totals area of the assessment form.
3. Sum each of the column totals to obtain a total score.
4. Record the total score on the assessment form.
5. Total scores will range from 0 (lowest functional status) to 80 (highest functional status).
6. Nine scale points is the minimum amount of change that is considered to be clinically significant (Liebenson, 2007).

Examiner Qualification & Training:

There are no training or qualification specifications made by the authors of this assessment. However, accurate interpretation of the results and their functional implications for the client will require further professional education.

IV. Technical Considerations

Standardization: ___ Norms ___ Criterion Referenced X Other _____

Reliability: The UEFI was found to have excellent test-retest reliability and internal consistency (Stratford, Binkley, and Stratford, 2001). The test-retest reliability coefficient was found to be 0.95 (Stratford et al., 2001). The internal consistency of the assessment was found to be 0.94 (Stratford et al., 2001).

Validity: In a study conducted comparing the Upper Extremity Functional Index (UEFI) and the Upper Extremity Functional Scale (UEFS), the discriminant cross-sectional validity of the UEFI was found to be 6.65 with $p = .003$ (Stratford et al., 2001).

The convergent cross-sectional validity coefficient between the UEFI and the UEFS was 0.82 (Stratford et al., 2001). In the same study, the longitudinal validity coefficient between the UEFI and the UEFS was 0.74 (Stratford et al., 2001). This study concluded that the longitudinal validity of the UEFI was superior to the UEFS (Stratford et al., 2001).

Manual: ___ Excellent ___ Adequate ___ Poor

There is no manual available for this assessment. However, the instructions on the assessment form are clear and require little additional explanation. There is minimal information available about the scoring, interpretation, and functional implications of the assessment results.

What is (are) the setting/s that you would anticipate using this assessment?

- Hand therapy clinic
- Inpatient rehabilitation
- Outpatient rehabilitation
- Transitional rehabilitation facilities
- Skilled nursing facilities
- Home health
- Clinical research

Summary of strengths and weaknesses

Weaknesses:

- Does not provide insight into why there is a difficulty in performance of activities or what aspect of the task is difficult
- Lack of information available about how to interpret scores and what they mean functionally, especially those scores that fall in between the highest and lowest scores
- Some of the activities listed are broad categories instead of specific occupations
- Little research available on the assessment
- Self-report questionnaire

Strengths:

- Allows for simple identification of areas of difficulty that may be relevant to address in therapy
- Instructions are simple and straightforward
- Ease of administration
- Ease of scoring
- Free of charge

References:

Liebenson, C. (2007). *Rehabilitation of the spine: A practitioner's manual*. Baltimore, MD: Lippincott Williams & Wilkins.

Stratford, P. W., Binkley, J. M., & Stratford, D.M. (2001). Development and initial validation of the upper extremity functional index. *Physiotherapy Canada*, 53(4), 259-267.