

10-1-2020

Correspondence: Reply to Hadidi et al

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Citation of this paper:

Arumugam, Vanitha and MacDermid, Joy C., "Correspondence: Reply to Hadidi et al" (2020). *Bone and Joint Institute*. 1278.

<https://ir.lib.uwo.ca/boneandjointpub/1278>

Appraisal

Correspondence: Upper Extremity Functional Index

We read the recent Clinimetrics summary of the Upper Extremity Functional Index, which is a patient-reported outcome measure of upper extremity function in people with upper extremity disorders.¹ We appreciate the authors' description of this index, as well as its validity, reliability and cross-cultural adaptations into other languages.

The authors stated that this questionnaire has been cross-culturally adapted into various languages such as Turkish,² French Canadian³ and Spanish.⁴ However, the Upper Extremity Functional Index has been cross-culturally adapted into Turkish only.² The other translations that the authors noted are related to the Upper Limb Functional Index.

Various region-specific outcome measures are available to assess upper extremity function, such as the Upper Extremity Functional Index, Upper Limb Functional Index and Upper Extremity Functional Scale. The Upper Extremity Functional Index, which was developed in 2001,⁵ was translated into Turkish in 2015.² It is a 20-item outcome measure in which the patient gives each of a series of functional activities a score of 0 (extreme difficulty) to 4 (no difficulty). The scores of all 20 items are summed to give a total score ranging from 0 to 80. The highest possible total score of 80 means that the patient has no difficulty in completing any of the functional activities.⁵

The Upper Limb Functional Index, which was developed in 2006,⁶ is another patient-reported measure that has been translated into multiple languages: Turkish,⁷ French Canadian,³ Spanish,⁴ Italian⁸ and Korean.⁹ The Upper Limb Functional Index has 25 items and each item is rated on an ordinal scale of 'yes', 'partly' or 'no' by the patient. These items are scored by assigning 1 point for 'yes', 0.5 points for 'partly' and 0 points for 'no'. The final score ranges from 0 to 100%, calculated by adding all the points, multiplying by 4 and then subtracting from 100. The highest score of 100% means that the patient has no functional limitation or disability.⁶

An important distinction for readers to be aware of is the difference between the Upper Extremity Functional Index and Upper Limb Functional Index, especially when they want to use the cross-culturally adapted versions.

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<https://doi.org/10.1016/j.jphys.2020.09.004>

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We would like to thank Dr Hadidi and colleagues for bringing to our attention that two of the translations that we attributed to the Upper Extremity Functional Index were translations for the Upper Limb Functional Index. We had misinterpreted this in our manuscript.¹

Their letter highlights the many assessment tools in this area that have very similar names. As patient empowerment takes centre stage in healthcare, more clinicians and researchers increasingly recognise the importance of patient-reported outcome measures in assessing the effectiveness of treatment being provided. Bombardier pointed out that the rapid growth in the number and types of patient-reported outcome measures can lead to confusion.² To avoid confusion due to very similar titles, clinicians and researchers should be careful when choosing outcome measures.

The Upper Extremity Functional Index, which was developed in 2001,³ has been cross-culturally adapted into Turkish.⁴ The Upper Limb Functional Index, which was developed in 2006,⁵ has been cross-culturally adapted into Turkish,⁶ French Canadian,⁷ Italian,⁸ Korean⁹ and Spanish.¹⁰ Both of these patient-reported outcome measures are region-specific outcome measures for the upper limb and it is important to know the difference in measurement and cross-cultural adaptations.

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<https://doi.org/10.1016/j.jphys.2020.09.003>

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