

summary (MCS) and SF-36 physical component summary (PCS). Correlations with some scales of the Brief Pain Inventory (BPI): pain severity, highest pain and pain interference with activities.

Results High internal consistency (ABIS-F: $\alpha = 0.91$, ABIS-R-F: $\alpha = 0.90$). Test-retest reliability (24 patients) was good: ABIS-F 0.87 [95% CI 0.69–0.95] and for ABIS-R at 0.86 [95% CI 0.66–0.94]. Correlations with SF-36 were negative: ABIS-F/SF-36 CM: -0.40 [-0.54 to -0.21], ABIS-R/SF-36 CM: -0.42 [-0.56 to -0.24]; ABIS-F/SF-36 CP: -0.40 [-0.54 to -0.21], ABIS-R/SF-36 CP: -0.44 [-0.58 to -0.26]. Correlations with pain were positive for both ABIS questionnaires: respectively for ABIS-F and for ABIS-R-F: pain severity, 0.39 [0.20–0.54] and 0.38 [0.19–0.53]; highest pain, 0.39 [0.20–0.54] and 0.39 [0.20–0.54]; interference with activities, 0.53 [0.36–0.65] for both. No floor or ceiling effects.

Discussion/conclusion The ABIS-F and the ABIS-R-F have the same good psychometric properties as the original ABIS® and ABIS-R®. They could be applied with confidence in patients with lower limb amputation. The ABIS-R-F (the shortened version) is as reliable as the ABIS-F (the longer version).

Keywords Amputation; Body image scale; French cross-cultural adaptation

Disclosure of interest The authors have not supplied their declaration of conflict of interest.

Reference

- [1] Gallagher P, Horgan O, Franchignoni F, Giordano A, MacLachlan M. Body image in people with lower-limb amputation: a Rasch analysis of the Amputee Body Image Scale. *Am J Phys Med Rehabil* 2007;86:205–15.

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Cross-cultural adaptation, reliability, internal consistency and validation of the Trinity Amputation and Prosthetic Experience Scales-Revised (TAPES-R) for French speaking patients with lower limb amputation



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Aim The aim of this study was the French cross-cultural adaptation and validation of The Trinity Amputation and Prosthetic Experience Scales-Revised (TAPES-R-F), in a lower limb amputation population. This self-reported multidimensional amputee-specific questionnaire [1] evaluates with 33 items psychosocial adjustment (3 subscales), activity restriction (1 subscale) and satisfaction with prosthesis (2 subscales).

Patients and methods One hundred and twenty-nine patients with a mean age of 62 years and with lower limb amputations for at least 1 year were recruited in 5 clinical centers. Translation and cross-cultural adaptation were made according to international guidelines. Internal consistency of each subscale was measured with Cronbach's alpha. Test-retest reliability was assessed by

intraclass correlation in a sub-group of 24 subjects who completed the TAPES-R twice with an interval of 7 days. Construct validity was estimated through correlations with 2 main components of SF-36 (MCS, PCS). Correlations were also calculated with 3 scales of the Brief Pain Inventory (BPI).

Results Cronbach's alpha was high, ranging from 0.85 to 0.95. Reliability was acceptable to high (ICC = 0.72 to 0.91) for all subscales with the exception of the Social adjustment (ICC = 0.67) and Adjustment to limitation (ICC = 0.42) subscales. The 2 component of SF-36 was significantly correlated with all subscales (PCS: $r = 0.24$ to 0.66); MCS: $r = 0.30$ to 0.58), except with aesthetic satisfaction and adjustment to limitation. Regarding the BPI, significant correlations were found for all subscales ($r = -0.20$ to -0.68) with the exception of adjustment to limitation. Ceiling or floor effects (>15%) were found for all but Activity Restriction and Functional Satisfaction Scales.

Discussion The TAPES-R-F has acceptable psychometric properties for most of its subscales. Our results may suggest that the French version is more useful in a population research perspective than in an individual perspective. Other studies are necessary to clarify the role and the psychometric properties of this measurement.

Keywords Cross cultural adaptation; French; TAPES-R; Psychometric properties; Internal consistency; Reproducibility; Lower limb amputation population

Disclosure of interest The authors have not supplied their declaration of conflict of interest.

Reference

- [1] Gallagher P, MacLachlan M. The Trinity Amputation and Prosthesis Experience Scales and quality of life in people with lower-limb amputation. *Arch Phys Med Rehabil* 2004;85:730–6.

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Validation of a new standardized version of the “400 points assessment”



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Aim of the study The “400 points assessment” (400 PA) is used for 30 years to evaluate hand function assessing 4 dimensions: mobility, strength, monomanual grip and moving objects, bimanual function. We present results from a preliminary validation study of the new standardized version of the 400 PA.

Material and method Multicentric international study, in a rehabilitation setting, with patients suffering of unilateral orthopaedic hand or wrist injury. Correlation (Pearson's r) of the new version of 400 PA with QuickDASH and SF36 Physical Function (PF) for CCV (convergent content validity), and SF36 Mental Function (MF) for DCV (divergent content validity). Intraclass correlation coefficients (ICC) for intrarater and interrater reliability, and Cronbach's alpha for internal consistency.

Results One hundred and sixty-six patients, with a mean pain of 3.4/10 on VAS were included (mean age of 44 years; women 31.9%). Correlation was found moderate with QuickDash: -0.423