



The Patient-Specific Functional Scale

This useful questionnaire can be used to quantify activity limitation and measure change in function. This scale is classically used in the setting of physical therapy and can also be used to measure functional response to other interventions like dietary change and medication use. Start with the initial assessment and follow-up every 4 weeks to track how much progress you're making; many interventions need at least 2-4 weeks before you'll see a difference. You can use this to self-track your progress with any intervention you start or to communicate with your doctors and healthcare team on how you're doing with your treatment plan.

Initial Assessment: Identify up to three important activities that you are unable to do or are having difficulty with as a result of your health. Examples of such activities are food tolerance, upright time, or time/distance walked. Rate each activity based on the 0-10 scale below. Record the date, activity, and score/rating in the chart below.

Follow-up Assessments: Every 4 weeks, re-rate each activity and record the date and score. Record each item in the list below.

Meaningful change: The minimally clinical important difference (MCID) represents the smallest amount of change that may be significant enough for you to experience a meaningful difference in function. For chronic pain or musculoskeletal problems, the MCID is 1.2-1.34. Remember, change is gradual and can take 6 weeks. Be patient with yourself.

Patient-specific activity scoring scheme (Point to one number):

0	1	2	3	4	5	6	7	8	9	10
Unable to perform activity					Able to perform activity at the same level as before health problems.					

Activity	Initial	4 weeks	8 weeks	16 weeks	20 weeks	24 weeks
1.						
2.						
3.						
Total Score*						

*Total score = sum of the activity scores/number of activities; MCID 1.2-1.34

- Adapted from PSFS developed by: 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 Oct;47(4):258-63.
- Cleland JA, Whitman JM, Houser JL, Wainner RS, Childs JD. Psychometric properties of selected tests in patients with lumbar spinal stenosis. *Spine J*. 2012 Oct;22(10):921-31. doi: 10.1016/j.spinee.2012.05.004. Epub 2012 Jun 28. PMID: 22749295.
- Hefford C, Abbott JH, Arnold R, Baxter GD. The patient-specific functional scale: validity, reliability, and responsiveness in patients with upper extremity musculoskeletal problems. *J Orthop Sports Phys Ther*. 2012 Feb;42(2):56-65. doi: 10.2519/jospt.2012.3953. Epub 2012 Feb 1. PMID: 22333510.



The Patient-Specific Functional Scale – Evidenced Based Medicine

The PSFS is an 11-point scale that measures motor domain for musculoskeletal dysfunctions. It was developed by Stratford et al.¹ as a self-reported outcome measure of function to be used with patients with varying levels of function in a large number of clinical presentations. The PSFS has been validated across a variety of musculoskeletal and neurological conditions.

	Chronic Pain	Neck Pain	Back Pain	Knee Dysfunction	Hand OA	Spinal Stenosis	Upper Extremity	Lower Limb
Minimal Detectable Change	2 ¹ -2.3 ⁸	2 ⁴	1.3 ⁸ -1.4 ²	1.5 ³	1.30 ⁵	2.4 ⁶	1.4 ⁸	2.3 ⁸
Test/Retest Reliability (ICC)	0.97 ¹	0.92 ⁴	0.92 ²	0.84 ³	0.81 ⁵	0.59 ⁶	0.71 ⁷	
Minimally Clinically important difference					2.2 ⁵	1.34 ⁶	1.2 ⁷	

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