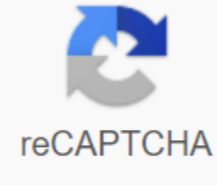




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Dash shoulder outcome measure pdf

The dash results measure (arm, shoulder and hand disabilities) is a 30-point self-report questionnaire that measures physical function and symptoms in people with upper limb musculoskeletal disorders. Developed by the Institute for Work and Health and the American Academy of Orthopedic Surgeons, the questionnaire helps describe the disability experienced by people with upper limb disorders and also helps monitor changes in symptoms and function over time. A shorter version of 11 items, called QuickDASH, is also available. Both versions come with two optional modules designed to measure symptoms and function in athletes, performing artists and other workers whose jobs require a high degree of physical performance. These optional modules are rated separately. Both versions are available for download and as an app for the iPad. Both download versions are available in more than 50 languages and dialects. Who should use the dash and QuickDASH results measurement measure give clinicians and researchers one reliable tool to assess function and symptoms in either of the upper extremity joints. Both tools are valid, reliable and responsive and can be used for clinical and/or research purposes. However, because the complete dash result measurement provides greater accuracy, it may be the best choice for clinicians who wish to monitor pain and arm function in individual patients. The measurement of dash and QuickDASH results, as well as the user manual, rating instructions, frequently asked questions and search updates, are available on the DASH website. Learn more The DASH is designed to assess disorders and measure disability of the upper extremities, and monitor change or function over time. Arthritis - Joint Disorders Pain Management for Multiple Sclerosis Developed jointly by the Institute for Work and Health and the American Academy of Orthopaedic Surgeons (AAOS). The DASH was first published in 1996 and is now available in two shortened versions: 1) QuickDASH 2) QuickDASH-9 The DASH is a 30-point self-report questionnaire designed to assess musculoskeletal disorders of the upper limbs. It has two optional 4-point modules used to measure symptoms and function in athletes, artists and workers who need a high level of function. The rating of the handicap/symptom section dash 30 points: 1) Responses to articles range from 1 (e.g. no difficulty, not at all, not limited, none, strongly disagree) to 5 (e.g. incapacitated, incompetent, strongly agree) Rating of optional sections of 2 4 high performance points: 1) Add values of each response, then divide by 4, subtract 1 and multiply by 25: [(sum of values/4) - 1]-25] Optional modules should not be noted if the elements are the DASH has been formally translated into 41 versions. There are 18 translations in progress. More information, including a PDF of the DASH, can be found on the related dash website above. Arthritis: (Vermeulen et al., 2009; No. 19; Primary Thumb Carpometacarpal Carpometacarpal estimated at 0, 3, 6 and 12 months, Arthritis) Analysis of Change in DASH Score Preoperative Clinical Assessments Average SD SEM Lower Upper DASH 0 to DASH 3 - 14.93 9.63 2.27 -10.14 -19.72 DASH 0 to DASH 6 -20.54314.58 3.26 -13.71 -27.36 DASH 0 to DASH 12 -20.83 20.09 4.49 -11.42 -30.23 - Twin Differences of DASH Scores. DASH 0 is a preoperative average DASH score, DASH 3 is an average DASH score at 3 months, DASH 6 is an average DASH score at 6 months, and DASH 12 is an average DASH score at 12 months. Arthritis: (MacDermid et al., 2007; No. 122; Average age - 65.4 (6.1) years; time since surgery - 54.2 (23.1) months) Arthroplasty of the carpometacarpal joint for osteoarthritis Minimum Maximum SD DASH 0 90.6 36.7 24.03 PRWHE 0 92 41.45 28.33 SF-36 Summary of Mental Components 21.9 66.7 47.9 11.67 SF-36 Summary of Physical Components 12.0 61.5 34.6 11.38 PRWHE: Patient wrist-noted hand evaluation; DASH: Arm, shoulder and hand questionnaire handicaps; SF-36: Short Form 36 Rheumatoid arthritis; (Chiari-Grisar et al 2006; n - 37; Function following finger joint replacement in patients with rheumatoid arthritis; study carried out in Austria; adhesion strength scores measured with a Martin vigorimeter, Rheumatoid arthritis) Medium Instrument (SD) Median Min Max DASH (German version) score 44.52 (19.14) 44.2 5 82.5 HAQ score 1.12 (0.76) 1.06 0 2.88 DASH: Arm, shoulder, and hand questionnaire; HAQ: Health Assessment Rheumatoid Arthritis Questionnaire; (Raven et al., 2008) Swedish Patients with Rheumatoid Arthritis: (Billberg, Bremell, and Mannerkorpi, 2012; n = 67) ICC - 0.99 (95% CI, 0.98-0.99) Rheumatoid arthritis: (Raven et al., 2008)Arthritis: (MacDermid et al., 2007; n - 122; following hand replacement function for osteoarthritis; Arthritis) Correlations of summary scores of SF-36 components with PRWHE and DASH Scores SF-36 Subscale PRWHE DASH Physical Component Summary -0.35 -0.49 Mental Component Summary -0.45 -0.49 All significant correlations at 0.01 (2 tails); SF-36: Short Form 36; PRWHE: Patient-assessed wrist hand assessment Correlation between self-report function scores and measured deficiencies - TOTAL PRWHE DASH Strength Grip -0.45 -0.43 - Tripod Pinch - 0.45 -0.44 - Key Pinch -0.36 -0.40 - Wrist Flexion -0.39 -0.44 - Wrist Extension -44 0.39 -0.37 - Dexterity NK Small Objects 0.32 -0.30 - Medium Objects NK 0.30 NK 0.39 - 0.48 NK Large Objects 0.44 - 0.48 - Motion wrist bending range -0.26 - -0.23 Wrist Extension -0.05 -0.07 Radial deviation -0.15 -0.12 Ulnar deviation -0.23 - 0.12 Pronation -0.05 -0.03 Sup 0.00 -0.01 Thumb IP Flexion 0.03 -0.08 Inch MCP bending 0.03 0.05 IP extension inch 0.12 0.06 Thumb MCP extension -0.02 Thumb CMC extension -0.12 -0.11 Motion of the inch 0.01 0.03 Inch Opposition 0.11 0.10 Hand range -0.34 -0.25 - Deficiencies measured using the NK hand rating system; Significant correlation to 0.01 (2 tails). 'Correlation' -Correlation 0.05 (two tails); PRWHE: Evaluation of the hand of the wrist evaluated by the patient; DASH: Inability of the arm, shoulder, rheumatoid arthritis of the hand; (Chiari-Grisar et al., 2006; No. 37; Function following finger joint replacement in patients with rheumatoid arthritis; study conducted in Austria; Rheumatoid arthritis) SF-36 Subscale Mean (SD) Correlation with DASH (German version) Physical functioning 47.16 (24.17) -0.73 (P<I; 0.01) Physical role 32.43 (44.04) -0.0 -0.53 (P<I; 0.01) Body Pain 43.92 (22.37) -0.53 (P<I; 0.01) General Health 51.41 (18.62) -0.43 (P<I; 0.01) Vitality 46.08 (22.36) -0.51 (P<I; 0.001) Social Functioning 81.42 (21.77) -0.35 (P<I; 0.03) Emotional Role 21.77 -0.35 (P<I; 0.03) Emotional Role 21.77 -0.35 (P<I; 0.03) Emotional Role 21.77 -0.07 35 (P<I; 0.03) Emotional Role 21.77 -0.35 (P<I; 0.03) Emotional Role 21.77 -0.97 (41.45) -0.31 (P<I; 0.05) Mental Health 71.24 (18.66) -0.57 (P<I; 0.001) SF-36: Short Form 36; DASH: Disabilities of Arm, Shoulder, Hand Rheumatoid Arthritis: (Raven et al., 2008) Correlation of DASH and other outcome measures: (Pearson correlation) Health Assessment Questionnaire - r - 0.88 SF-36 - r - 0.70 Arthritis Impact Measurement Scale - r - 0.85 Disease Activity Score - r - 0.42 Grip Strength - r - 0.41-0.48 Visual Analog Scale - r - 0.60-0.65 Swedish Patients with Rheumatoid Arthritis: (Billberg, Bremell, Mannerkorpi, 2012; n - 67) Correlation of DASH and other outcome measures (Spearman correlation) Health Assessment Questionnaire - r - 0.80 Active shoulder-arm motion - r - 0.38 to -0.50 Handgrip force - r - 0.46 to -0.59 Activity-Induced bread - r - 0.66 Disease Activity Score in 28 joints - r - 0.63 Rheumatoid Arthritis: (Raven et al., 2008) Floor effect: none Ceiling effect: none Proximal Humeral Fractures: (Slobogean et al., 2010; n - 61, mean age - 69, Proximal Humeral Fractures) Calculated using SEM - Standard difference of the first result - Square root (1-ICC) SEM - 21.7 - square root (1 - 0.928) - 5.82 Proximal humeral fractures: (Slobogean et al., 2010; n - 61, average age - 69, Proximal Humeral Fractures) Calculated from MDC - 1.96 - SEM - (square root of 2) MDC - 1.96 - 5.82 - (square root of 2) - 16.1 Total elbow replacement: (Angst et al., 2012; n = 65; 61.9 (13.0), Total Elbow Arthroplasty) Standard Response Mean - 0.55, Effect Size - 0.20) Preoperative and Postoperative Change in the EU Function (Gummesson, Atroschi, and Ekdah, 2003; n-109; patients underwent surgery for a variety of conditions of superior extermination; evaluated before surgery and again 6 to 21 months later; Swiss Sample) Patients (n -53) reporting much better or much worse Average change - 19 (15 to 23) points Patients (n -21) a little better or a little worse Average change - 10 (7 to 14) points Patients (n-9) declaring no change Average change - 3 (-3 to 3.0) points Elbow disorders: (Angst et al., 2005; n - 79; average age - 64.1 (13.3) years; time since surgery - 11.2 (3.0) years; Function following total elbow replacement; Swiss Sample) Medium Instrument (SD) n DASH 55.3 (23.2) 77 FONCTION DASH 51.1 (25.2) 77 SYMPTÔMES DASH 66.1 (77 SYMPTÔMES DASH 66.1 (22.8) 79 SF-36 physical functioning 48.7 (28.4) 79 SF-36 Physical role 45.1 45.1 76 SF-36 body pain 59.1 (27.5) 79 SF-36 General Health 56.0 (25.7) 78 SF- 36 Vitality 48.4 (22.4) 78 SF-36 Social Functioning 80.7 (22.8) 79 ROLE SF-36 Emotional 3 74.8 (41.9) 72 SF-36 Mental Health 71.4 (20.6) 78 SF-36 Summary of Physical Components 37.2 (12.0) 75 SF-36 Summary of Mental Components 52.3 (11.5) 69 SF-36: Short Form 36; DASH: Disabilities of the Arm, Shoulder, and Hand Questionnaire Wrist Disorders: (Imaeda et al., 2010; n -117; adapted by the Japanese Society for Hand Surgery, Japanese Sample, Wrist Disorders) Score for PRWE, DASH-JSSH, and VAS: Instrumental Scale No. Average SD Median Minimum DASH-JSSH 116 44.2 28.2 39.5 0(a) 100(b) PRWE 112 58.7 24.3 61.5 5 99 VAS 111 59.3 24.3 60 6 100 b) PRWE: Patient-related wrist assessment; DASH-JSSH: Handicap/symptom scale of the Japanese version of arm, shoulder and hand disabilities (DASH) questionnaire; VAS: Visual analog scale for pain (scale 0-10); Maximum Health Status Scores (Ceiling) Proximal Humeral Fractures: (Slobogean et al., 2010; n = 61, mean age = 69) Excellent test-retest reliability (ICC 2.1 = 0.928) Instrument ICC (95% CI) Mean Difference Limits of Agreement EQ-5D 0.773 (0.604 to 0.875) 0.03 (0.00 to 0.06) -0.18 to 0.24 HUI3 0.471 (0.184 to 0.686) 0.04 (-0.03 to 0.11) -0.37 to 0.45 SF-6D 0.794 (0.634 to 0.889) 0.01 (-0.02 to 0.04) -0.17 to 0.19 DASH 0.928 (0.860 to 0.963) 0.4 (-2.3 to 3.1) -15.2 to 15.9 Total Elbow Arthroplasty: (Angst et al., 2012; n = 65; 61.9 (13.0)) Excellent test-retest reliability (ICC = 0.96) Proximal Humeral Fractures: (Slobogean et al., 2010; n = 61, mean age = 69, Proximal Humeral Fractures) See Test-retest reliability in Proximal Humeral Fractures for format Proximal Humeral Fractures (Slobogean et al., 2010; No. 61, Average age - 69 years, Proximal Humeral Fractures) Spearman correlations between study instruments SF-12 PCS 0.49 1 DASH - 0.76 1 EQ-5D 0.53 0.73 -0.75 1 HUI3 0.38 -0.61 - 0.58 0.63 1 SF-6D 0.45 0.83 -0.73 0.74 0.59 1 All correlations are significant to P<I; 0.01, with the exception of self-function, HUI3 where P<I; 0.02. Capsulitis adhésive : (Staples, Forbes, Vert, Et Buchbinder, 2010) SPADI - r = 0.55 Croft Index - r = 0.65 Échelle analogique visuelle - r = 0.31 Questionnaire d'évaluation de la santé - r = 0.54 Arthroplastie de l'épaule (Suisse, Langue allemande) : (Angst et al., 2004; n = 43) SF-36 (PCS) - r = 0.67 SF-36 (MCS) - r = 0.06 SPADI - r = 0.93 pASES - r = 0.79 cAUSES - r = 0.59 Épaule constante - r = 0.82 Troubles de coude : (Angst et al., 2005) DASH Effets du sol et du plafond : n Plancher maximal minimal, % Plafond, % SYMPTÔMES DASH 79 12.5 100.0 0 6 FONCTION DASH 77 4.3 100.0 0 3 DASH 77 15.0 100.0 0 1 Fractures humérales proximales : (Slobogean et al., 2010; n = 61, âge moyen = 69) Aucun effet de plancher établi Modéré : effet plafond total de 7 % Arthroplastie totale du coude (Angst et al., 2012; No. 61.9 (13.0)) Effect Size - 0.56, Sensitivity - 0.59, Specificity - 0.71 Wrist disorders: (Imaeda et al., 2010; n - 117; Japanese version, adapted by Japanese for hand surgery) Standardized Response Means and Effect Size of PRWE and DASH Total Radius Fracture Instrument Scale No. Effect Size SRM Effect DASH Effect 50 - 1.30 1.20 24-24 2.13 2.05 PRWE 50 - 1.55 1.92 24 1.90 3.32 VAS 49 - 1.75 2.23 24 - 2.00 2.96 SRM, Standardized means of intervention; PRWE, Patient-linked wrist assessment; VAS, visual analog scale; Significant difference between preoperative and postoperative median values (P<I; 0.001) Adults with musculoskeletal problems at the upper extremity: (Schmitt and Di Fabio, 2004) Adults with musculoskeletal problems at the upper extremity: (Schmitt and Di Fabio, 2004) Adults with musculoskeletal problems of the extremities (Schmitt and Di Fabio, 2004) Adults with musculoskeletal upper extremity problems: (Beaton et al., 2001) MDC90 - 10.7 MDC95 - 12.75 Adults with musculoskeletal complaints of the upper extremity undergoing surgery: (Angst, Angst, Schwytzer, Aeschlimann, Sim men, Goldhahn, 2011) Adults with upper extremity musculoskeletal problems: (Schmitt and Di Fabio, 2004) Adults with upper extremity musculoskeletal problems: (Schmitt and Di Fabio, 2004) Adults with musculoskeletal problems at the upper extremity: (Beaton et al., 2001) ICC - 0.96 (95% CI, 0.93-0.98) Adults with musculoskeletal complaints of the upper extremity undergoing surgery: (Gummesson, Atroschi, and Ekdahl, 2003) Cronbach Alpha, 0.92-0.97 Convergence Validity: Adults with musculoskeletal problems at the upper extremity: (Schmitt and Di Fabio, 2004) Global Disability Rating - Spearman r - 0.67-0.71 Adults with musculoskeletal upper extremity problems : Beat (Beaton et al., 2001) Pain SPADI - Pearson r - 0.79, Spearman r - 0.76 SPADI function - Pearson r - 0.85, Spearman r - 0.83 Discriminating Validity: Adults with musculoskeletal problems in the upper extremities: (Beaton et al., 2001) Participants who worked with their upper limb affection and could continue working had a much lower disability than those who were unable to work (26.8 vs. 50.7, 1 - 7.51, p<I; 0.0001). Similarly, the DASH was able to distinguish between those who could do anything they wanted against those who could not (23.6 vs. 47.1, 1 - 5.81, p <I; 0.0001). Adults with musculoskeletal problems at the upper extremity: (Beaton et al., 2001) Floor effect: no ceiling effect: 1 in 200 in the sample scored 0 points Adults with multiple sclerosis: (Cano, Barrett, Zajicek, And Hobart, 2011) Intercollegiate Athletes: (Hsu et al., 2010; n-321; average age 19.4 (17.6-22.6 years); Physical pre-competition) 3.61 (Calculated from MDC - 1.96 x SEM x square root of 2; 10 - 1.96 x SEM x square root of 2) Intercollegiate athletes: (Hsu et al., 2010; n -321; average age 19.4 (17.6-22.6 years); Physical Pre-Competition) Intercollegiate Athletes: (Hsu et al., 2010; n -321; average age 19.4 19.4 Years Pre-physical competition) Aerial athletes: (Alberta et al., 2010; n - 252 average age - 23.7) Adequate reliability of test tests (ICC - 0.536) General population: (Hunsaker, Cioffi, Amadio, Wright, Caughlin, 2002) Cronbach Alpha - 0.94-0.98 Intercollegiate Athletes: (Hsu et al., 2010, Intercollegiated Athletes) N Minimum Maximum Floor % Ceiling % DASH 321 0 10 0 0 65.11 Pain Cow: (Mehta et al., 2010; n = 66, average age - 40.6 (14.2)) Both versions of dash showed a strong correlation (0.82-0.84) with IDN and a moderate correlation CSOQ and VAS. Correlation between self-deeding measures account CSOQ Neck Pain CSOQ Shoulder Pain and Arm CSOQ Physical Symptom CSOQ Functional Handicap CSOQ Psychological Distress VAS DASH 0.6 0.6 0.55 0.67 0.58 0.56 -0.55 - Correlation is significant at the level of 0.01 (2 tail); CSOQ - Cervical Spine Results Questionnaire; VAS - Visual analog neck pain; (Huisstede et al., 2009; n -679; 41.0 (23.0)) SF-12 Physical Component SF-12 Correlation of Severity of Mental Components Correlation Correlation S-A-H 0.62 0.15 0.55 N-S-A-H 0.61 0.16 0.52 N-S-A-H 0 0 .63 0.19 0.5 N 0.62 0.27 0.44 S-A-H - only 0.61 0.1 0.56 N-only 0.57 0.33 0.44 Neck Pain: (Huisstede et al., 2009; n -679; 41.0 (23.0)) DASH was found to be acceptable for each (subgroup) The reactivity ratio was higher in the S-A-H-only group (1.92) group N-only (1.38) Reactivity ratio S-A-H improved 2.01 S-A-H Stable N-S-A-H Improved 1.91 N-H S-A-H Stable N-S Improved 2.04 N-S Stable N improved 1.85 N Stable S-A-H Only improved 1.92 S-A-H Only Stable N-Only improved 1.38 N-Only Stable Alberta, F. 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