Highlights

- The Quick-FAAM has acceptable test-retest reliability.
- The Quick-FAAM is responsive in patients with CAI who completed a 4-week rehabilitation.
- The acceptability and feasibility of this instrument should be determined.

Abstract

Objective
To determine the test-retest reliability, minimal detectable change (MDC) and responsiveness of the Quick-FAAM in people with chronic ankle instability (CAI).

Design
10-week controlled laboratory study.

Setting
Laboratory.

Participants
A total of 20 adults with self-reported CAI.

Main outcome measures
Participants completed a supervised 4-week intervention. The Quick-FAAM was assessed 4-weeks before the intervention (T1), prior to the first intervention (T2), 24-h post-intervention (T3), and 2-weeks after the intervention (T4). The Quick-FAAM is a 12-item region-specific PRO scored on a 5-point Likert scale, often reported as a percentage, and a lower percentage indicates decreased ankle function. Test-retest reliability was determined using intraclass-correlation coefficients (ICC;1,1) and standard error of measure (SEM). The MDC was calculated using the equation: SEM*√2. Hedge s g effect sizes and associated 95% confidence intervals (95%CI) were calculated as a measure of group responsiveness.

Results
The test-retest reliability was clinically acceptable (ICC;1,1 = 0.82, SEM = 4.56). The MDC was 6.5% and pre-post intervention effect sizes were large between T2-T3 (ES = 1.27, 95%CI:0.59–1.95) and T2-T4 (ES = 1.49, 95%CI:0.79–2.19).

Conclusion
The Quick-FAAM demonstrated clinically acceptable reliability and was responsive to treatment. Future research should examine these properties in patients with acute ankle and foot conditions, determine patient acceptability, and clinician feasibility.

Keywords
Ankle injuries; Rehabilitation; Patient outcomes assessment