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Original Research

Reliability, minimal detectable change, and responsiveness of the Quick-FAAM ☆

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Highlights

- The Quick-FAAM has acceptable test re-test 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 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 ($ICC_{2,1}$) and standard error of measure (SEM). The MDC was calculated using the equation: SEM*√2. Hedges 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 ($ICC_{2,1}$ = 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.

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Keywords

Ankle injuries; Rehabilitation; Patient outcomes assessment

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