

Orange text indicates that the reference was also critically appraised and cited in the publication "A Core Set of Outcome Measures for Adults with Neurologic Conditions Undergoing Rehabilitation: A Clinical Practice Guideline". Journal of Neurologic Physical Therapy 2018; 42(2):174-220.

Instructions (items 1-10):¹

- There are specific instructions and set up for each item of the FGA.
- Please refer to the protocol for standardized administration, including instructions for each item of the FGA. This can be found at: <http://neuropt.org/practice-resources/anpt-clinical-practice-guidelines/core-outcome-measures-cpg>

Equipment Needed:¹

- Obstacle of 9-in. height (two stacked shoeboxes, each 4.5 in. height)
- Steps 7¾ -9 in. high with bilateral rails
- Stopwatch

Scoring:¹

- Each of the 10 items is scored from 0-3 ordinal scale.
- The lowest category that applies should be marked.
- Please refer to the standardized administration of the FGA for item-by-item scoring. This can be found at: <http://www.neuropt.org/practice-resources/anpt-clinical-practice-guidelines/core-outcome-measures-cpg>

Considerations:

- Individuals should walk without assistance of another person.
- Document any assistive device and/or bracing used.
- Some items specify a score based on use of an assistive device; if use of a device is not specified for scoring in a particular item, the patient should be tested without the device.
- Subsequent assessments should be completed with same device.

What Does My Patient's Score Mean?

Cut-off scores may be used in conjunction with a complete evaluation to interpret the meaning of a patient's score on the FGA.

- Non-Specific Older Adults
 - Cutoff Score: $\leq 22/30$ = risk of falls²
- Parkinson's Disease
 - Cutoff score $< 15/30$ = fall risk (Hoehn & Yahr 1-4)³
 - Cutoff score $< 18/30$ = fall risk (Inpatients; Hoehn & Yahr 1-4)⁴

What Constitutes a Change in FGA Score?

Change can be determined using values of Minimal Detectable Change (MDC) and Minimal Clinically Important Difference (MCID). MDC is the minimal change required to ensure the change is not the result of measurement error. MCID is the minimal change required for the patient to also feel an improvement in the construct being measured.

- Stroke (acute, subacute, and chronic)
 - MDC: 4.2 points⁵
- Vestibular (acute)
 - MDC: 6 points⁶
- Community Dwelling Older Adults
 - MCID: 4 points⁷
- Parkinson's Disease (Hoehn & Yahr stages 1-3)
 - MDC: 4.3 points⁸

REFERENCES

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3. Leddy AL, Crouner BE, Earhart GM. Functional gait assessment and balance evaluation system test: reliability, validity, sensitivity, and specificity for identifying individuals with Parkinson disease who fall. *Phys Ther.* 2011;91(1):102-113.
4. Yang YY, Wang Y, Zhou Y, Chen C, Xing D, Wang C. Validity of the Functional Gait Assessment in patients with Parkinson's disease: construct, concurrent, and predictive validity. *Phys Ther.* 2014; 94 (3): 392-400.
5. Lin JH, Hsu MJ, Hsu HW, Wu HC, Hsieh CL. Psychometric comparisons of 3 functional ambulation measures for patients with stroke. *Stroke.* 2010;41(9):2021-2025.
6. Marchetti GF, Lin CC, Alghadir A, Whitney SL. Responsiveness and minimal detectable change of the dynamic gait index and functional gait index in persons with balance and vestibular disorders. *J Neurol Phys Ther.* 2014;38(2):119-124.
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8. Petersen CC, Steffen T, Paly E, Dvorak L, Nelson R. Reliability and minimal detectable change for sit-to-stand tests and the Functional Gait Assessment for individuals with Parkinson disease. *J Geriatr Phys Ther.* 2017; 40(4): 223-226.