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Functional independence measure score stroke

Functional independence MeasureTest nocoeophucation function after stroke (or cancer) The measure of functional independence (FIM) is an evaluation tool that aims to assess the functional status of patients during the rehabilitation process after a stroke, traumatic brain injury, spinal cord injury or cancer. [1] Its use may include qualified medical care facilities and hospitals aimed at acute, sub-acute and rehabilitation assistance. It is carried out on admission and exit from a rehabilitation hospital, it serves as a consistent tool for collecting data to compare the results of rehabilitation within the health continuum. [1] Furthermore, it aims to allow clinicians to monitor changes in the functional status of patients from the beginning of rehab care through discharge and follow-up. The assessment of the degree of damage to PMM depends on the patient's outcome in 18 categories, focusing on motor and cognitive function. Each category or item is ranked on a 7-point scale (1 = <25% independence; full help is needed, 7 = 100% independence). [1] [2] As such, FIM results can be interpreted as showing a level of independence or a level of burden of care. The scale is used to assess how well a person can perform basic activities of everyday life and thus how dependent he or she will be to the help of others. [1] Other areas evaluated include physically such as how well patients move and walk, and cognitive, how well they interact with others, communicate and process information; [2] Fim was originally created for people who have had strokes, but is used to assess disability in other cases. [2] References ^ a b in d Chumney, Douglas; Nolinger, Kristen, isn't she? Shesko, Kristina; Skopje, Karen; Spencer, Madeleine, they're 1,000. Newton, Roberta A. (2010). Possibility of a measure of functional independence to accurately predict the functional results of the stroke-specific population: Systematic review (PDF). Journal of Rehabilitation Research and Development. 47 (1): 17–30. 10.1682/2009.08.0140. 20437324. 1. 1000 000 000 000 000 000 000 Noonan, C; Singh, A; Fellings, MG (August 2011). Assessment of disability in patients with acute traumatic spinal cord injury: a systematic review of the literature. 1000000000000000000 28 (8): 1413–30. Doy:10.1089/know-2009.1148. 3143412. 2011 000 000 000 000 000 000 000 000 000 000 000 This article is still a stub. You can help Wikipedia by expanding it.vte This disability-related article is a stub. You can help Wikipedia by expanding it.vte Restored by Purpose: The Measure of Functional (FIM) has been used to measure function in patients with first stroke on admission and discharge from a rehabilitation centre and to determine profit; data were analysed using a clinically oriented approach. Design: All patients were admitted after the first supratentorial stroke to 2 years were dealt with with FIM. Diagnosis is determined by neuroimulation. The data is collected continuously and stored in the department database. To analyze the data, patients are separated by a lesion (left or left hemisphere), major clinical syndrome (presence or absence of neglect or aphasia syndromes in those with damage to the right or left hemisphere, respectively), type of lesion (ischemic, hemorrhagic, etc.), and the site of lesion (cortical or subcortical). Prista: Neurological Recovery Department. Patients: The study included 151 patients with an average age of 60.8 years; 60% are men. All were admitted an average of 28.9 days after a stroke and rehabilitated for 109.3 days. Main result measure: The total result of the crude FIM is set at 48 to 72 hours after adoption and on discharge. FIM's profit is calculated by subtracting the FIM discharge result from the acceptance of FIM points for each individual. 10 users are looking at this at this time Results: No difference in average overall FIM scores when patients were divided by side of damage (right or left hemisphere). When applying the clinical criterion, significant findings were obtained for the different parameters. Patients with neglect syndromes or aphasia showed significantly higher gains despite their lower FIM intake results, but they had a much longer stay in hospital. Conclusion: The overall result of raw FIM is a simple, practical and effective measure of function in patients with first stroke when taken for rehabilitation, provided that an appropriate clinical approach is used during the data analysis. The results may be used to compare with such measures, to define the adoption and discharge policy, and to evaluate the programme. The presence of neglect and aphasic syndromes has a significant effect on different measures. The duration of stay in rehabilitation is also of paramount importance in stroke patients with special clinical syndromes. The Measure of Functional Independence (FIM) was developed to address sensitivity issues sensitivity refers to the likelihood that the diagnostic technique detects a particular disease or condition when it does exist in a patient (National Multiple Sclerosis Society). See also Specificity, and completeness, which have been criticized as problematic with the Bartel Index (another measure of functional independence). Fim was developed to offer a single disability measurement system based on the International Classification of Disabilities and Handicaps for use in the medical system in the United States (McDowell "Newell&quot;, 1996). The level of harm to the patient indicates the severity of their care and the positions are noted based on how much help is required for the person activitiesAs defined by the International Organisation for International disability and health, the activity is the performance of a task or action by a natural person. The limitations of the activity are difficulties in the implementation of the activities. They are also called functions, of everyday life. In-depth review Purpose of the measure The Measure of Functional Independence (FIM) was developed to address sensitivity issues sensuality refers to the likelihood of a diagnostic technique detecting a particular disease or condition when it actually exists in a patient (National Multiple Sclerosis Society). See also Specificity, and completeness, which have been criticized as problematic with the Bartel Index (another measure of functional independence). Fim was developed to offer a single disability measurement system based on the International Classification of Disabilities and Handicaps for use in the medical system in the United States (McDowell "Newell&quot;, 1996). The level of harm to the patient indicates the severity of their care and the elements are obtained on the basis of how much assistance is required for the person to perform activitiesAs defined in the International Classification of Functions, Disabilities and Health, the activity is the performance of a task or action by a person. The limitations of the activity are difficulties in the implementation of the activities. They are also called functions, of everyday life. The FTT evaluates six areas of function (Self-select, sphincter control, Transfers, Locomozia, Communication and Social Cognition) that fall into two areas (Motor and Cognitive). It has been tested for use in stroke patientsSingly called brainstorming and occurs when brain cells die due to inadequate blood flow. 20% of cases are bleeding in the brain caused by rupture or leakage from a blood vessel. 80% of cases are also known as ischemic stroke or the formation of a blood clot in a vessel supplying blood to the brain., traumatic brain injury, spinal cord injury, multiple sclerosis and elderly people undergoing inpatient rehabilitation and has been used with children from the age of 7 years. Available versions The FIM was developed between 1984 and 1987 by the national task force sponsored by the American Academy of Physical Medicine and Rehabilitation and the American Congress of Rehabilitation and was published by Keith, Granger, Hamilton and Sherwin in 1987. Features of the measure Elements: FIM consists of 18 elements that evaluate 6 areas of function. The elements fall into two areas: Motor (13 elements) and Cognitive (5 elements). Motor products are based on the elements of the Bartel index. These domains are listed as Motor-FIM and Cognitive-FIM. The elements of MSM are listed as follows: Autodenoma domain: 1. Self-defense (6 items) – Nutrition – Care – Bathing – Bathing – Bandage – Upper body – Lower part of the body – Toilet 2. Sphincter control (2 positions) – Bladder management – Bowel management 3. Transfers (3 items) - Bed/Chair/Wheelchair - Toilet - Bath/shower 4. Locomotive (2 elements) – Walk/Wheelchair – Cognitive field stairs; 5. Communication (2 elements) – understanding – Expression 6. Social Cognition (3 Elements) – Social Interaction – Problem Solving – Memory For Motor-FIM, Food, Care, and Gut Management Items are known to be the easiest subjects for stroke patientsAlso called brainstorming and occurs when brain cells die due to inadequate blood flow. 20% of cases are bleeding in the brain caused by rupture or leakage from a blood vessel. 80% of cases are also known as ischemic stroke or the formation of a blood clot in a vessel delivering blood to the brain. to achieve, while the transfer of bath/showers and locomotive (walk/wheelchair, stairs) are the most difficult elements (Granger, Cotter, Hamilton, &quot;Fidler&quot;, 1993; Grimby, Goodonsson, Rod, Sumnerhagen, Sund, &quot;Ostenson&quot;, 1996). For Cognitive-FIM, the implementation of the expression element has been found to be the easiest for patients to achieve, and problem solving has been found to be the greatest challenge (Granger and para., 1993). Time: FIM is reported to take between 30 and 45 minutes to administer and evaluate, taking 7 minutes to collect demographic information. Scoring: Each FIM element is scored on a scale likert 7 points as scaling is a kind of response to points in a questionnaire or tool. For example, such scaling would make you appreciate an item like I am satisfied with the care I received on a scale using a 1-to-5 response scale where: • 1 = strong disagreement • 2 = disagreement • 3 = unresolved • 4 = agree • 5 = strongly agree you will find different options and scaling methods for the number of responses (1-to-7, 1 to 9, 0 to 4). Odd scales usually have an average value that is indicated neutral or indecisive. Some tools use forced choice Likert scaling with an even number of responses and an average neutral or undecided choice., and the result shows the amount of aid needed to implement each element (1 = total support in all areas, 7 = full independence in all areas). Ratings are based on results rather than capacity and can be acquired through monitoring, patient interview, telephone history or medical records. FIM developers recommend that scoring be obtained by consensus with a multidisciplinary team. A final result of the amount is created and ranges from 18 to 126, where 18 represents total dependency/total aid and 126 represents complete independence. A single result with a total amount can be misleading, as it gives the appearance a continuous scale, the intervals between assessments are not equal in terms of the level of difficulty and cannot be information (Linacre et al., 1994). Kidd et al. (1995) proposes to use summed results as on an interval scale, while individual elements remain consecutive. Granger, Deutsch and Lin (1998) applied a Rasch rating scale to transform FIM ratings into flat-interval ratings so that it could be used for linear regression models. The hinting tools are multidimensional and are designed to measure more than one structure or more than one domain per structure. In such cases, the scales can be built where the different elements of scale are grouped into bouncing rocks. Although sub-scoring may consist of one element, in most cases the sub-scying consists of many separate elements that are combined into a composite result (National Multiplier Society), results for motor and cognitive fields can also be calculated (Linacre, Heinemann, Wright, Granger, & Hamilton, 1994). Equipment: All objects that the patient uses to perform his activityAs determined by the International Classification of Functions, Disabilities and Health, the activity is the performance of a task or action by an individual. The limitations of the activity are difficulties in the implementation of the activities. They are also called functions, of everyday life. Subscalyts: There are two sub-points for FIM: Motor-FIM and Cognitive-FIM. Training: FIM must be administered by a trained and certified assessor. Gray and Kennedy (1993) found that FLM could be filled out as a self-report questionnaire for patients with spinal cord injuries. Segal and Schall (1994) found that THEM can be reliably used by a facial proxy for stroke patientsThe same called brainstorming and occurs when brain cells die due to inadequate blood flow. 20% of cases are bleeding in the brain caused by rupture or leakage from a blood vessel. 80% of cases are also known as ischemic stroke or the formation of a blood clot in a vessel delivering blood to the brain. Segal, Gillard, and Schall (1996) further found that the NRA can be reliably used by a proxy over the phone in stroke patientsAlso called brainstorming and occurs when brain cells die due to inadequate blood flow. 20% of cases are bleeding in the brain caused by rupture or leakage from a blood vessel. 80% of cases are also known as ischemic stroke or the formation of a blood clot in a vessel delivering blood to the brain. (total FIM, ICC) correlation within class (ICC) is used to measure the reliability of inter-evaluators for two or more evaluators. The ICC can be conceptualised as a ratio between the deviation groups to the total = 0.91., motor-FIM, ICC = 0.94; cognitive-FIM, ICC = 0.52), and closely resembles the results obtained administration on the ground. Alternative forms of functional independence measure the Measure of Functional Independence for Children (WeeFIM). This measure was developed to track disability in children between 6 months and 7 years of age. WeeFIM can be used in children over 7 years of age if their functional abilities are below those expected to have children aged 7 years who do not have disabilities. It measures the impact of development strengths and difficulties on independence at home, at school and in the community (Msall et al., 1994). The scale has 18 elements measuring functional performance in 3 areas: self-mobile, mobility and cognition (Single Data System for Medical Rehabilitation, . Modified 5-level FIM. Gosman-Hedström and Blomstrand (2004) examined whether level 5 FIM would be more useful than the standard 7-level version in large population surveys. They use a sample of age strokeThe same is called brainstorming and occurs when brain cells die due to inadequate blood flow. 20% of cases are bleeding in the brain caused by rupture or leakage from a blood vessel. 80% of cases are also known as ischemic stroke or the formation of a blood clot in a vessel delivering blood to the brain. at 5-level, most likely will increase reliabilityReliability can be determined in different ways. It is usually understood as the extent to which a measure is stable or consistent and gives similar results when applied repeatedly. A more technical definition of reliability is that it is the percentage of real differences in estimates obtained from a particular measure. The overall variation of a result can be considered to be composed of real variations (variable variety of interests) and deviation from errors (which includes accidental error as well as system error). The real variation is this variation, which actually reflects the differences in the structure studied, such as the actual severity of neurological damage. Accidental error refers to noise in the results due to random factors, for example, loud noise, distracts the patient, thereby affecting his work, which in turn affects the result. Systematic error refers to bias, which affects results in a certain direction in a fairly consistent way, for example, a neurologist in a group tends to rate all patients as more disabled than other neurologists in the group. There are many variants of reliability measurement, including alternative forms, internal consistency, inter-corruption agreement, price agreement and retests. sensitivity loss refers to the likelihood of a diagnostic technique detecting a particular disease or condition when it does exist in a patient (National sclerosis society). See also Specificity, Customer Customer Can be used with: Stroke patientsSything brainstorming and occurs when brain cells die due to inadequate blood flow. 20% of cases are bleeding in the brain caused by rupture or leakage from a blood vessel. 80% of cases are also known as ischemic stroke or the formation of a blood clot in a vessel delivering blood to the brain. of all ages, and can be used in patients with special conditions (e.g. aphasiaAphasia is an acquired disease caused by brain damage and affects a person's ability to communicate., aphasia can mask a person's intelligence and ability to communicate feelings, thoughts and emotions. (Aphasia Institute, Canada) or negligence). Should not be used at: No restrictions have been reported. In what languages is the measure available? The FIM has been translated into the following languages: German Italian Italian Spanish Swedish Finnish Afrikaans Turkish French Persian (Farsi) What does the instrument measure? The activities defined in the International Classification of Functions, Disabilities and Health, the activity shall be the performance of a task or action by a natural person. The limitations of the activity are difficulties in the implementation of the activities. They are also called functions, what types of customers can the tool be used for? Stroke patientsA reported brainstorming and occurs when brain cells die due to inadequate blood flow. 20% of cases are bleeding in the brain caused by rupture or leakage from a blood vessel. 80% of cases are also known as ischemic stroke or the formation of a blood clot in a vessel supplying blood to the brain., traumatic brain injury, spinal cord injury, multiple sclerosis and elderly people undergoing inpatient rehabilitation. It can be used with children aged 7 years. This is screeningFor disease in people without symptoms. assessment tool? The FIM administration evaluation time is reported to take between 30-45 minutes for administration and evaluation, with 7 minutes to collect demographic information. WEE-FIM versions; Modified 5-level FIM Other German languages; Italian: Spanish; Swedish; Finnish; Portuguese; Afrikaans; Turkish; French; Persian (Farsi). Measurement properties ReliabilityReliability can be determined in different ways. It is usually understood as the extent to which a measure is stable or consistent and gives similar results when applied repeatedly. A more technical definition of reliability is that it is the percentage of real differences in estimates obtained from a particular measure. The overall variation of an assessment may be consisting of real variations (interest rate change) and error change (which includes any error as well as a system error). The real variation is this variation, which actually reflects the differences in the structure studied, such as the actual severity of neurological damage. Accidental error refers to noise in the results due to random factors, for example, loud noise, distracts the patient, thereby affecting his work, which in turn affects the result. Systematic error refers to bias, which affects results in a certain direction in a fairly consistent way, for example, a neurologist in a group tends to rate all patients as more disabled than other neurologists in the group. There are many variants of reliability measurement, including alternative forms, internal consistency, inter-corruption agreement, price agreement and retests., – From 4 studies examining the internal sequence Method of measuring reliability. The internal sequence reflects the extent to which the points of a test measure different aspects of the same characteristic and nothing else. The coefficients of internal sequence may accept values from 0 to 1. Higher values represent higher levels of internal coherence., all 4 reported excellent internal consistency Reliability measurement method. The internal sequence reflects the extent to which the points of a test measure different aspects of the same characteristic and nothing else. The coefficients of internal sequence may accept values from 0 to 1. Higher values represent higher levels of internal coherence., – from 5 studies examining the reliability of the retest As it is possible to assess the reliability of the scale in which individuals are applied the same scale in two different cases, then the two results are evaluated for consistency. This reliability assessment method is only appropriate if the phenomenon known to measure scale is stable over the interval between assessments. If the phenomenon that is measured fluctuates significantly over time, then the test-repeated paradigm can significantly underestimate reliability. When using the reliability of the test, the investigator must take into account the possibility of practical effects that can artificially inflate the reliability assessment (National Multiple Sclerosis Society). – Out of 10 studies examining the reliability of inter-sea reliability of the interner. It determined the extent to which two or more evaluators received the same result when using the same concept measurement tool, 8 studies that were considered excellent; 1 report adequately (with social interaction element that is bad); 1 reported total bad cap values, but an excellent class correlation factor (ICC)Class correlation (ICC) is used to measure the reliability of inter-inter-en prices. It may also be used to assess the reliability of the retest. The ICC can be conceptualised as a ratio between the deviation groups to the overall difference. Validity Degree of assessment that measures what should be measured. Content: FIM was created on the basis of the results of a literary review of published and unpublished measures and expert panels and was then piloted in 11 centers. The Delphi method was applied using the expert opinion of rehabilitation to establish the inclusion and appropriateness of the devices. Criterion: Excellent correlations with the Bartel index; Modified Rankin Scale; Disability assessment scale. Fim scores found that the amount of home care required was foreseen; the results of FIM discharges; post-implementation; functional profit; length of stay; depressionA feeling involving the body, mood and thoughts, it affects the way a person eats and sleeps, the way a person feels about himself, and the way a person thinks about things. Depressive disorder is not the same as a passing blue mood or a sign of personal weakness or a condition that can be denied far away. People with depressive illness can't just get together and get better. Without treatment, symptoms can last for weeks, months or years. Appropriate treatment, however, can help most people with depression., the ability to return to work after a strokealso called brainstorming and occurs when brain cells die due to inadequate blood flow. 20% of cases are bleeding in the brain caused by rupture or leakage from a blood vessel. 80% of cases are also known as ischemic stroke or the formation of a blood clot

