

Patient Specific Functional Scale (PSFS)

Measures difficulty of 3 self-selected activities that the patient identifies as important

Phases

Pre-op
Acute
Post-acute
Active living



ICF

Activity
Participation



Time

~5 mins to
complete and score



Administration

Print and electronic
versions



Quality



Validity

Convergent validity: TKA: Adequate convergent validity between mean PSFS & total WOMAC ($r=0.41$) & with Global Perceived Effect (GPE) ($r=0.37$) at 3-mos post-op & total WOMAC ($r=0.48$) & GPE ($r=0.55$) at 1-yr.¹

Hip /knee OA: Poor convergent validity with the SF-36 Physical function scale ($r=0.22$) & SF-36 Physical Component Summary ($r=0.11$); adequate convergent validity with the WOMAC OA Index ($r=0.37$) in patients awaiting THA/TKA.²

Discriminant validity: Hip/knee OA: Poor discriminant validity with SF-36 Mental health scale ($r=0.11$) for TKA.²



Reliability

TKA: Adequate test-retest reliability for problems 1 to 3 ($ICC=0.73 - 0.86$)¹; Knee dysfunction: Reliable & responsive³



Responsiveness

TKA: Less responsive than WOMAC at 3-mos but more responsive at 1-yr.¹ SRM: 1 to 3-mos post-TKA = 4.6 (95% CI 4.0, 5.4)⁴



Floor/ceiling effects

Not applicable as patient specific.



Feasibility

Quick and easy to complete & score.



Instructions

Using a standard script ask patients to rate their ability to do important activities today on a scale from 0-10 (0=unable to perform activity, 10=able to perform the activity at the same level as before hip/knee problem). See 'Relevant Links' for detailed instructions.

Scoring: Sum the ratings for the listed activities & calculate the average. Individual item scores or average score can be used.



Interpretation

Direction: Higher score = less difficulty

SEM: TKA: 3-mos post-op 1.38-1.85¹

MDC: Knee dysfunction: 1.5 points³

MCID: TKA: 3.83-5.13 & varies based on number of problems^{1,5}

Normative data and reference values: No evidence found

Cut points/threshold: No evidence found

PASS: No evidence found



Other

Key messages: Provisionally recommended. Particularly helpful for detecting change in a given individual – especially at 1-yr post-op. Functioning is a patient-specific concept that may differ greatly between patients. The PSFS addresses this with self-generated items, however, this means some psychometric properties are not relevant & it is difficult to compare scores across patients.



Relevant Links

[Summary, instructions & paper version \(Shirley Ryan AbilityLab\)](#)

[Online fillable PDF \(MDApp\)](#)



References

1. Berghmans DD, Lenssen AF, et al. The Patient-Specific Functional Scale: Its reliability and responsiveness in patients undergoing a total knee arthroplasty. *J Orthop Sports Phys Ther.* 2015;45(7):550-6. PMID: [25996364](#)
2. Gill SD, de Morton NA, et al. An investigation of the validity of six measures of physical function in people awaiting joint replacement surgery of the hip or knee. *Clin Rehabil.* 2012;26(10):945-51. PMID: [22324057](#)
3. Stratford PW, Kennedy DM, et al. Assessing the Patient-Specific Functional Scale's ability to detect early recovery following total knee arthroplasty. *Phys Ther.* 2014;94:838-44. PMID: [24557654](#)
4. Chatman AB, Hyams SP, et al. The Patient-Specific Functional Scale: measurement properties in patients with knee dysfunction. *Phys Ther.* 1997;77:820-9. PMID: [9256870](#)
5. Shirley Ryan AbilityLab. Patient Specific Functional Scale Shirley Ryan AbilityLab. April 4 2013. Accessed December 1 2023. <https://www.sralab.org/rehabilitation-measures/patient-specific-functional-scale>

