Foot and Ankle Ability Measures (FAAM)

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Purpose: The purpose of the FAAM was to create a self-assessment tool that is specific to musculoskeletal pathologies of the leg, ankle, and foot. The tool measures the impact of the pathology on the person's physical function.

Target Population: This assessment tool was designed for people with musculoskeletal pathologies of the leg, foot, and ankle, regardless of etiology.

Tests: The questionnaire identifies the patient's level of function by looking at the levels of difficulty a person has with walking tasks, balance, ADL, and sports related tasks.

Psychometric Characteristics: In regards to construct validity, there was a correlation between the FAAM and the SF-36 physical function subscale and physical component summary score. The FAAM was found to have high internal consistency (α=0.98). In regards to reliability, the ADL subscale ICC was 0.87, and the Sports subscale was ICC = 0.89. In regards to responsiveness, the minimally clinically important differences for the FAAM subscales were 8 points (ADL) and 9 points (Sports).

	Construct Validity*	Content Validity	Test-retest Reliability	Minimal detectable change (95%)	Responsiveness
FAAM	ADL (r=0.84,0.84) Sports (r=0.78,0.80)	1-factor structure (α=0.96) Internal consistency (α=0.98)	ADL=0.89 Sports=0.87	ADL=6 Sports=12	MCID ADL= 8 points Sports=9 points

*The first value is in regards to the correlation with the physical function subscale. The second value is in regards to the physical component summary score.

Administration: The FAAM is a 29-item questionnaire. The FAAM consists of 2 subscales: Activities of Daily Living and Sports. The tool uses a Likert response format in which a higher value represents a higher level of function. Each section is graded separately. The ADL subscale consists of 21 questions. Each question is scaled from 0 points(unable to do) to 4 points (no difficulty). Responses of "N/A" are not counted. All the questions points are added together to form a total item score. The total number of questions answered are then multiplied by 4 in order identify the total maximum points possible. For example, if the person answered all 21 questions there would be a maximum of 84 points. A simple percentage is then created by dividing the total item score by the total maximum points and then multiplying by 100. The same process is

repeated for the Sports subscale which consists of 8 questions. The higher the percentage the higher level of physical function.

Advantages: Firstly, the FAAM is not pathology specific. It can be used for everyone with a lower extremity disorder (leg, ankle, foot). In addition, it has two subscales that identify important aspects to daily living or performance in athletic events. The items are directly related to physical performance. Finally, the FAAM is relatively quick to complete. It requires the person to check a response to 29 questions, and the grading is quick and easy.

Limitations: The FAAM is a generalized test, but it has not been tested in different ethnic groups. Race is a factor that may affect an outcome on the FAAM. For example, it has been reported that African Americans have increased muscle tone. Having increased muscle tone could affect physical function.

Acquisition: The FAAM is available online for no charge. Further directions on how to score it are also located online.
Website: http://www.healthsciences.duq.edu/phyth/FAAM.pdf

References:

1. Martin RL, Irrgang JJ, Burdett RG, Conti SF, Van Swearingen JM. Evidence of validity for the foot and ankle ability measure (FAAM). *Foot Ankle Int.* 2005;26: 968–983.
2. Martin RL, Irrgang JJ. A Survey of self-reported outcome instruments for the foot and ankle. *J Orthop Sports Phys Ther.* 2007; 37(2):72-84.

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