



AMA Guides® Editorial Panel

Public Meeting

Thursday, March 30th, 2023

Please Mute Your Computer to Prevent Background Noise

Participants will be placed in the waiting room until the meeting begins at 9:00am CT

Schedule

- Public Meeting
 - 9:00am – 11:00pm CT
- Executive Session (*Closed to the Public*)
 - 11:00 am – 12:30 pm CT
- Lunch Break
 - 12:30pm – 1:00pm CT
- Executive Session Breakouts (*Closed to the Public*)
 - 1:00pm – 3:00 pm CT

Agenda

- PROMIS Update
- Spine Update
- Upper and Lower Extremity - Update
- Public Meeting Closing



Attendance

Panel Members

Steven Feinberg, MD
David Gloss, MD
Jeff Keller, MD
Rita Livingston, MD, MPH
Doug Martin, MD

Idalia Massa-Carroll, PhD
Kano Mayer, MD
Mark Melhorn, MD
Gayla Poling, PhD
Marilyn Price, MD

Noah Raizman, MD
Michael Saffir, MD
Robert Sataloff, MD

Panel Advisors

Chris Brigham, MD
Barry Gelinias, MD, DC
Abbie Hudgens, MPA

Les Kertay, PhD
Hon. David Langham, JD

Confidentiality/COI Reminders

- Confidentiality
 - It is at the discretion of the AMA, the publisher and convener, which topics, news items, or policy decisions resulting from this or any Editorial Panel meeting will be announced publicly at the appropriate time. Until and unless the AMA makes such a public announcement, all discussion and decisions made during AMA Guides® Editorial Panel Meetings are confidential.
 - Please refrain from tweeting or participating in podcasts, interviews, or news articles about Panel meetings, discussions, or deliberations. Recording devices by Panel members and co-chairs is strictly prohibited. The AMA will record all Panel meetings for reference materials and will be the only recording of Panel meetings allowed.
- Conflict of Interest (COI)
 - You are here because of your interest and/or experience with the AMA Guides®, but your affiliations could pose a potential conflict of interest. Please mention all of your disclosures if they are relevant to the topic being discussed or the opinions you hold and express.
 - While you were nominated by a society, remember that your Editorial Panel duty is to the AMA Guides®. You are not here to represent the interests of any society, profession, or employer.

Professional.

Ethical.

Welcoming.

Safe.

- Updated policy in early 2019.
- This is what we expect of our members and guests at AMA-sponsored events.
- We take harassment and conflicts of interest seriously. Read our policy or file a claim at ama-assn.org/codeofconduct or call **(800) 398-1496**.

Meeting Mechanics

- This meeting is being recorded.
- Webcams are optional but may be used if Panel Members and Advisors wish to do so.
- Panel members and advisors are open-line participants and may speak at any time throughout the duration of the event.
- Please consider muting your phone to prevent background noise and raising your hand to pose a question or comment. Staff may mute you if there is too much background noise.
- Hand raise or chat feature encouraged to indicate desire to speak.
Please unmute yourself prior to speaking.

National Doctors Day – Today, March 30th



<https://amafoundation.org/doctorsday>

Thank you to our wonderful
doctors for all that you do!

PROMIS Discussion Recap (October 2022)

- Incorporate PROMIS physical function and social function scales in Ch 1 and 2 and all chapters, as applicable, as the preferred patient reported outcome measure, but acknowledge the relevancy of alternatives as needed.
- Panel supported the development of an Appendix describing how to utilize the measure that is non-specific to a chapter. Still need to be permissive of other PROMs but require use of an outcome measure.
- Today's update will inform you on the progress made in these areas and provide an opportunity to ask questions.

PROMIS fPROM Proposal

Recommendations for patient-reported outcome measures of function

Stephen Gillaspay, PhD

Kathryn Mueller, MD, MPH,
FACOEM

Robert Glueckauf, PhD

Daniel Bruns, PsyD, FAPA

Overview of Presentation

- **Our Proposal Consists of 3 Parts**
 - Edits to AMA Guides Chapter 1
 - Appendix C-1: Review of our scientific method
 - Appendix C-2: Method of performing functional assessment
- **Should the functional assessment method go in Chapter 1 or in an Appendix?**

3 or 5 Functional Classes?

- **The Guides is Moving from 5 to 3 “Functional Classes” ?**
 - What will the definitions be?
 - In the interim some chapters may refer to 3, while others 5 functional classes.
- **We developed methods for both contingencies**

TABLE 1-4

Sample Impairment Functional Classification

| Functional Impairment Class | |
|-----------------------------|--|
| Functional Class | Impairment |
| 0 | No symptoms with strenuous activity (independent) |
| 1 | Symptoms with strenuous activity; no symptoms with normal activity (independent) |
| 2 | Symptoms with normal activity (independent) |
| 3 | Symptoms with minimal activity (partially dependent) |
| 4 | Symptoms at rest (totally dependent) |

We Are Recommending Two Measures

- **Patient Reported Outcome Information System**
 - “PROMIS”
- **PROMIS Physical Functioning v2 10b**
 - Hereafter: “Physical Functioning”
 - Functional capacity based on patient report
- **PROMIS Ability to Participate in Social Roles and Activities v2 8a**
 - Hereafter: “Social Functioning”
 - How are you functioning in the world?
 - (With family, friends, community, recreation, work at home / job)

Exceptions to utilizing PROMIS measures are as follows:

1. If the patient is illiterate, or the PROMIS measure is not available in the patient's language
2. If the patient responded to too few items for one or both scales to be scored
3. If statutes or regulations in a jurisdiction preclude the use of one or both fPROM assessments
4. If indicated, functional assessment can be performed with only one of these measures.
5. If a Guides chapter recommends a different measure of functioning, that measure can be used.
6. If research has identified a better functional measure for a condition, that can be used.
7. In the absence of the above exclusionary circumstances, the PROMIS measures are the default method for functional assessment. If the PROMIS measures are not used, the rationale should be stated.

Obtaining the PROMIS Measures

- **Available for many through EPIC and other platforms**
 - Static and CAT Measures available through these systems
 - PROMIS “Computerized adaptive tests” equivalent to “Static”
- **Static measures (paper and pencil)**
 - Click on link in the proposal to download PROMIS Measures
 - Licensing agreement (layperson’s view of basics)
 - A license to use PROMIS measures for free for AMA Guides or other uses
 - These are standardized measures, you cannot modify them
 - You cannot resell or distribute them
 - You can of course charge for time interpreting them
 - You only need to download once

Languages

- **Links in the Guides will eventually allow you to access English and Spanish versions of the PROMIS measures**
 - Both normed on subjects in the US
 - Current link is English only
- **PROMIS Versions in other languages**
 - Physical Function available in 60 + languages
 - Social Function available in 50 + languages
 - Official translation protocol used
 - Research base is variable across these versions
 - Separate licensing for other language versions
- **For more info: help@healthmeasures.net**

AMA Guides Can Now Link to The PROMIS Website



HealthMeasures
TRANSFORMING HOW HEALTH IS MEASURED

SEARCH &
VIEW MEASURES

EXPLORE
MEASUREMENT SYSTEMS

IMPLEMENT
HEALTHMEASURES

SCORE &
INTERPRET

RESOURCE
CENTER



You are here: [Home](#)

PROMIS Short Form v2.0 - Physical Function 10b

[<< Back to search](#)

View Measure [PROMIS Short Form v2.0 - Physical Function 10b 12Jun2018](#)

Scoring Options [HealthMeasures Scoring Service](#)
[Integrated in Data Collection Tool](#)
[PROMIS Physical Function Scoring Manual_26May2022](#)

Data Collection Tools [Assessment Center API \(includes REDCap\)](#)
[Paper](#)

Translations [View Available Translations](#) for this and other PROMIS measures.

Differences Between Measures [Read more about the differences between Measurement Systems, types of measures, and version changes \(e.g., v1.0, v2.0\) for PROMIS and Neuro-QoL](#)

[↗ SHARE THIS MEASURE](#)

Patient Instructions For PROMIS Measures

- Differing instructions can alter how a patient responds to a questionnaire
- Please ask the patient orally or in writing:
 - As part of this evaluation, we want to understand your perception of how well you are doing. We would like you to fill out two brief questionnaires that list a number of daily activities. Please tell us if they are easy or difficult for you to perform. There are no right or wrong answers. Note that in order to score these measures it is important for you to respond to each item.

Patient Instructions For Functional Impact Statement

- Please ask the patient orally or in writing:
 - As part of this evaluation, we would also like for you to briefly describe in your own words how your medical condition has affected your life. Without going into a lot of detail, how would you say that your medical condition has affected your ability to complete your daily activities?

PROMIS Physical Function

| | | | | | |
|---------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| PFA11 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PFA58 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PFA21 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PFA53 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PFA9 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PFB28r1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PFA1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PFA6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PFB3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PFB44 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 1728 items gathered from 165 measures of physical function
- Expert and patient review of item wording suggested modified and reduced items
- 149 items administered to 21,133 diverse subjects and used for empirical item analysis
- 10 remaining items
- Establishment of scale validity, reliability, norms, fairness
- Equivalent paper-pencil and computerized adaptive forms

PROMIS Social Function

| | | | | | |
|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| SRPPER11_ CaPS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SRPPER18_ CaPS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SRPPER23_ CaPS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SRPPER46_ CaPS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SRPPER15_ CaPS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SRPPER28r1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SRPPER14r1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SRPPER26_ CaPS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 1781 items gathered from an unreported number of measures
- Expert and patient review of item wording suggested modified and reduced items
- 56 items administered to 2852 diverse subjects and used for empirical item analysis
- 8 remaining items
- Establishment of scale validity, reliability, norms, fairness
- Equivalent paper-pencil and computerized adaptive tests

Simplest Scoring and Interpretation Method

Raw Score Method

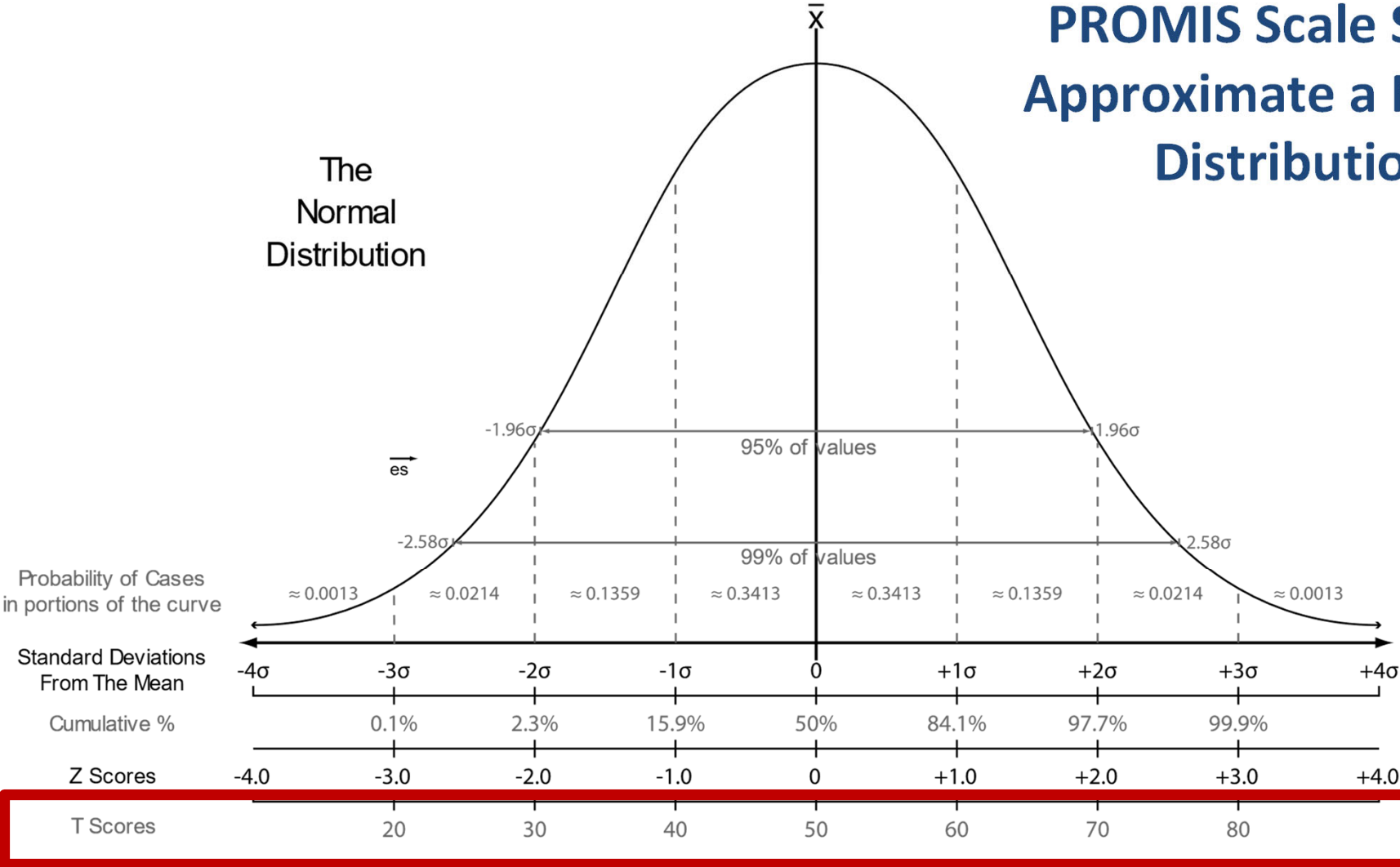
- **Physical Function Raw Score Cutoff: < 38**
 - Raw score below 38 is one standard deviation below the mean
 - This indicates reports of difficulties with physical function
- **Social Function Raw Score Cutoff: < 20**
 - Raw score below 20 is one standard deviation below the mean
 - This indicates reports of difficulties with social function
- **The Recommended Method is using T Scores**

Remember: T-Scores are Not Percent Scores

- **Oswestry, DASH etc use 0-100 percent scores**
 - Look like T scores but are not
- **T-Scores are standardized scores that have statistical meaning**

PROMIS Scale Scores Approximate a Normal Distribution

The
Normal
Distribution



PROMIS Physical Function T-Score Conversion Table

| PROMIS Short Form v2.0 - Physical Function 10b | | |
|---|---------|-----|
| Short Form Scoring Table | | |
| Raw Summed Score | T-score | SE* |
| 10 | 13.8 | 3.9 |
| 11 | 17.2 | 3.1 |
| 12 | 19.3 | 2.8 |
| 13 | 21.0 | 2.6 |
| 14 | 22.4 | 2.4 |
| 15 | 23.6 | 2.3 |
| 16 | 24.7 | 2.2 |
| 17 | 25.7 | 2.1 |
| 18 | 26.6 | 2.0 |
| 19 | 27.4 | 2.0 |
| 20 | 28.2 | 1.9 |
| 21 | 28.9 | 1.9 |
| 22 | 29.6 | 1.9 |
| 23 | 30.3 | 1.8 |
| 24 | 31.0 | 1.8 |
| 25 | 31.7 | 1.8 |
| 26 | 32.3 | 1.8 |
| 27 | 32.9 | 1.8 |
| 28 | 33.5 | 1.8 |
| 29 | 34.2 | 1.8 |

| | | |
|----|------|-----|
| 30 | 34.8 | 1.8 |
| 31 | 35.4 | 1.8 |
| 32 | 36.0 | 1.8 |
| 33 | 36.7 | 1.8 |
| 34 | 37.3 | 1.8 |
| 35 | 37.9 | 1.8 |
| 36 | 38.6 | 1.8 |
| 37 | 39.3 | 1.8 |
| 38 | 40.0 | 1.8 |
| 39 | 40.7 | 1.9 |
| 40 | 41.5 | 1.9 |
| 41 | 42.3 | 2.0 |
| 42 | 43.2 | 2.0 |
| 43 | 44.2 | 2.1 |
| 44 | 45.2 | 2.2 |
| 45 | 46.5 | 2.4 |
| 46 | 48.1 | 2.8 |
| 47 | 50.0 | 3.2 |
| 48 | 52.5 | 3.7 |
| 49 | 55.0 | 4.0 |
| 50 | 61.3 | 6.1 |

*SE = Standard Error on T-score metric

Raw Score = sum of item responses

T-Score is a standardized score where the mean = 50 and the standard deviation = 10

T-score = 50: The mean of population the test is normed on.

Norm Group: As ICF recommends, all PROMIS measures are normed on the “community” or general population

“SE” = standard error: There is a 95% chance the “True Score” is the score you obtained \pm SE

PROMIS Social Function T-Score Conversion Table

PROMIS Short Form v2.0 - Ability to Participate in Social Roles & Activities

Short Form Scoring Table

| Raw Summed Score | T-score | SE* |
|------------------|---------|-----|
| 8 | 25.9 | 3.9 |
| 9 | 29.7 | 2.3 |
| 10 | 31.3 | 1.9 |
| 11 | 32.6 | 1.7 |
| 12 | 33.6 | 1.6 |
| 13 | 34.5 | 1.6 |
| 14 | 35.3 | 1.5 |
| 15 | 36.2 | 1.5 |
| 16 | 36.9 | 1.5 |
| 17 | 37.7 | 1.5 |
| 18 | 38.5 | 1.5 |
| 19 | 39.3 | 1.6 |
| 20 | 40.2 | 1.6 |
| 21 | 41.1 | 1.6 |
| 22 | 42.0 | 1.7 |
| 23 | 43.0 | 1.7 |
| 24 | 44.0 | 1.7 |
| 25 | 45.0 | 1.7 |

| | | |
|----|------|-----|
| 26 | 46.0 | 1.6 |
| 27 | 47.0 | 1.6 |
| 28 | 48.0 | 1.6 |
| 29 | 48.9 | 1.6 |
| 30 | 49.9 | 1.6 |
| 31 | 50.8 | 1.6 |
| 32 | 51.7 | 1.6 |
| 33 | 52.7 | 1.6 |
| 34 | 53.6 | 1.6 |
| 35 | 54.6 | 1.6 |
| 36 | 55.7 | 1.6 |
| 37 | 56.8 | 1.7 |
| 38 | 58.2 | 2.0 |
| 39 | 60.2 | 2.5 |
| 40 | 65.4 | 4.9 |

*SE = Standard Error on T-score metric

Raw Score = sum of item responses

T-Score is a standardized score where the mean = 50 and the standard deviation = 10

T-score = 50: The mean of population the test is normed on.

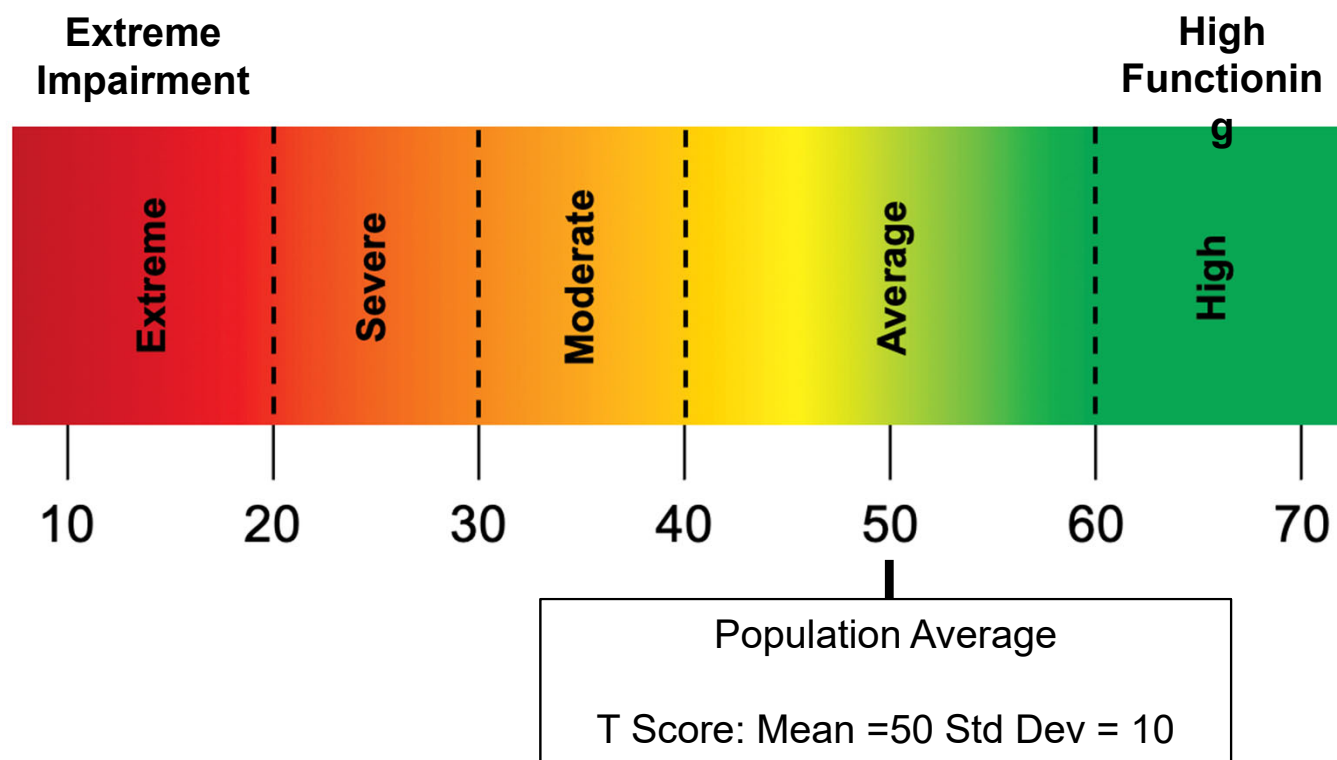
Norm Group: As ICF recommends, all PROMIS measures are normed on the "community" or general population

"SE" = standard error: There is a 95% chance the "True Score" is the score you obtained \pm SE

Interpreting PROMIS Scores

PROMIS Physical and Social Function

Higher Scores = Better Functioning!



Grade Modifier Table: 3 Level

Table 4: Interpreting PROMIS Measures of Function: Three Category Ratings

| | | | | | | |
|--|--|--|--|-------------------------|---|---|
| PROMIS Scale T Score Range | T ≤ 29 (> 2 SD* below mean) | T=30 to T=39 (1 to 2 SD* below mean) | T Range of T ≥ 40 | | | |
| 3 Category Functional Impairment Class | Severe Reports Functional Class = 2 | Moderate Reports Functional Class = 1 | Average Functional Class = 0 | | | |
| Equivalent Percentile | 2 nd percentile or less compared to community | 3 rd to 15 th percentile compared to community | 16 th – 99 th percentile (Seen in 84 out of 100 in community) | | | |
| Grade Modifier & Interpretation | 1: Severe medical condition? | 1: More common score for patients than community members | 0: Average to above average range | | | |
| Scale | Raw Score | T-score | Percentile | Functional Class | Assign Grade Modifier If Plausible and Related | Impairment Related to Medical Dx? Plausible functional impairment given findings from exam & tests? Comments? |
| Physical Functioning | | | | | | Yes No |
| Social Functioning | | | | | | Yes No |
| Final Grade Modifier (Highest Valid Modifier Above) | | | | | | |

Case # 1: Herniated Disc Without Surgery

A 55-year-old female office worker suffered a herniated disc at L5-S1. After eight weeks of physical therapy, she no longer had back pain but continued to have decreased sensation in the left lateral foot which increased with sitting for 2 hours or more. She now uses a standing computer set-up at work for most of the day. On her initial exam, she had a positive straight leg raising test and MRI demonstrated a herniated disc at L5-S1. Her current exam demonstrates a slightly decreased left ankle reflex with 5/5 bilateral ankle flexion strength. She also states that the decreased sensation in the foot has slightly affected her balance when doing ballroom dancing, which is one of her hobbies.

On Table 17-4 Motion Segment Lesions, she is a grade 2. Her clinical findings and exam are also in a grade 2. Her results from the PROMIS measures were a T score of 55 for Physical Functioning, and 48 for social Functioning, both of which are within 1 standard deviation of the mean. Therefore, the function would not increase her rating and she has a 12% rating.

Case #2: Herniated Disc With Surgery

A 60-year-old construction worker who suffered a herniated disc at L5-S1 while assisting with a heavy beam replacement. MRI and EMG findings confirmed a herniated disc with nerve impingement. Post operatively he continues to have back pain depending on his activity level and is restricted to lifting no more than 40 pounds occasionally. He has decreased sensation in the left lateral foot; a decreased left ankle reflex when compared to the right side; and ankle flexion strength of 3/5 on the left. He notes that he has increased back pain, and at times leg discomfort, if he is involved in heavier or frequent lifting activities. He takes anti-inflammatory pain medication at times when he is having an exacerbation and notes some difficulty with activities and sleep at those times.

His physical exam and clinical findings are consistent with his class 2 rating. The Social Function T score is 52, which is average. The Physical Function T score is 34, more than one standard deviation below the mean, and consistent with his history and physical exam. Therefore, his impairment rating would be increased to 13%.

Table 3: T-Scores, Percentile Ranks and Functional Categories

| T Score | Percentile | Statistical Meaning vs General Population | Functional Category |
|---------|------------|--|---|
| 12 | 0.009 | 3 to 4 SD Below Mean 0.1% of <u>Gen'l Pop</u> (vs Institutionalized) T19 = 1 in 1000 T13 = 1 in 10,000 | BRIGHT RED: T13-T19 Functional Category 4 Reports of <u>Extreme</u> Impairment Consistent with Medical Findings? |
| 13 | 0.01 | | |
| 14 | 0.02 | | |
| 15 | 0.03 | | |
| 16 | 0.03 | | |
| 17 | 0.05 | | |
| 18 | 0.07 | | |
| 19 | 0.1 | 2 to 3 Standard Deviations Below General Population Mean 2% of Population in This Range | RED: T20-T29 Functional Category 3 Reports of <u>Severe</u> Impairment Consistent with Medical Findings? |
| 20 | 0.1 | | |
| 21 | 0.2 | | |
| 22 | 0.3 | | |
| 23 | 0.4 | | |
| 24 | 0.5 | | |
| 25 | 0.6 | | |
| 26 | 0.8 | | |
| 27 | 1 | | |
| 28 | 1 | | |
| 29 | 2 | | |
| 30 | 2 | 1 to 2 Standard Deviations Below General Population Mean 14% of Population in This Range | YELLOW: T30-T39 Functional Category 2 Reports of <u>Moderate</u> Impairment Common Level <u>For</u> Patients Consistent with Medical Findings? |
| 31 | 3 | | |
| 32 | 4 | | |
| 33 | 5 | | |
| 34 | 5 | | |
| 35 | 7 | | |
| 36 | 8 | | |
| 37 | 10 | | |
| 38 | 12 | | |
| 39 | 14 | | |

Convert T Score to Percentile Rank
(Epic does this automatically)

| | | | |
|----|----|---|--|
| 40 | 16 | General Population Mean ± 1 Standard Deviation (50 ± 10) 68% of Population in This Range | GREEN: T40-T59 Functional Category 1 Reports of <u>Average</u> Functioning No Impairment |
| 41 | 19 | | |
| 42 | 21 | | |
| 43 | 24 | | |
| 44 | 27 | | |
| 45 | 30 | | |
| 46 | 33 | | |
| 47 | 37 | | |
| 48 | 41 | | |
| 49 | 45 | | |
| 50 | 50 | | |
| 51 | 55 | | |
| 52 | 58 | | |
| 53 | 61 | | |
| 54 | 66 | | |
| 55 | 70 | | |
| 56 | 73 | | |
| 57 | 77 | | |
| 58 | 79 | | |
| 59 | 82 | | |
| 60 | 84 | | |
| 61 | 87 | | |
| 62 | 88 | | |
| 63 | 91 | | |
| 64 | 92 | | |
| 65 | 94 | | |

Grade Modifier Table: 5 Level

Table 5: Interpreting PROMIS Measures: Five Functional Classes

| PROMIS Scale T Score Range | T < 20 > 3 SD* below mean | T=20 to T=29 2 to 3 SD* below mean | T=30 to T=39 1 to 2 SD* below mean | T=40 to T=59 Mean ± 1 SD | T ≥ 60 > 1 SD above mean | |
|--|--|---|--|--|--|--|
| 5 Functional Class Levels | 4 Extreme Complaints | 3 Severe Complaints | 2 Moderate Complaints | 1 Average | 0 High Functioning | |
| Equivalent Percentile | Below 0.1 st Percentile (Less than 1 of 1000 in general population) | 2 nd percentile or less compared to general population | 3 rd to 15 th percentile compared to those in general population | 16 th to 84 th percentile compared to general population | 84 th to 99 th percentile (Seen in 16 of 100 in general population) | |
| Grade Modifier: Interpretation | 1: Extreme Medical Condition? | 1: Severe Medical Condition? | 1: Common Score for Patients | 0: Average Range for General Population | 0: Above Average Range | |
| Scale | Raw Score | T-score | Percentile | Functional Class | Assign Grade Modifier If Plausible and Related | Impairment Related to Medical Dx? Plausible functional impairment given findings from exam & tests? Comments? |
| Physical Functioning | | | | | | Yes No |
| Social Functioning | | | | | | Yes No |
| Final Grade Modifier (Highest Valid Modifier Above) | | | | | | |

Case Vignettes

Accepting or Dismissing Functional
Assessment Results

45-year-old right-handed male carpenter, status post successful right carpal tunnel release

Table 4: Interpreting PROMIS Measures of Function: Three Category Ratings

| PROMIS Scale T Score Range | T ≤ 29 (> 2 SD* below mean) | T=30 to T=39 (1 to 2 SD* below mean) | T Range of T ≥ 40 |
|---|---|---|--|
| 3 Category Functional Impairment Class | 2 Severe Reports Functional Class = 2 | 1 Moderate Reports Functional Class = 1 | 0 Average Functional Class = 0 |
| Equivalent Percentile | 2 nd percentile or less compared to community | 3 rd to 15 th percentile compared to community | 16 th – 99 th percentile (Seen in 84 out of 100 in community) |
| Grade Modifier & Interpretation | 1 Severe Medical Condition? | 1 Range of scores commonly seen in medical patients | 0 Average to above average range |

| Scale | Raw Score | T-score | Percentile | Functional Class | Assign Grade Modifier If Plausible and Related | Impairment Related to Medical Dx? Plausible functional impairment given findings from exam & tests? Comments? |
|---|-----------|---------|-----------------|------------------|--|--|
| Physical Functioning | 24 | 31 | 3 rd | 1 | ? | Yes No |
| Social Functioning | 14 | 35 | 7 th | 1 | ? | Yes No |
| Final Grade Modifier (0 or Highest Valid Modifier Above) | | | | | | |

45-year-old right-handed male carpenter, status post right carpal tunnel release

- Medical exam: Full recovery after CT surgery.
- Functional Impact statement
 - “My hand is pretty good. But I had COVID last month and I am still so exhausted that I can barely move.”
- Impairment unrelated to injury

45-year-old right-handed male carpenter, status post right carpal tunnel release

Table 4: Interpreting PROMIS Measures of Function: Three Category Ratings

| PROMIS Scale T Score Range | T ≤ 29 (> 2 SD* below mean) | T=30 to T=39 (1 to 2 SD* below mean) | T Range of T ≥ 40 |
|---|---|---|--|
| 3 Category Functional Impairment Class | 2 Severe Reports Functional Class = 2 | 1 Moderate Reports Functional Class = 1 | 0 Average Functional Class = 0 |
| Equivalent Percentile | 2 nd percentile or less compared to community | 3 rd to 15 th percentile compared to community | 16 th – 99 th percentile (Seen in 84 out of 100 in community) |
| Grade Modifier & Interpretation | 1 Severe Medical Condition? | 1 Range of scores commonly seen in medical patients | 0 Average to above average range |

| Scale | Raw Score | T-score | Percentile | Functional Class | Assign Grade Modifier If Plausible and Related | Impairment Related to Medical Dx? Plausible functional impairment given findings from exam & tests? Comments? |
|---|-----------|---------|-----------------|------------------|--|--|
| Physical Functioning | 24 | 31 | 3 rd | 1 | 0 | Yes <input checked="" type="radio"/> No <input type="radio"/> <i>Valid, not <u>related</u></i> |
| Social Functioning | 14 | 35 | 7 th | 1 | 0 | Yes <input checked="" type="radio"/> No <input type="radio"/> <i>Valid, not <u>related</u></i> |
| Final Grade Modifier (0 or Highest Valid Modifier Above) | | | | | 0 | |

36-year-old female, status post ankle fusion

Table 4: Interpreting PROMIS Measures of Function: Three Category Ratings

| PROMIS Scale T Score Range | T ≤ 29 (> 2 SD* below mean) | T=30 to T=39 (1 to 2 SD* below mean) | T Range of T ≥ 40 |
|---|--|--|---|
| 3 Category Functional Impairment Class | 2 Severe Reports Functional Class = 2 | 1 Moderate Reports Functional Class = 1 | 0 Average Functional Class = 0 |
| Equivalent Percentile | 2 nd percentile or less compared to community | 3 rd to 15 th percentile compared to community | 16 th – 99 th percentile (Seen in 84 out of 100 in community) |
| Grade Modifier & Interpretation | 1: Severe Medical Condition? | 1: More common score for patients than community members | 0: Average to above average range |

| Scale | Raw Score | T-score | Percentile | Functional Class | Assign Grade Modifier If Plausible and Related | Impairment Related to Medical Dx? Plausible functional impairment given findings from exam & tests? Comments? |
|---|-----------|---------|------------------|------------------|--|--|
| Physical Functioning | 34 | 37 | 10 th | 1 | 1? | Yes No |
| Social Functioning | 38 | 58 | 79 th | 0 | 0? | Yes No |
| Final Grade Modifier (0 or Highest Valid Modifier Above) | | | | | ? | |

36-year old female, status post ankle fusion

- Medical exam: Loss of range of motion in ankle due to fusion
- Functional impact statement:
 - “My problems with walking have made so many things in my life more difficult. I am so lucky to have supportive family and friends.”

36-year old female, status post ankle fusion

Table 4: Interpreting PROMIS Measures of Function: Three Category Ratings

| PROMIS Scale T Score Range | T ≤ 29 (> 2 SD* below mean) | T=30 to T=39 (1 to 2 SD* below mean) | T Range of T ≥ 40 |
|---|---|---|--|
| 3 Category Functional Impairment Class | 2 Severe Reports Functional Class = 2 | 1 Moderate Reports Functional Class = 1 | 0 Average Functional Class = 0 |
| Equivalent Percentile | 2 nd percentile or less compared to community | 3 rd to 15 th percentile compared to community | 16 th – 99 th percentile (Seen in 84 out of 100 in community) |
| Grade Modifier & Interpretation | 1 Severe Medical Condition? | 1 Range of scores commonly seen in medical patients | 0 Average to above average range |

| Scale | Raw Score | T-score | Percentile | Functional Class | Assign Grade Modifier If Plausible and Related | Impairment Related to Medical Dx? Plausible functional impairment given findings from exam & tests? Comments? |
|---|-----------|---------|------------------|------------------|--|---|
| Physical Functioning | 34 | 37 | 10 th | 1 | 1 | Yes <input checked="" type="radio"/> No <input type="radio"/> <i>Valid and related</i> |
| Social Functioning | 38 | 58 | 79 th | 0 | 0 | Yes <input type="radio"/> No <input checked="" type="radio"/> <i>No impairment</i> |
| Final Grade Modifier (0 or Highest Valid Modifier Above) | | | | | 1 | |

Extreme Wrist Pain Following Sprain? CRPS?

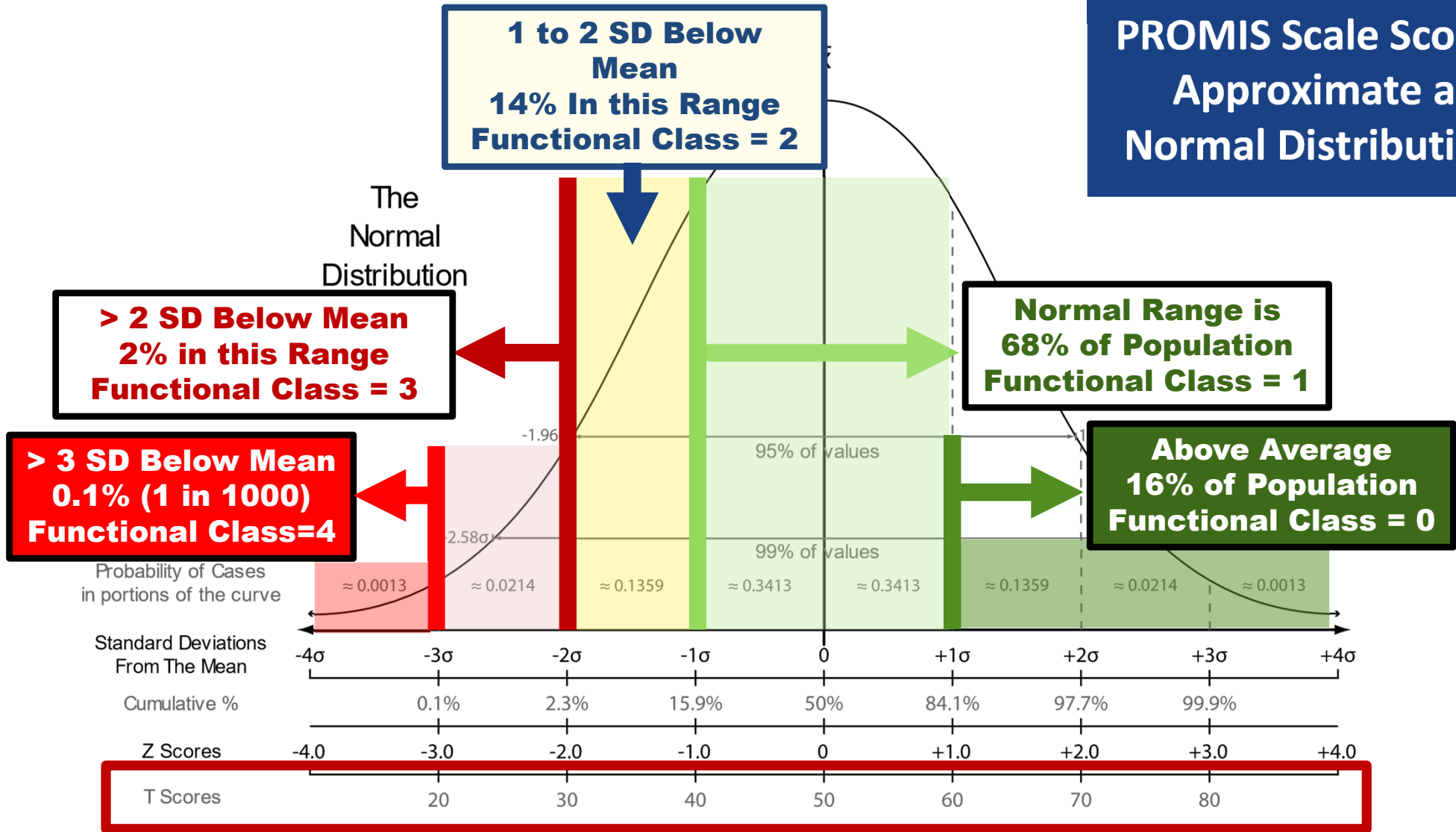
Table 4: Interpreting PROMIS Measures of Function: Three Category Ratings

| PROMIS Scale T Score Range | T ≤ 29 (> 2 SD* below mean) | T=30 to T=39 (1 to 2 SD* below mean) | T Range of T ≥ 40 |
|--|---|---|--|
| 3 Level Functional Impairment Class | Severe Reports Functional Class = 2 | Moderate Reports Functional Class = 1 | Average Functional Class = 0 |
| Equivalent Percentile | 2 nd percentile or less compared to community | 3 rd to 15 th percentile compared to community | 16 th – 99 th percentile (Seen in 84 out of 100 in community) |
| Grade Modifier & Interpretation | 1: Severe Medical Condition? | 1: More common score for patients than community members | 0: Average to above average range |

| Scale | Raw Score | T-score | Percentile | Functional Class | Assign Grade Modifier If Plausible and Related | Impairment Related to Medical Dx? Plausible functional impairment given findings from exam & tests? Comments? |
|---|-----------|---------|-----------------|------------------|--|--|
| Physical Functioning | 10 | 14 | 0.01 | 2 | 0 | Yes <input type="radio"/> No <input checked="" type="radio"/> <i>Implausible/ Not valid</i> |
| Social Functioning | 12 | 34 | 5 th | 1 | 0 | Yes <input type="radio"/> No <input checked="" type="radio"/> <i>Implausible</i> |
| Final Grade Modifier (0 or Highest Valid Modifier Above) | | | | | 0 | |

Questions?

**PROMIS Scale Scores
Approximate a
Normal Distribution**



Spine Discussion



Spine Update



Copyeditor resolved issues in the manuscript as presented by Dr. Mayer as NASS's response to public comments.



AMA has provided interested parties who submitted a public comment to a copy of the updated manuscript.



While there is no official public comment period, today's meeting provides an opportunity for interested parties and the public to address the panel with any comments with regards to the updated manuscript.

Upper and Lower Extremity Update



Final Questions



Public Meeting Closing

- Thank you to today's participants. This now concludes the public meeting.
- Summary of Panel Actions will be posted on the AMA Guides website.
- Next **Public** meeting will be a virtual meeting on Thursday, May 11th at 6pm CT.
- Next **Panel** subcommittee/executive session schedule for Thursday, April 27th at 6pm CT.
- Public meeting is adjourned. **Panel members and advisors, please standby for closed session before lunch.**