

## Scoring the Disability of the Arm, Shoulder, and Hand (DASH) Questionnaire:

The DASH is a self-report questionnaire designed to measure physical function, symptoms, and social role function in people with upper extremity musculoskeletal disorders.<sup>1</sup> The questionnaire allows clinicians to have a single, reliable instrument to assess any or all joints in the upper extremity. The DASH measures physical disability and symptoms in various upper extremity disorders. It addresses a broad spectrum of upper extremity functional abilities and demands, including work, leisure and self-care activities.<sup>1</sup>

### Scoring

Patients are asked to answer all sections and respond based on their ability to perform activities over the past week; only one answer per question.

At least 27 of the 30 items **must** be completed for scoring.

The assigned values are summed and divided by the number of questions answered. This value is transformed to a score out of 100 by subtracting 1 and multiplying by 25.

$$\text{DASH} = \left\{ \frac{(\text{sum of } n \text{ responses})}{n} - 1 \right\} \times 25 \quad n = \text{total number of questions answered}$$

Minimum detectable change (MDC): 12.7 points; current literature holds 12.7 points to be the minimal change in score to be statistically significant at the 95% confidence interval.<sup>2</sup>

Minimum clinically important difference (MCID): 15 points; this represents the change in score needed to be considered clinically significant.<sup>2</sup>

<sup>1</sup>Solway S, Beaton DE, McConnell S, Bombardier C. The DASH Outcome Measure User's Manual, Second Ed. Toronto, Ontario: Institute for Work and Health, 2002.

<sup>2</sup>Beaton DE, Davis AM, Hudak P, McConnell S. The DASH (Disabilities of the Arm, Shoulder, and Hand) outcome measure: What do we know about it now? British Journal of Hand Therapy 2001; 6(4):109-118.

Please visit the DASH website at [www.dash.iwh.on.ca](http://www.dash.iwh.on.ca) for further references.

### Patient Summary Form

PHS-100 (REV 01/20/2008)

**Instructions:** Please complete this form within the specified timeframe and file to the specified fax number as indicated on Plan Summary or plan information previously provided. \*Fax number may vary by plan.

**Patient Information:** Last, First, MI, Patient date of birth, Sex (Male/Female), Patient address, City, State, Zip code, Patient insurance ID#, Health plan, Group number, Referring physician (if applicable), Date referral issued (if applicable), Referral number (if applicable).

**Provider Information:** Name of the billing provider or facility (as it will appear on the claim form), Federal tax ID (FTE) or entity in box #1, Name and credentials of the individual performing the services, Alternate name (if any) of entity in box #1, NPI of entity in box #1, Phone number.

**Address of the billing provider or facility indicated in box #1:** 7. Address, 8. City, 9. State, 10. Zip code.

**Provider Completes This Section:** Date you want THIS submission to begin, Cause of Current Episode (Traumatic, Post-surgical, Unspecified, Work related, Repetitive, Motor vehicle), Type of Surgery (ACL Reconstruction, Rotator Cuff/Labral Repair, Tendon Repair, Spinal Fusion, Joint Replacement, Other), Diagnosis (ICD code), Current Functional Measure Score (Neck index, DASH, Back index, LEFG, other).

**Patient Type:** New to your office, Est'd, new injury, Est'd, new episode, Est'd, continuing care.

**Nature of Condition:** Initial onset (within last 3 months), Recurrent (multiple episodes of <math>\leq 3</math> months), Chronic (continuous duration > 3 months).

**DC ONLY:** Anticipated CMT Level (98940, 98942, 98941, 98943).

**Patient Completes This Section:** Symptoms began on, Indicate where you have pain or other symptoms, Briefly describe your symptoms, How did your symptoms start?, Average pain intensity (Last 24 hours, Past week), How often do you experience your symptoms?, How much have your symptoms interfered with your usual daily activities?, How is your condition changing, since care began at this facility?

OptumHealth recommends completion of outcome measures at the time of the initial submission (**baseline**), request for additional services (**response to treatment**), and patient discharge (**effectiveness of intervention**).

Document the score on the Patient Summary Form.

**Disabilities of the Arm, Shoulder and Hand**

Please rate your ability to do the following activities in the last week by circling the number below the appropriate response.

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
1. Open a tight or new jar.	1	2	3	4	5
2. Write.	1	2	3	4	5
3. Turn a key.	1	2	3	4	5
4. Prepare a meal.	1	2	3	4	5
5. Push open a heavy door.	1	2	3	4	5
6. Place an object on a shelf above your head.	1	2	3	4	5
7. Do heavy household chores (e.g., wash walls, wash floors).	1	2	3	4	5
8. Garden or do yard work.	1	2	3	4	5
9. Make a bed.	1	2	3	4	5
10. Carry a shopping bag or briefcase.	1	2	3	4	5
11. Carry a heavy object (over 10 lbs).	1	2	3	4	5
12. Change a lightbulb overhead.	1	2	3	4	5
13. Wash or blow dry your hair.	1	2	3	4	5
14. Wash your back.	1	2	3	4	5
15. Put on a pullover sweater.	1	2	3	4	5
16. Use a knife to cut food.	1	2	3	4	5
17. Recreational activities which require little effort (e.g., cardplaying, knitting, etc.).	1	2	3	4	5
18. Recreational activities in which you take some force or impact through your arm, shoulder or hand (e.g., golf, hammering, tennis, etc.).	1	2	3	4	5
19. Recreational activities in which you move your arm freely (e.g., playing frisbee, badminton, etc.).	1	2	3	4	5
20. Manage transportation needs (getting from one place to another).	1	2	3	4	5
21. Sexual activities.	1	2	3	4	5

**Disabilities of the Arm, Shoulder and Hand**

22. During the past week, to what extent has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbours or groups? (circle number)

	NOT AT ALL	SLIGHTLY	MODERATELY	QUITE A BIT
22. During the past week, to what extent has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbours or groups? (circle number)	1	2	3	4

23. During the past week, were you limited in your work or other regular daily activities as a result of your arm, shoulder or hand problem? (circle number)

	NOT LIMITED AT ALL	SLIGHTLY LIMITED	MODERATELY LIMITED	VERY LIMITED
23. During the past week, were you limited in your work or other regular daily activities as a result of your arm, shoulder or hand problem? (circle number)	1	2	3	4

Please rate the severity of the following symptoms in the last week. (circle number)

	NONE	MILD	MODERATE	SEVERE
24. Arm, shoulder or hand pain.	1	2	3	4
25. Arm, shoulder or hand pain when you performed any specific activity.	1	2	3	4
26. Tingling (pins and needles) in your arm, shoulder or hand.	1	2	3	4
27. Weakness in your arm, shoulder or hand.	1	2	3	4
28. Stiffness in your arm, shoulder or hand.	1	2	3	4

29. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand? (circle number)

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY
29. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand? (circle number)	1	2	3	4

30. I feel less capable, less confident or less useful because of my arm, shoulder or hand problem. (circle number)

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
30. I feel less capable, less confident or less useful because of my arm, shoulder or hand problem. (circle number)	1	2	3	4	5

DASH DISABILITY/SYMPOM SCORE =  $05.83$  ( (sum of n responses / n) - 1 ) x 25, where n is the number of completed responses.)

A DASH score may not be calculated if there are greater than 3 missing items.

$$DASH = \left\{ \frac{\text{sum of } n \text{ responses}}{n} - 1 \right\} \times 25$$

$$DASH = \left\{ \left( \frac{73}{30} \right) - 1 \right\} \times 25 = 35.83\%$$