

Disability of the Arm, Shoulder, and Hand (DASH)

“The DASH is a 30-item self-report questionnaire designed to measure physical function items, six symptom items, and three social/role function items.”¹ “The DASH is designed to measure physical disability and symptoms in a heterogeneous population that includes both males and females; people who place low, moderate, or high demands on their upper limbs during their daily lives (work, leisure, self-care); and people with a variety of upper-limb disorders.”¹

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.²

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

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

²Beaton 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 for further references.

ACN Group requests an outcome measure be completed on the initial submission (**baseline**), requests for additional services (**response to treatment**), and at patient discharge (**effectiveness of intervention**).

PT Notification Form

ACN Group, Inc - Form NF-302

Female Male Patient's Date of Birth: [] [] [] [] [] []

Instructions: Complete this form and mail or fax it to ACN Group, Inc. within 3 days of the initial date of service.

Patient's Name (Last, First, MI): _____

Patient's Address: _____ City: _____

Patient's Insurance ID#: _____ Health Plan: _____

Referral Info If Required: Yes No

Referring Provider: _____ Date Referral Issued: _____

When you want this session to begin: [] [] [] [] [] []

Nature of Condition

1 Initial onset (within last 3 months)
 2 Recurrent (multiple episodes of <3 months)
 3 Chronic (continuous duration >3 months)

Severity of Condition

1 Mild 2 Moderate 3 Severe

Cause of Current Episode

1 Traumatic 2 Post-surgical
 3 Unspecified 4 Work related
 5 Repetitive 6 Motor vehicle

Anticipated Status After This Episode

1 MTR, no restrictions, discharged

Current Functional Status

Neck Index: [] DASH: [] [] [] [] []
 Back Index: [] LEFS: [] [] [] [] []

Diagnosis

Clinical Primary (Use V57.1 if post-surgical)
 Pathology (Condition if post-surgical)
 Secondary

Disabilities of the Arm, Shoulder and Hand

NOT AT ALL SLIGHTLY MODERATELY QUITE A BIT EXTREMELY

In the past week, to what extent has your arm, shoulder or hand problem interfered with your normal activities with family, friends, neighbours or group? (circle number)

1 2 3 4 5

NOT LIMITED AT ALL SLIGHTLY LIMITED MODERATELY LIMITED VERY LIMITED UNABLE

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

1 2 3 4 5

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

SHOULDER OR HAND PAIN: 1 2 3 4 5

SHOULDER OR HAND PAIN WHEN YOU PERFORMED ANY SPECIFIC ACTIVITY: 1 2 3 4 5

STIFFNESS (pins and needles) IN YOUR ARM, SHOULDER OR HAND: 1 2 3 4 5

WEAKNESS IN YOUR ARM, SHOULDER OR HAND: 1 2 3 4 5

HEAVINESS IN YOUR ARM, SHOULDER OR HAND: 1 2 3 4 5

NO DIFFICULTY MILD DIFFICULTY MODERATE DIFFICULTY SEVERE DIFFICULTY SO MUCH DIFFICULTY THAT I CAN'T SLEEP

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

1 2 3 4 5

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/SYMPTOM SCORE = 35.83 ((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.

Insert Score Here

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

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

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

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
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21. Sexual activities.	1	2	3	4	5

DISABILITIES OF THE ARM, SHOULDER AND HAND

	NOT AT ALL	SLIGHTLY	MODERATELY	QUITE A BIT	EXTREMELY
22. During the past week, <i>to what extent</i> has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbours or groups? (<i>circle number</i>)	1	2	3	4	5

	NOT LIMITED AT ALL	SLIGHTLY LIMITED	MODERATELY LIMITED	VERY LIMITED	UNABLE
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? (<i>circle number</i>)	1	2	3	4	5

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

	NONE	MILD	MODERATE	SEVERE	EXTREME
24. Arm, shoulder or hand pain.	1	2	3	4	5
25. Arm, shoulder or hand pain when you performed any specific activity.	1	2	3	4	5
26. Tingling (pins and needles) in your arm, shoulder or hand.	1	2	3	4	5
27. Weakness in your arm, shoulder or hand.	1	2	3	4	5
28. Stiffness in your arm, shoulder or hand.	1	2	3	4	5

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	SO MUCH DIFFICULTY THAT I CAN'T SLEEP
29. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand? (<i>circle number</i>)	1	2	3	4	5

	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. (<i>circle number</i>)	1	2	3	4	5

DASH DISABILITY/SYMPTOM SCORE = _____ ([(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.

THE

DASH

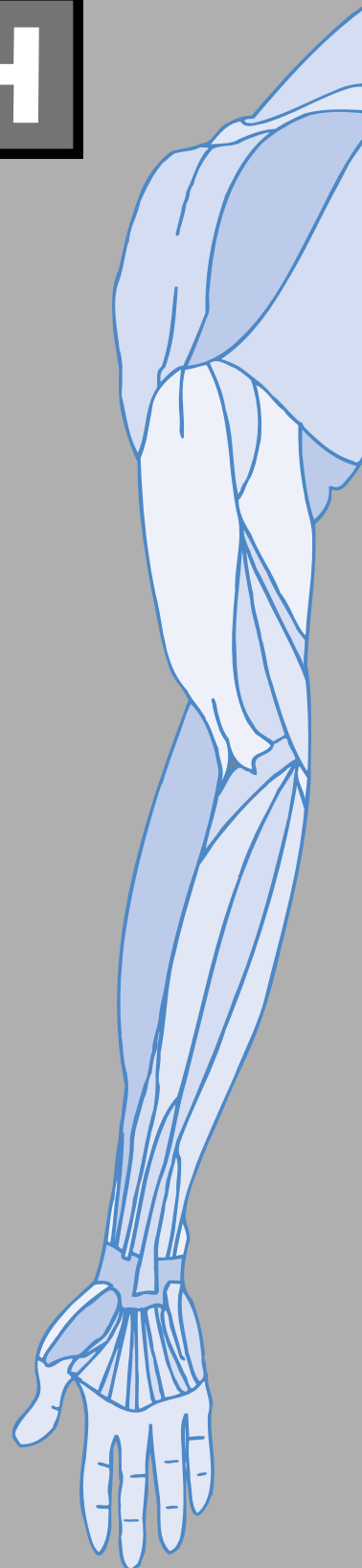
INSTRUCTIONS

This questionnaire asks about your symptoms as well as your ability to perform certain activities.

Please answer *every question*, based on your condition in the last week, by circling the appropriate number.

If you did not have the opportunity to perform an activity in the past week, please make your *best estimate* on which response would be the most accurate.

It doesn't matter which hand or arm you use to perform the activity; please answer based on your ability regardless of how you perform the task.



DISABILITIES OF THE ARM, SHOULDER AND HAND

WORK MODULE (OPTIONAL)

The following questions ask about the impact of your arm, shoulder or hand problem on your ability to work (including homemaking if that is your main work role).

Please indicate what your job/work is: _____

I do not work. (You may skip this section.)

Please circle the number that best describes your physical ability in the past week. Did you have any difficulty:

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
1. using your usual technique for your work?	1	2	3	4	5
2. doing your usual work because of arm, shoulder or hand pain?	1	2	3	4	5
3. doing your work as well as you would like?	1	2	3	4	5
4. spending your usual amount of time doing your work?	1	2	3	4	5

SPORTS/PERFORMING ARTS MODULE (OPTIONAL)

The following questions relate to the impact of your arm, shoulder or hand problem on playing *your musical instrument or sport or both*.

If you play more than one sport or instrument (or play both), please answer with respect to that activity which is most important to you.

Please indicate the sport or instrument which is most important to you: _____

I do not play a sport or an instrument. (You may skip this section.)

Please circle the number that best describes your physical ability in the past week. Did you have any difficulty:

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
1. using your usual technique for playing your instrument or sport?	1	2	3	4	5
2. playing your musical instrument or sport because of arm, shoulder or hand pain?	1	2	3	4	5
3. playing your musical instrument or sport as well as you would like?	1	2	3	4	5
4. spending your usual amount of time practising or playing your instrument or sport?	1	2	3	4	5

SCORING THE OPTIONAL MODULES: Add up assigned values for each response; divide by 4 (number of items); subtract 1; multiply by 25.

An optional module score may not be calculated if there are any missing items.

