The Institute for Work & Health (IWH) is pleased to send you this first edition of its DASH and QuickDASH e-bulletin. It will be produced and distributed on a bi-annual basis.

The aim of the e-bulletin is to provide you with information about the following:
• research updates (as available) to the DASH and QuickDASH;
• answers to a few frequently asked questions (FAQs);
• news on translations; and
• associated tools and products in progress.

Research Updates

Interpreting DASH scores: when a DASH score means someone has benefited from my treatment

Clinicians use different pieces of information to determine if their treatment has helped. They look for changes in key attributes, and they look for the level of functioning – can the person get back to work, home roles, recreation? Is their range a functional arc of motion? We are finding the same is true for the DASH. We are finding that there are three ways to interpret the DASH.

Amount of change – A change above 15 points is greater than both the day-to-day variability in scores, and above most estimates of minimally clinically important difference that we have found.

Final state - Based on data from the US general population norm study, a score of 10.10 or less was within normal limits (Hunsaker FG, Cioffi DA, Amadio PC, Wright JG, Caughlin B. The American Academy of Orthopaedic Surgeons Outcomes Instruments – Normative Values from the General Population. Journal of Bone and Joint Surgery 2002; 84-A(2):208-215).

A combination of the two – A change score above the 15 points, and a final state lower than the normative (10.10) value (mean DASH score found in the general population).

We have been doing some work and have found that the change threshold is very sensitive to people’s perception of change. The final state and the combined approach have the best accuracy for detecting, for example, when patients and their physiotherapists both agree that treatment goals have been met.

FAQs

Q. Why do we ask you to read and agree to our Conditions of Use before downloading the DASH and/or QuickDASH?

A. In our Conditions of Use agreement, we ask people not to change the items or the response options on the DASH nor the scoring algorithms. The reason is that we are trying to offer as much as we can about the DASH at no charge to the user. We try to keep you appraised of new studies on the reliability, validity and interpretability of the DASH. A manual is available for your use, through purchase, and we do many presentations about the DASH and its measurement properties. However, to do this work and dissemination, we can only support one version of the DASH. When items are dropped or changed, or the response options are changed, then the measurement properties that we make available are no longer correct. They are only for the full, unaltered DASH, and QuickDASH. If there were several versions of the DASH then the numeric scores of these different versions would not be equivalent. Therefore, we would not be able to compare the numeric scores of these different versions.
Q. Has there been any progress in determining the Minimal Clinical Important Difference (MCID) for the DASH?

A. Research continues in this area. The most current information is available in the Frequently Asked Questions area of the DASH website.

Q. Can we get a licence to use/reproduce translation X, with scoring instructions (available from the Translations page on the DASH website), in a report that our organization is producing? We are a non-profit organization.

A. A licence is not required and no fee is charged for non-profit use of the DASH (please see Conditions of Use on the DASH website). The Institute for Work & Health holds copyright ownership of the DASH. However, since translation licences are held by the respective translation licensee/s for approved DASH translations, the individual/s should be contacted as a courtesy. Contact information appears on the Translations page of the DASH website.

Q. How can I and/or my organization get a licence for the DASH?

A. Through translations - a five-year Letter of Agreement licence for non-profit use of the DASH is issued to translators and/or an organization on approval of a DASH translation. Commercial use - a limited-use licence (with associated user fee) may be issued to a commercial organization at the discretion of the Institute for Work & Health. This is subject to the completion, submission and review of the Institute’s DASH User Profile form. For more information about obtaining a commercial licence, please send a message to: info@iwh.on.ca.

Steps to translating the DASH

This item is now posted under How to translate the QuickDASH or DASH Outcome Measure.

Associated Products

Online DASH and QuickDASH scoring tools can be freely accessed at OrthopaedicScore.com. Scroll down to “Shoulder” and click on the relevant link/s. Special thanks to: Michael Kurer FRCS(Orth), Consultant Orthopaedic and Shoulder surgeon and Christopher Gooding, Specialist Registrar in Orthopaedics and Traumatology of The North Middlesex University Hospital NHS Trust, UK, who have developed and made these tools available.

Links

DASH website:
http://www.dash.iwh.on.ca

Frequently Asked Questions:
http://www.dash.iwh.on.ca/faq.htm#thirteen

Translations:
http://www.dash.iwh.on.ca/translate.htm

Conditions of Use:
http://www.dash.iwh.on.ca/conditions.htm

Recommendations for the Cross-Cultural Adaptation of Health Status Measures (PDF, 393KB):

How to translate the QuickDASH or DASH Outcome Measure:
http://www.dash.iwh.on.ca/translate2.htm

Orthopaedic Scores:
http://www.orthopaedicscore.com/

News on translations of the DASH and QuickDASH

Translations in Progress

Translations of the DASH into Afrikaans, Czech, Finnish, Romanian, and Spanish (Argentina and Mexico) languages are currently in progress. We anticipate their availability on the DASH website by spring 2009.

Translating the DASH

A revised edition of the Recommendations for the Cross-Cultural Adaptation of Health Status Measures (PDF, 393KB) is now available.