VALIDITY AND RELIABILITY OF THE FIM® INSTRUMENT

The FIM® Instrument was intended to measure a patient’s disability in terms of the need for assistance. In the initial development stages, the FIM® Instrument was found to have high face and content validity as judged by both clinicians and a panel of experts. There was near-unanimous agreement among clinicians that the instrument did not need additional items. Thus, the content validity of the FIM® Instrument was judged to be more than adequate.

The construct validity of the FIM® Instrument has been tested with Rasch models, which have shown that the FIM® Instrument measures two unidimensional domains of motor and cognitive function. Perhaps the most important test of the validity of a measure is the extent to which it predicts outcomes in medical rehabilitation. This form of validity is often referred to as predictive validity, and it represents how well a scale predicts criterion scores. A wide variety of studies have shown the FIM® Instrument to be predictive of a patient’s need for assistance. The FIM® Instrument was the best predictor of minutes of help needed per day for patients with multiple sclerosis, stroke, and traumatic brain injury. These studies also showed that the FIM® Instrument was highly correlated with other measures of disability in the patient groups studied, thus indicating that the FIM® Instrument has good concurrent validity with other measures of disability.

Since the FIM® Instrument’s introduction, a sizeable amount of supporting research and study has been published related to its reliability and validity, including the following peer-reviewed articles:

SELECT REFERENCES


