

We appreciate the correction of the approach used to score the LEFS, and we appreciate that the details provided in the letter are the accurate guidelines for scoring, particularly that “up to 4 missing item responses are permitted, with a maximum of 2 from any 1 of the 4 difficulty levels.”⁸ We converted the LEFS to 100% in order to compare the measurement properties to the LLFI on an identical scale range.

We hope that our responses have clarified the interpretation and reasoning of our work. As with all research on patient-reported outcomes, it is an ever-evolving science with the development of new methods and paradigms. Caution must be taken with any new measure to be used in the clinical and research settings, but a measure that has improvements in practicality and still retains the required clinimetric standards can be recommended for use. As stated in the conclusion, “the LLFI is a viable patient-reported outcome measure for the evaluation of lower-limb status and impairment in clinical and research settings.”²

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This letter was posted as a Rapid Response on November 29, 2011, at ptjournal.apta.org.

References

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[DOI: 10.2522/ptj.2012.92.1.183]

Correction

Gabel CP, Melloh M, Burkett B, Michener LA. “Lower Limb Functional Index: development and clinimetric measurements.” *Phys Ther.* 2012;92:98–110.

In the article by Gabel et al (“Lower Limb Functional Index: Development and Clinimetric Measurements”) in this issue, the authors compare the psychometric properties of the Lower Limb Functional Index (LLFI) and the Lower Extremity Functional Scale (LEFS). They convert the LEFS score to 100% to compare the measurement properties with those of the LLFI on an identical scale range. In a letter to the editor also in this issue, Binkley and colleagues note errors in this approach to scoring the LEFS, clarifying that “[T]he LEFS is scored and interpreted on a scale of 0 to 80, and there is no provision for converting a LEFS score to a percentage. When scoring the LEFS, up to 4 missing item responses are permitted, with a maximum of 2 from any 1 of the 4 difficulty levels.” Binkley et al add that “both of these points are critical, as they affect...calculations of time to complete and score the test and percentage of invalid questionnaires.”

[DOI: 10.2522/ptj.20100199.cx]