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# QDASH Recommended MCID

After a literature review, the recommended MCID (Minimal Clinically Important Difference) for the QDASH to be used at AAH is 14.0.

The criteria for making this recommendation are:

1. That the MCID reflects the patient population seen at AAH (all UE musculoskeletal disorders, including surgical diagnoses).
2. That the MCID be greater than the MDC (Minimal Detectable Change).
3. That the MCID be calculated with an anchor-based method (gold standard).

Our strongest reference is Franchignoni et al 2014,<sup>1</sup> which notes an MCID of 15.91 for a population of 255 patients with any musculoskeletal diagnosis seen at a rehab facility. This accurately reflects our utilization of the QDASH at AAH Rehabilitation Services and is the most recent publication that includes a heterogeneous population of UE disorders.

Multiple articles present MCIDs that are lower or higher than the Franchignoni article.<sup>1</sup> The lowest MCID we found was 6.8,<sup>2</sup> and the highest we found was 19.0.<sup>3</sup> When looking at distal UE diagnoses, the MCID is frequently between 6.8 to 11.7;<sup>2,4-6</sup> shoulder MCIDs range from 8.0 to 13.6.<sup>7-9</sup> For heterogeneous populations of UE disorders the MCID is consistently higher, ranging from 15.91 to 26.0.<sup>1,3,10</sup>

The Minimal Detectable Change is no less than 12.0.<sup>1,3,7-9,11</sup>

To accurately evaluate the heterogeneous population of patients assessed with the QDASH at AAH Rehabilitation Services, we recommend use of 14.0 as the MCID and 12.0 as the MDC.

## References:

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