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Modified barthel index pdf. Modified barthel index instructions. Modified barthel index interpretation. Modified barthel index score meaning. What is the modified barthel index. Modified barthel index score. Barthel index purpose.

The Barthel Index is a widely used tool for assessing an individual's ability to perform activities of daily living (ADLs) on a scale of 0-100. It evaluates functions such as feeding, bathing, continence, mobility, and dressing across 10 items. The index has been shown to have good internal consistency and validity in measuring functional status in elderly patients following cerebrovascular events. Studies using the Barthel Index have demonstrated its usefulness in predicting mobility at three months, early mortality, and longer-term outcomes. It has also been used to monitor functional changes in stroke patients receiving inpatient rehabilitation. The index is reported as a robust and widely used scale assessing performance across 10 domains of individual function, including feeding, bathing, grooming, dressing, bowel control, bladder control, toileting, chair transfer, ambulation, and stair climbing.



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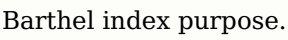
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ANNEX A-1

MODIFIED BARTHEL INDEX (MBI)
(SHAH, VANCLAY & COOPER, 1989)

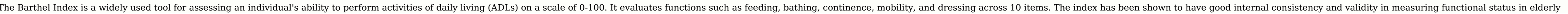
FUNCTIONAL ITEM DESCRIPTION				REMARKS
FEEDING				
Dependent in all aspects and needs to be fed	0	0	0	
Can manipulate an eating device, usually a spoon, but someone must provide active assistance during the meal	2	2	2	
Able to feed self with supervision. Assistance is required with associated tasks such as putting milk/sugar to drink, salt, pepper, spreading butter, turning a plate or other "set up" activities	5	5	5	
Independence in feeding with prepared tray except with cutting meat, opening drink carton, jar lid etc. Presence of another person is not required	8	8	8	
The person can feed self from a tray or table when food is within reach. The person must put on an assistance device if needed, cut the food, and use salt and pepper, spread butter etc. if desired	10	10	10	
PERSONAL HYGIENE (GROOMING)				
Unable to attend to personal hygiene and is dependent in all aspects	0	0	0	
Asst. is required in all aspects of personal hygiene, but able to make some contributions.	1	1	1	
Some assistance is required in one or more steps of personal hygiene	3	3	3	
The person is able to conduct personal hygiene but requires min. asst. before and/or after the operation.	4	4	4	
The person can wash own hands and face, comb hair, clean teeth & shave. Males must be able to use any kind of razor but must insert the blade, or plug in the razor without asst. as well as retrieve it from the drawer/cabinet. Females must apply own makeup, but need not braid or style her hair.	5	5	5	
DRESSING				
The person is dependent in all aspects if dressing and is unable to participate in the activity	0	0	0	
The person is able to participate to some degree, but is dependent in all aspects of dressing	2	2	2	
Assistance is needed in putting on, and/or removing any clothing	5	5	5	
Min. asst. is required with fastening clothing eg buttons, zips, bra, shoes, etc	8	8	8	

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Barthel index purpose.

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Contribution of physical and motor characteristics to functional performance in children and adolescents with down syndrome: a preliminary study. *Med Sci Monit Basic Res* 2018; 24:159–167. 8. AlHuthaifi F, Krzak J, Hanke T, Vogel LC. Predictors of functional outcomes in adults with traumatic spinal cord injury following inpatient rehabilitation: a Here is a paraphrased version of the provided text: The following studies were conducted to investigate various aspects related to rehabilitation, particularly in the context of stroke survivors. A review published in *J Spinal Cord Med* in 2017 analyzed predictors of upper limb recovery after stroke. Another study published in *Clin Rehabil* in 2012 examined sociodemographic and sub-acute clinical indicators that affect community ambulation among stroke survivors. A study published in *Eur J Phys Rehabil Med* in 2019 looked at the relationship between community ambulation and sociodemographic factors, as well as sub-acute clinical indicators. Research conducted by Damiani et al. in *Medicine (Baltim)* in 2021 explored community ambulation among individuals with lower limb amputation. Parallel reliability studies were performed to compare the functional independence measure (FIM) and the Barthel ADL index, published in *Disabil Rehabil* in 2000. The European Physical and Rehabilitation Medicine Bodies Alliance also released a white book on physical and rehabilitation medicine in Europe, which touched on specificities and challenges of science and research in this field. Additionally, studies were conducted to improve the sensitivity of the Barthel Index for stroke rehabilitation, published in *J Clin Epidemiol* in 1989. Research was also conducted on trade-offs between effectiveness and efficiency in post-acute rehabilitation units, as well as long-term prediction of functional outcome after stroke using single items of the Barthel Index at discharge from rehabilitation centers. Studies were also performed to identify factors influencing functional outcome at discharge from intensive rehabilitation units, published in *Am J Phys Med Rehabil* in 2021. Data on patients undergoing rehabilitation programs was collected and analyzed, as well as studies on the application of the modified Barthel index in clinical practice, particularly in Korea. Finally, research was conducted to measure activities of daily living after ischemic stroke using Rasch analysis of the modified Barthel Index, published in *Medicine (Baltim)* in 2021. The validity and reliability of the modified Barthel Index (MBI) were studied in various populations with stroke. Studies showed that the MBI was a reliable tool for measuring functional ability after stroke (24-25). The sensitivity and specificity of the MBI were also evaluated, and it was found to be sensitive to changes in functional ability (26). Rasch analysis validated both the Barthel Index (BI) and the modified BI (MBI) for use in hospitalized acute stroke elderly patients (23). Several studies compared the test-retest reliability of the BI and MBI. One study found that the BI had better test-retest reliability than the MBI, while another study showed no significant difference between the two indices (24-25). The validity and reliability of a performance evaluation tool based on the MBI were also evaluated, and it was found to be valid and reliable for use in stroke patients (25). The sensitivity of the BI and MBI was evaluated in various studies. One study found that the BI had a high sensitivity for detecting changes in functional ability after stroke (27). Another study found that the MBI had better sensitivity than the BI for detecting changes in functional ability (28). In addition to the validity and reliability of the BI and MBI, several studies also examined the impact of sex and gender on stroke outcomes. One study found that women were more likely to experience poststroke depression than men (29). Another study found that poststroke depression was associated with poorer functional outcomes in both men and women (30). Finally, several studies evaluated the effectiveness of various rehabilitation interventions after stroke. One study found that early rehabilitation combined with virtual reality training improved muscle strength, mood state, and functional status in patients with acute stroke (34). Another study found that high-intensity stepping training during inpatient stroke rehabilitation improved functional outcomes (33). A study examining early supported discharge for stroke survivors found that clinical and psychosocial factors can influence hospital length of stay. The analysis revealed that patients who exceeded target lengths of stay during inpatient rehabilitation had certain characteristics, such as higher motor function scores at admission. Another study looked into the effectiveness of telerehabilitation for stroke survivors, concluding that it can be a valuable tool for post-stroke rehabilitation. Additionally, research has shown that early mobilization after total hip or knee arthroplasty can reduce hospital length of stay and improve patient outcomes.