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Pediatric Evaluation of Disability Inventory (PEDI) - Mobility subscale

Availability:	Please visit this website for more information about the instrument: PEDI Computer Adaptive Test Pearsons Clinical Psych Corp
Classification:	Basic for: Acute Hospitalized Traumatic Brain Injury, Moderate/Severe Traumatic Brain Injury and Concussion/Mild Traumatic Brain Injury Supplemental for: Epidemiologic Traumatic Brain Injury
Short Description of Instrument:	The PEDI is a descriptive measure of a child’s current functional capabilities performance and also tracks changes over time. The measure has three content areas: Self-care, Mobility and Social Function. The self-care sub-domain includes activities such as eating, grooming, dressing, bathing, etc. The PEDI takes between 45 and 60 minutes to administer. Skills commensurate with at least a Master’s degree level in psychology, education, or related field are recommended for interpretation. The PEDI is a paper based instrument. The computerized PEDI-MCAT provides individual patient reports that summarize a patient’s functional status and provide a comparison of scores to the norm. The PEDI™ is recommended for children in acute and rehabilitation settings and for post-discharge follow-up. The measure is appropriate for ages 6 months to 7 years.
Scoring:	Scores for the PEDI range between 0-100, with higher scores indicating a lesser degree of disability.
Rationale:	“The mobility subdomain of this measure was selected as an alternative to the WeeFIM as a core measure of physical functioning in the acute recovery phase.” – McCauley et al. 2012
References:	Haley, S., Coster, W., Ludlow, L. H., JT, and Andrellos, P. (1992). Pediatric evaluation of disability inventory: development, standardization, and administration manual, version 1.0. Trustees of Boston University, Health and Disability Research Institute: Boston, MA. Bedell, G. (2008). Functional outcomes of school-age children with acquired brain injuries at discharge from inpatient rehabilitation. <i>Brain Inj</i> 22, 313-324. Coster, W., Haley, S., and Baryza, M. (1994). Functional performance of young children after traumatic brain injury: a 6-month follow-up study. <i>Am J Occup Ther</i> 48, 211-218. Dumas, H., Haley, S., Bedell, G., and Hull, E. (2001). Social function changes in children and adolescents with acquired brain injury during inpatient rehabilitation. <i>Pediatr Rehabil</i> 4, 177-185. Dumas, H., Haley, S., Fragala, M., and Steva, B. (2001). Self-care recovery of children with brain injury: descriptive analysis using the Pediatric Evaluation of Disability Inventory (PEDI) functional classification levels. <i>Phys Occup Ther Pediatr</i> 21, 7-27.

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- Dumas, H., Haley, S., Ludlow, L., and Carey, T. (2004). Recovery of ambulation during inpatient rehabilitation: physical therapist prognosis for children and adolescents with traumatic brain injury. *Phys Ther* 84(3), 232-242.
- Fragala, M., Haley, S., Dumas, H., and Rabin, J. (2002). Classifying mobility recovery in children and youth with brain injury during hospital-based rehabilitation. *Brain Inj* 16(2), 149-160.
- Haley, S., Coster, W., Ludlow, L. H., JT, and Andrellos, P. (1992). Pediatric evaluation of disability inventory: development, standardization, and administration manual, version 1.0. Trustees of Boston University, Health and Disability Research Institute: Boston, MA.
- Haley, S., Dumas, H., Rabin, J., and Ni, P. (2003). Early recovery of walking in children and youths after traumatic brain injury. *Devel Med Child Neurolog* 45(10), 671-675.
- Khoteri, A., Haley, S., Gill-Body, K., and Dumas, H. (2003). Measuring functional change in children with acquired brain injury (ABI): comparison of generic and ABI-specific scales using the pediatric evaluation of disability inventory (PEDI). *Phys Ther* 83, 776-785.
- Nichols, D., and Case-Smith, J. (1996). Reliability and validity of the Pediatric Evaluation of Disability Inventory. *Pediatr Phys Ther* 8, 15-24.
- Tokcan, G., Haley, S., Gill-Body, K., and Dumas, H. (2003). Item-specific recovery for children and youth with acquired brain injury. *Pediatr Phys Ther* 15, 16-22.
- Ziviani, J., Ottenbacher, K., Shephard, K., Foreman, S., Astbury, W., and Ireland, P. (2001). Concurrent validity of the Functional Independence Measure for Children (WeeFIM) and the Pediatric Evaluation of Disabilities Inventory in children with developmental disabilities and acquired brain injuries. *Phys Occup Ther Pediatr* 21(2-3), 91-101.
- Wilde, E., Whiteneck, C., Bogner, J., Bushnik, T., Cifu, D., Dikmen, S., French, L., Giacino, J., Hart, T., Malec, J., Millis, S., Novack, T., Sherer, M., Tulskey, D., Vanderploeg, R., and von Steinbuechel, N. (2010). Recommendations for the use of common outcome measures in traumatic brain injury research. *Arch Phys Med Rehabil* 01(11), 1650-1660.