

Pediatric Evaluation of Disability Inventory (PEDI)

<p>Availability:</p>	<p>Please visit this website for more information about the instrument: Pediatric Evaluation of Disability Inventory.</p>
<p>Classification:</p>	<p>Supplemental/Basic: Traumatic Brain Injury (TBI):</p> <ul style="list-style-type: none"> • Basic: Acute Hospitalized and Moderate/ Severe TBI • Supplemental: Epidemiology and Concussion/ Mild TBI. <p>Supplemental – Highly Recommended: Spinal Cord Injury (SCI)-Pediatric (ages 6 months to 7 years)</p> <p>Supplemental: Cerebral Palsy (CP) and Neuromuscular Disease (NMD)</p> <p>Supplemental: Congenital Muscular Dystrophy (CMD)</p> <ul style="list-style-type: none"> • Particularly appropriate in assessing functional capabilities in CMD children in terms of both current status and change over time. <p>Exploratory: Duchenne Muscular Dystrophy (DMD)</p>
<p>Short Description of Instrument:</p>	<p>The Pediatric Evaluation of Disability Inventory (PEDI) is a descriptive measure of a child’s current functional capabilities performance and also tracks changes over time (Haley, Coster et al. 1992, Haley, Coster et al. 1992, Haley, Coster et al. 2010). The PEDI has been developed into a CAT and SF. The PEDI-CAT™ is a computerized adaptive test version (Haley, Coster et al. 2012). The PEDI measures both capability and performance of functional activities in three content areas: Self-care, Mobility and Social Function (Boston University 2016). The PEDI-CAT™ also measures abilities across three functional domains of Daily Activities, Mobility and Social/Cognitive and “can be used across all clinical diagnoses and community settings.”(Boston University 2016). It also includes a Responsibility domain that measures the extent that a caregiver or child takes “responsibility for managing complex, multi-step life tasks.” (Dumas and Fragala-Pinkham 2013, Boston University 2016).</p>

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<p>Scoring:</p>	<p>Type: The original PEDI™ paper-and-pencil, parent interview; and the computer administered version PEDI-CAT™ Physical-Therapy Advance Healthcare Network.</p> <p>Time: 45–60 minutes; PEDI-CAT™ uses algorithms to choose next items in order to reduce administration time.</p> <p>Age Range: The original PEDI™ is limited to the functional age range of 6 months – 7.5 years (Haley, Coster et al. 1992, Dumas and Fragala-Pinkham 2013); can be used to evaluate children older than 7 years whose functional capabilities are less than that of a typically developing 7 year old. The PEDI-CAT™ is intended for use with children from birth through 20 years of age and can be used across all diagnoses, conditions and settings.</p> <p>Scoring/Norms: Manual scoring</p> <p>Scores for the PEDI™ range between 0–100, with higher scores indicating a lesser degree of disability (higher functional level).</p> <p>Scores in each content area can be converted to Scaled Scores and a Standard Score obtained compared to norms from typically-developing individuals.</p> <p>Skills commensurate with at least a Master’s degree level in psychology, education, or related field are recommended for interpretation. The computerized PEDI-CAT™ provides normative standard scores for 21 age groups (Dumas and Fragala-Pinkham 2013). The normative standard scores are reported as age percentiles and T scores can be used to interpret a child’s functioning relative to others of the same age. Scaled scores are available for all ages which provide the child’s current level of function (Dumas and Fragala-Pinkham 2013).</p> <p>Published: 1992</p>
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<p>Rationale / Justification:</p>	<p>The PEDI allows calculation of Change Scores to monitor changes in the child’s status over time.</p> <p>Gall et al. (2004) suggest PEDI is a better measure than WeeFIM in terms of reliability and validity, and it has similar basal and ceilings but more items (an advantage in terms of psychometrics; a limitation in terms of time).</p> <p>PEDI is widely used with children with a range of physical disabilities particularly cerebral palsy (Vargus-Adams, Martin et al. 2011). Vos-Vromans and colleagues (2005) found that the PEDI is responsive to changes in motor functioning in children with CP.</p> <p>Internationally there is mixed data regarding validity of PEDI use in other countries, though overall supports usefulness (Nordmark, Orban et al. 1999, Srsen, Vidmar et al. 2005, Berg, Aamodt et al. 2008, Elad, Barak et al. 2012).</p> <p>Choksi et al. (2010) used the PEDI to examine the functional recovery of children with spinal cord injury. They found that children with SCI showed improved functional skills as measured by the PEDI. Other researchers have used the PEDI to measure functional outcome in children with critical illness (Coster, Haley et al. 2008, Choong, Al-Harbi et al. 2015), because it can assess key functional capabilities, and is sensitive to change (Choong, Al-Harbi et al. 2015).</p>
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