Outcome Measures Reference

Selecting, Scoring and Interpreting PROMs in MSK Podiatry Practice

Patient-reported outcome measures (PROMs) provide structured, reproducible evidence of clinical change. They support shared decision-making, demonstrate treatment efficacy, and are increasingly required in medico-legal and audit contexts. This reference covers the five measures most applicable to podiatric practice: NRS, PSFS, MOXFQ, FAAM, and VISA.

1 Outcome Measures at a Glance

Measure	Type	Time to Complete	Best Used For	Scoring Direction
NRS (Numeric Rating Scale)	Pain intensity	< 1 min	Any MSK condition; baseline and review; quick serial tracking	0 = no pain, 10 = worst imaginable. MCID = 2 points. Also record worst/average/best.
PSFS (Patient-Specific Functional Scale)	Patient-defined function	2–3 min	Any condition; captures goals specific to the individual patient	0–10 per activity (3 activities). Average score used. MCID = 2 points average.
MOXFQ (Manchester-Oxford Foot Questionnaire)	Foot/ankle condition-specific	3–5 min	Hallux conditions, forefoot pathologies, general foot health	16 items; 3 domains (walking/standing, pain, social). Score 0–100. Lower = better.
FAAM (Foot and Ankle Ability Measure)	Foot/ankle function	5–7 min	Ankle instability, Achilles tendinopathy, general ankle rehab, return to sport	ADL subscale (21 items) + Sport subscale (8 items). Score as %. Higher = better. MCID = 8–9%.
VISA (Victorian Institute of Sport Assessment)	Tendinopathy-specific	2–3 min	Achilles tendinopathy (VISA-A); Patellar tendinopathy (VISA-P)	8 items, 0–100. Higher = better. MCID = 6–8 points. Score <50 = significant impairment.

2 NRS — Numeric Rating Scale

Feature	Detail
Administration	Verbal or written. Ask: 'On a scale of 0 to 10, where 0 = no pain and 10 = the worst pain you can imagine, how would you rate your pain?' Record separately: worst pain, average pain, best pain over the last week.
MCID (Minimum Clinically Important Difference)	2 points on 0–10 scale. A change of 1 point or less is unlikely to represent meaningful improvement from the patient's perspective, regardless of statistical significance.
Interpretation bands	0 = no pain | 1–3 = mild | 4–6 = moderate | 7–10 = severe. Best pain score often most sensitive to improvement early in treatment.
Limitations	Does not capture function, activity, or quality of life. High responders to placebo effects. Should always be combined with a functional measure (PSFS, FAAM, or MOXFQ).
Documentation standard	Record as three values at each appointment: Worst / Average / Best NRS. Example: NRS 7/5/2 at baseline; NRS 5/3/1 at review = average improved by 2 points (MCID met).

3 PSFS — Patient-Specific Functional Scale

Feature	Detail
Administration	Ask patient to identify 3 activities they find difficult or have had to reduce/stop because of their condition. Rate each 0–10 where 0 = unable to perform and 10 = able to perform at pre-injury level. Examples: walking to work, playing football, standing in the kitchen.
Scoring	Sum all three scores and divide by 3 to get the average. Record each activity and its score verbatim so the same activities are reassessed at review. Do not change the activities between appointments.
MCID	Average score improves by 2 or more points = clinically meaningful change. Individual activity improvement of 3+ points is also clinically meaningful.
Why use PSFS	Highly responsive to change; captures what matters to the individual patient; effective across all age groups and conditions; validated in MSK, orthopaedics, and podiatry.
Common error	Failing to record the specific activities at baseline. Without the verbatim activity list, the measure cannot be repeated reliably at review.

4 MOXFQ — Manchester-Oxford Foot Questionnaire

Feature	Detail
Structure	16 items across 3 domains: (1) Walking/standing — 7 items, (2) Pain — 5 items, (3) Social interaction — 4 items. Each item scored 0–4.
Scoring	Convert raw scores to 0–100 using scoring algorithm (available free online). Higher score = worse outcome. Can report each domain separately or as a summary score. Best used with domain scores reported individually to identify which aspect is most affected.
MCID	~7–10 points on the 0–100 scale (domain dependent). Foot-specific conditions show greater responsiveness on walking/standing domain. Pain domain responds most to orthotic interventions.
Best used for	Hallux valgus, hallux rigidus, metatarsalgia, forefoot pathologies, general foot health monitoring. Less sensitive for isolated heel or ankle presentations — use FAAM or VISA instead.
Administration notes	Self-completed questionnaire. Takes ~5 min. Available in paper or digital format. Validated in UK populations. Free to use clinically.

5 FAAM and VISA

Measure	Structure	Scoring	Clinical Notes
FAAM ADL	21 items covering daily activities: walking on flat/uneven ground, stairs, standing, squatting, getting up from floor	Each item 4 (no difficulty) to 0 (unable). Sum / 84 x 100 = %. Higher % = better function. MCID = 8 points.	Best for: heel pain, ankle instability, PTTD, peroneal tendinopathy. Use alongside NRS at every review appointment.
FAAM Sport	8 items covering sport/recreation: running, jumping, cutting/pivoting, landing	Sum / 32 x 100 = %. Higher % = better. MCID = 9 points. A score of <75% indicates significant sport limitation.	Use for active patients; essential for return-to-sport planning. Pair with NRS and PSFS.
VISA-A	8 items specific to Achilles tendinopathy: pain with loading, duration of activity before pain, sport participation	0–100. Higher = better. Score < 50 = significant impairment. MCID = 6–8 points. Validated for both mid-portion and insertional Achilles.	Baseline and 6-week review essential. Also tracks seasonal variation in tendinopathy activity. Free to download: www.scienceforperformance.com
VISA-P	8 items specific to patellar tendinopathy	0–100. Same scoring structure as VISA-A. Score < 50 = significant impairment.	Less commonly used in podiatric practice but relevant for knee loading presentations where patellar tendinopathy is a feature.

6 Measure Selection by Condition

Condition	Primary Measure	Secondary Measure	Add if Active	Add if Running
Plantar fasciitis / heel pain	NRS + PSFS	FAAM ADL	FAAM Sport	VISA-A (if Achilles component)
Achilles tendinopathy	VISA-A	NRS	FAAM Sport	FAAM Sport
Hallux rigidus / bunions	MOXFQ	NRS	PSFS	FAAM Sport
Metatarsalgia / forefoot	MOXFQ	NRS	PSFS	FAAM Sport
Ankle instability	FAAM ADL + Sport	NRS	FAAM Sport	FAAM Sport
PTTD / flat foot	FAAM ADL	NRS + PSFS	FAAM Sport	FAAM Sport
General foot / gait	PSFS + NRS	MOXFQ	FAAM ADL	FAAM Sport

MCID values matter more than raw scores. A patient who moves from NRS 8 to 6 has met the MCID regardless of the absolute score. Always report and document the change from baseline, not just the current score. This is your evidence of clinical effectiveness.