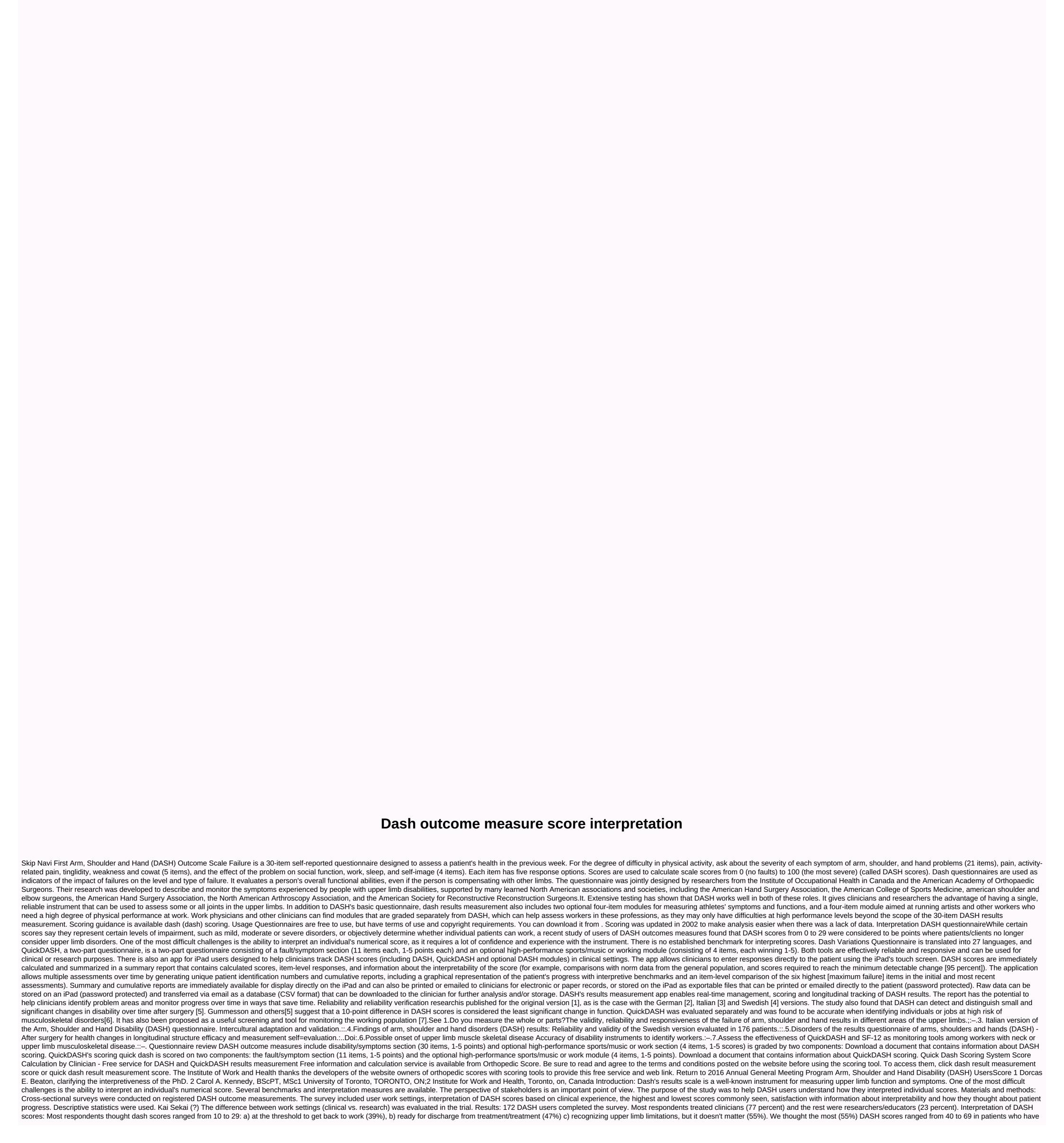
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a lot of difficulties. We thought the most (61%) DASH scores were from 0 to 29 in patients who no longer considered upper limb disorder a problem. More than 75% indicated that the highest DASH scores they usually saw were in the range of 50-100 (18% with a range of 80-90 most approved). Above 70%, the lowest scores usually seen ranged from 0 to 29. (? p>0.5) Minimal clinically significant difference (MCID): Survey respondents were given information about MCID and daily variability, as well as thresholds for interpreting true change. About 90% of respondents were satisfied with the recommendation. Most people thought the MCID was correct (59.8%) more likely. (? p>0.6) Interpreting patient progress: Nearly 70% reported that they considered the combinations and final scores that the patient had changed. Fewer people were reported thinking only of their final score (3.4%). (? p=0.29) Conclusion: Dash user's perspective clarifies the interpretability of dash outcome measure scores, even though they do not point respondents to published cutpoints. Users can manage multiple MCID ideas and there is consensus. Back to 2016 Annual Meeting Program

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