Early Functional Ability scale

Critically ill patients consecutively admitted to early neurological rehabilitation were screened for eligibility. Boltzmann et al. assessed the correlation between the Early Functional Ability scale (EFA) and (i) the Early Rehabilitation Barthel Index (ERBI), and (ii) the Coma Recovery Scale-Revised (CRS-R). The 1-year outcome on the Glasgow Outcome Scale-extended (GOSE) was used to examine the predictive validity. Demographical and medical variables were entered into univariate and multivariate binary regression models to identify independent predictors of 1-year outcome.

Two hundred fifty-seven patients (168 men) with a median age of 62 years (IQR = 51-75) were enrolled. The correlation of the EFA scale with the CRS-R was high but low with the ERBI upon admission. Multivariate regression analysis yielded the vegetative subscale of the EFA scale as the only independent predictor for the 1-year outcome of patients admitted to early neurological rehabilitation.

This study shows a high correlation of the EFA scale with the CRS-R but a weak correlation with the ERBI in patients with low functional abilities. With improving patient abilities, these correlations were partly reversed. Thus, the EFA scale is a useful tool to assess the functional abilities and the prognosis of critically ill patients adequately and may be more feasible than other scales [1)].

1)
Boltzmann M, Schmidt SB, Gutenbrunner C, Krauss JK, Höglinger GU, Weimar C, Rollnik JD. Validity of the Early Functional Ability scale (EFA) among critically ill patients undergoing early neurological rehabilitation. BMC Neurol. 2022 Sep 6;22(1):333. doi: 10.1186/s12883-022-02855-3. PMID: 36068496.