Functional Rating Index (FRI) Scoring Protocols

Scoring: The ten items of the FRI may be used to profile the nature of the dysfunction and pain, or they may be totaled. The index score is achieved by simply summing up the equally weighted scores, dividing by the total number of possible points, and multiplying by one hundred percent. The range of scores is zero percent (no disability) to one hundred percent (severe disability). The higher the number, the higher the perceived dysfunction and pain; the lower the number, the lower the perceived dysfunction and pain. Following is a calculation example:

1) When all 10 items are completed, the FRI score is calculated as follows: (total score / 40) x 100%
2) When only 9 sections are completed, the FRI score is calculated as follows: (total score / 36) x 100%

Absolute value change in score is a better indicator of outcome than the relative value change. Delta FRI = (pre-FRI% - post-FRI%)

To accommodate for scoring irregularities, the following decision rules have been established: 1) when a subject marks two responses on the same item, the responses are averaged; and 2) when a subject marks in between two response numbers, the response is the average of the two response numbers.

Application: It is recommended that for chronic conditions the FRI be used at baseline and every 2 weeks or 6 visits thereafter. If the score does not improve by at least 10% (absolute change) in any two successive two-week periods, you should pursue a change in management.

It is recommended that for acute and subacute conditions the FRI be used at baseline and every 1 week or 3 visits thereafter. If the score does not improve by at least 10% (absolute change) in any two successive one-week periods, you should pursue a change in management.

A 10% absolute change is estimated to represent a minimally clinically important change.

FRI Scale Estimates of Disability
0 - 20% = minimal disability
21 - 40% = moderate disability
41 - 60% = severe disability
61% + = very severe disability

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