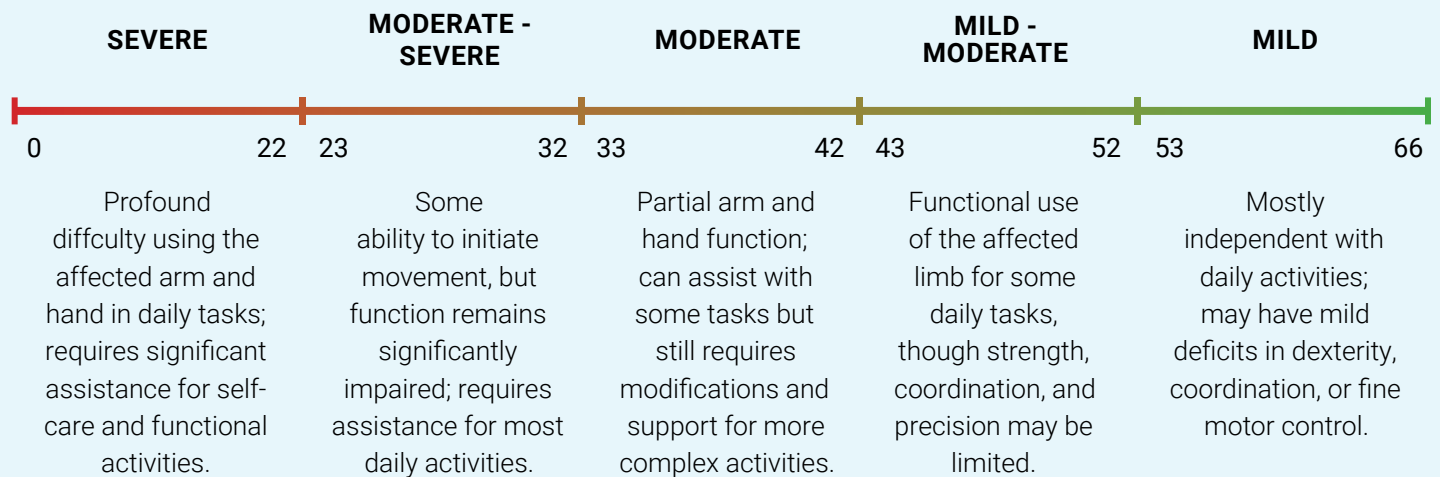


Understanding the Fugl-Meyer Upper Extremity Assessment

Tracking progress over time is essential to determine whether a therapeutic intervention is effective for an individual patient and to guide personalized adjustments to their plan of care. Consistent, objective measurement of motor recovery is critical to optimizing patient outcomes and ensuring meaningful functional gains after stroke.

The FM-UE is a clinically validated tool used to measure arm and hand impairment following a stroke. It consists of 33 standardized movements assessing reflex activity, voluntary movement, wrist and hand coordination, grasp, and functional use of the hand. These categories are scored on a 66-point scale that ranges from normal motor function to severe motor impairments. The test takes approximately 20 minutes and uses simple materials such as a pen, ball, and cup.

The Minimal Clinically Important Difference (MCID) represents the smallest improvement in function and movement that a patient would find important and worthwhile. For the Fugl-Meyer, it refers to an increase of 5.25 points or more from the patient's baseline score.



Who can administer the FM-UE?

Best practice recommends that the FM-UE be administered by a trained clinician (OTs, PTs, or other rehab professionals) to ensure accurate scoring and interpretation. While studies support telehealth administration, clinician oversight remains essential for reliable results.

1. <https://www.sralab.org/rehabilitation-measures/fugl-meyer-assessment-motor-recovery-after-stroke>
2. <https://www.sciencedirect.com/science/article/abs/pii/S000399931500489X>

3. <https://pubmed.ncbi.nlm.nih.gov/12234086/>
4. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5299057/>
5. https://journals.lww.com/jnpt/fulltext/2023/10000/development_and_preliminary_validity_study_of_a.4.aspx