Introduction
The Modified Functional Ambulation Classification (MFAC) is an instrument for categorizing gait ability. Regaining functional mobility is often a goal following hospitalization and is a critical factor in discharge planning. A psychometrically sound and easily applicable mobility outcome measure was crucial to facilitate high quality patient care. The MFAC was commonly used in Hong Kong. However, there was no published manuscript upon the MFAC in fracture hip cases.

Objectives
The study aimed to evaluate the reliability and validity of the Modified Functional Ambulation Classification in patients of fracture hip in a rehabilitation hospital setting.

Methodology
Inter-rater reliability (n=122) was studied by physiotherapists who assessed mobility using the MFAC upon discharge from the rehabilitation hospital. The physiotherapists included the case treating physiotherapist and another independent physiotherapist. Intraclass correlation of PASW 18.0 was used for reliability data analysis. To analyze inter-rater agreement, two-way random effects model of intraclass correlation coefficient (ICC) was used. To assess concurrent validity, same sample of participants of the inter-rater reliability test was used. Both MFAC and Elderly Mobility Scale (EMS) were performed on same patient of fracture hip upon discharge after rehabilitation from Kowloon Hospital by independent assessor (physiotherapist not involved in treatment of the recruited patients). The independent physiotherapist assessed each participant’s ability to perform all items of the EMS and MFAC.

Result
Intraclass correlation coefficient (ICC) two-way random effects model (2,1) of MFAC scores revealed that the scores provided by different physiotherapists are highly reliable (interval of 0.942 to 0.977 with 95% confidence). Concurrent validity was assessed by comparison with the EMS in patients with mean aged 81.26 ± 6.45 years (n=122) and demonstrated that MFAC scores were highly correlated with the EMS.
(Spearmen’s p=0.000, correlation coefficient 0.814), thus demonstrating concurrent validity. The inter-rater reliability and the concurrent validity of the MFAC had been reported for the first time for the fracture hip. MFAC was demonstrated as a psychometrically sound mobility outcome measure for use in fracture hip condition in the rehabilitation hospital setting.