# Jebsen Hand Function Test (JHFT)

## Assessment Overview

### Assessment Area

**ICF Domain:** Activity  
**Subcategory:** Mobility

### Summary

The Jebsen Hand Function Test (JHFT/JTT) was developed to provide a standardized and objective evaluation of fine and gross motor hand function using simulated activities of daily living. The JHFT is one of the oldest standardized tests of hand function and used individuals with SCI during its initial development.

Items to be performed on both the dominant and non-dominant hand. The JHFT only assesses the speed and not the quality of performance (slow times reflect a less desirable performance). It is a clinician-administered; performance-based measure.

Weighted and non-weighted hand function is assessed through: writing; turning over 3 by 5 inch cards; picking up small common objects; simulated feeding; stacking checkers; picking up large objects; and picking up large heavy objects. Time to complete each task is recorded. Patients are required to perform all of the subtests with both the right and left hands, with the non-dominant hand tested first.

### Caution

The JHFT is not recommended for individuals with C5 tetraplegia with hand neuroprosthesis outcomes.

May not assess function of intrinsic hand muscles and allows participants to complete tasks by compensating with trunk and shoulder movements.

### Availability

An assessment form can be found here:  
http://www.scireproject.com/sites/default/files/worksheet_jebsen.docx  
https://www.scireproject.com/outcome-measures-new/jebsen-hand-function-test-jhft#

A test kit is sold commercially through multiple vendors, which usually includes instructions, all items needed to perform seven subtests, a carrying bag, and pad of 50 blank record forms. Cost is generally in the $300+ range.

**Languages:** English and Portuguese.

### You Will Need

**Length:**  
15-45 minutes to complete 7 items

**Scoring:**  
Total score is the sum of time taken for each subtest, which are rounded to the nearest second. Shorter times indicate better performance.

**Equipment:**  
- Stopwatch  
- Chair (18” seat height)  
- Desk/table (30” high)  
- 4 sheets of unruled white paper  
- Clipboard  
- Sentences typed in upper case centered on a 5x8” index card on a bookstand  
- 5 index cards (ruled on one side only)  
- Empty 1 pound coffee can  
- 2 paper clips  
- 2 regular sized bottle caps  
- 2 U.S. pennies  
- 5 kidney beans (~5/8” long)  
- 1 regular teaspoon  
- Wooden board (41 ½” long, 11 ¾” wide, ¾” thick)  
- “C” clamp  
- Plywood (20” long, 2” wide, ¼” thick) glued to the board  
- 4 standard size (1 ¼” diameter) red wooden checkers  
- 5 No. 303 cans
## Assessment Interpretability

<table>
<thead>
<tr>
<th>Minimal Clinically Important Difference</th>
<th>Statistical Error</th>
<th>Typical Values</th>
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</thead>
<tbody>
<tr>
<td>Not established in SCI</td>
<td>Not established in SCI</td>
<td><strong>Normative (dominant, non-dominant; ±SD) Values:</strong></td>
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<td><strong>For women:</strong></td>
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<td><strong>Writing:</strong></td>
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<td>11.7±2.1, 30.2±8.6*</td>
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<td>15.7±4.7, 38.9±14.9**</td>
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<td><strong>Card turning:</strong></td>
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<td>4.3±1.4, 4.8±1.1*</td>
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<td>4.9±1.2, 5.5±1.1**</td>
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<td><strong>Small objects:</strong></td>
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<td>5.5±0.8, 6.0±1.0*</td>
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<td>6.6±1.3, 6.6±0.8**</td>
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<td><strong>Simulated feeding:</strong></td>
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<td>6.7±1.1, 8.0±1.6*</td>
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<td>6.8±1.1, 8.7±2.0**</td>
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<td><strong>Checkers:</strong></td>
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<td>3.3±0.6, 3.8±0.7*</td>
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<td>3.6±0.6, 4.4±1.0**</td>
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<td><strong>Large, light objects:</strong></td>
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<td>3.1±0.5, 3.3±0.6*</td>
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<td>3.5±0.6, 3.4±0.6**</td>
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<td><strong>Large, heavy objects:</strong></td>
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<td>3.2±0.5, 3.3±0.5*</td>
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<td>3.5±0.6, 3.7±0.7**</td>
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<td>*20-59 years old (n=120)</td>
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<td>**60-94 years old (n=30)</td>
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<td>(Jebsen et al 1969; n = 360; age 20-94 years)</td>
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<td><strong>For men:</strong></td>
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<td><strong>Writing:</strong></td>
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<td>12.2±3.5, 32.3±11.8*</td>
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<td>19.5±7.5, 48.2±19.1**</td>
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<td>6.8±1.2, 7.9±1.9**</td>
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### Measurement Properties

#### Validity – Moderate to High

**Moderate** to **High** correlation with Klein-Bell ADL Scale (K-B Scale):
- K-B Scale – dressing subscale = -0.69
- K-B Scale – bathing/hygiene subscale = -0.57
- K-B Scale – eating subscale = -0.45
- K-B Scale – overall = -0.635

(Lynch & Bridle 1989; n=18, mixed injury types, chronic SCI)

**Number of studies reporting validity data:** 1

#### Reliability – Moderate to High

**Moderate** to **High** Test-retest reliability:
- Correlation for items = 0.60-0.99

(Jebsen et al. 1969, n=26, mixed conditions, mean (SD) age = 34.5 (20) years)

**Number of studies reporting reliability data:** 2

#### Floor/Ceiling Effect:
Not established in SCI

#### Effect Size:
Not established in SCI

**Number of studies reporting responsiveness data:** 0