

# UNDERSTANDING THE MODIFIED FRIEDREICH'S ATAXIA RATING SCALE (mFARS)

Learn about the role mFARS can play in measuring the rate of progression in Friedreich's ataxia (FA) and how the scale relates to activities of daily living.



## What is mFARS?

The Friedreich's Ataxia Rating Scale (FARS) is a series of physical examination assessments to measure disease progression in patients with FA. mFARS is a modified version of this rating scale that is used in clinical trials to assess the efficacy of investigational products for use in FA.

**An overview of the specific components of mFARS can be found on the next page.**



## How is mFARS used?

mFARS is most often used as an assessment tool in natural history studies and clinical trials. Natural history studies collect health information in order to understand how a medical condition or disease develops and progresses over time. mFARS is also used in clinical trials when an experimental treatment is being studied.

Many of the assessments used in the mFARS relate to activities of daily living, such as standing, walking, pointing, and speaking. Clinicians use the scale to document and score neurological function in patients performing these various activities.

mFARS can also be used to measure change at single points in time and over time.

**If you are interested in participating in research studies, you can visit [CureFA.org/network](https://CureFA.org/network) to find a CCRN in FA site near you.**

**Currently, mFARS is most commonly used in the Collaborative Clinical Research Network in FA (CCRN in FA) and in research settings. For that reason, local physicians may not be familiar with the assessment.**



# OVERVIEW OF mFARS

Below is a summary of mFARS and how it can translate to activities of daily living. The scale consists of 4 sections that focus on specific areas of the body.



## Bulbar function

The areas of assessment include strength and volume of coughing and clarity of speech, which are assessed by asking patients to repeat specific sentences: “The President lives in the White House” and “The traffic is heavy today.”

**Related daily activities: swallowing or speaking**



## Upper limb coordination

This section has a total of 5 different movements that are used to assess tremor (simple shaking) and coordination of the hands and arms.

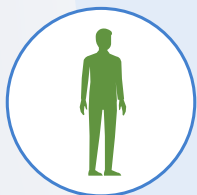
**Related daily activities: brushing teeth, pointing to an object or reaching out for something, or turning a doorknob**



## Lower limb coordination

This section assesses coordination of the legs and feet.

**Related daily activities: putting on socks and shoes**



## Upright stability

The largest section in mFARS assesses ability to stand and walk. Sitting posture, upright stability with eyes opened or closed, and stance, among other activities, are measured.

**Related daily activities: walking, sitting in a car, standing in line, or showering**



## mFARS scores can vary

Every day can be different when you're living with FA. Fatigue, lack of sleep, and even events leading up to the assessments (fasting, traveling, blood draws) can affect your mFARS score.

It's important to remember that the assessment provides only a snapshot of your current stage of FA. For accurate natural history data, mFARS scores should be interpreted by evaluating their changes over time. For mFARS to be a true assessment of disease progression, you should not practice for it.

**If you're interested in learning more about research in FA or the mFARS, speak with your FA specialist. You can also visit [CureFA.org/network](https://CureFA.org/network) to find a CCRN in FA site near you.**