

OUTCOME MEASURES

Outcome Measures are tools that allow a clinician to undertake an evaluation of treatment. Outcome Measures include, but are not limited to, the change in patient impairment, activity limitations (disability), participation restrictions (handicaps), or quality of life.

Effective use of valid and reliable Outcome Measures improves treatment planning and proves that the service provided has been effective. The patient is shown in meaningful terms that they are moving closer to their goals. Clinicians are able to gather data regarding a specific injury or patient subset for research purposes. Outcome Measures also give early warning signs when there is a lack of progress so that changes to the treatment approach can be made.

An article written this year in *The Journal of Arthroscopic and Related Surgery* recommends the use of a combination of different types of Outcome measurement tools.

Clinician measured outcomes:

Joint or problem specific measurements done by the practitioner. E.g. Range of motion, isometric strength.

Patient reported measures of symptoms:

Measurements of pain such as the Visual Analogue Scale or Numeric Rating Scale.

Functional Outcome Measure:

These questionnaires are reliable and valid measures of a client's function within the context of the measure. E.g. Lower Extremity Functional Index, Roland Morris Disability Index.

Patient reported measures of general health status:

This final group of measures looks at the patient's quality of life. E.g. the Medical Outcomes Short Form (SF-36 and SF-12)

Outcome use in the physiotherapy office

During treatment it is common for therapists to use a range of motion measures and a battery of tests (usually +ve or -ve) to define the current and progressive level of ability. These are checked nearly every visit and guide treatment progression.

At Parkway Physiotherapy and Performance Centre we also have implemented use of the Visual Analogue Scale and patient reported region specific measures of function. They are completed by the client at the initial consult, every fourth visit and again at discharge. The measures we have chosen to use are:

- The Neck Pain Functional Scale
- The Upper Limb Functional Index
- The Lower Limb Functional Scale
(These 3 are scored 0-80 with 80 as normal)
- The Roland Morris Disability Index
(Scored 0-24 with 0 as normal)

In our communications with physicians we use, whenever possible, a combination of objective (clinician measured), subjective (patient reported), and functional outcomes. Consistent use of this data will allow better tracking of treatment results. If you would like copies of the measures that we have chosen please contact the clinic at info@parkwayphysiotherapy.ca

Reference:

Level V Evidence: Measuring Arthroscopic Outcome. *Arthroscopy: The Journal of Arthroscopic and Related Surgery*; 24(6) 2008, pg 718-722