

## Editorial: Outcome Measurement in Physical Therapy II

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**ABBREVIATIONS:** JPS, joint position sense; MSK, musculoskeletal; OM, outcome measures; PT, Physiotherapy

Although outcome measures (OMs) are increasingly being recommended for assessing patient outcomes in physical therapy practice,<sup>1,2</sup> their use remains limited. A complex dynamic of organizational and personal barriers are associated with poor uptake of OMs in practice.<sup>3,4</sup> One of the commonly identified barriers across different health care and geographical contexts is lack of concise, actionable, and evidence-based information for physical therapists (PTs).<sup>3-5</sup> The practicing PT has very little time to devote to reading the vast body of research on each OM they might be using in their practice. This may either discourage them from using OMs or, even worse, inform their clinical decisions on a narrow body of evidence.

To that end, we provide here a brief review of commonly used OMs in physical therapy practice. In particular, we address such aspects as summary of conceptual framework, administration process, evidence on measurement properties, and implications for clinical practice. We published such reviews for 12 commonly used OMs in physical therapy practice earlier this year. We sincerely hope that these reviews achieved the intended outcome of providing state-of-the-art information on these OMs for practicing PTs such that it facilitates translation of these measures into practice.

In this issue, we offer another set of 10 reviews for commonly used OMs in rehabilitation practice. Importantly, we have selected these 10 OMs that are used in diverse clinical populations such as those with musculoskeletal (MSK), neurological, or acute illness. Three of these 10 OMs are utilized in specific age groups, with two being pediatric OMs (Albert Infant Motor Scale and The Peabody Developmental Motor Scales–Second Edition) and the third being a geriatric OM (Tilburg Frailty Index). We believe that this diversity in the OMs selected for review in this issue should appeal to a broader spectrum of PTs. A brief introduction of each OM reviewed in this issue is provided below.

Five of the 10 OMs for which reviews are provided in this issue are utilized in individuals with MSK impairments. The Functional Impairment Test-Head, and Neck/Shoulder/Arm<sup>6</sup> provides performance-based assessment of upper extremity functions in individuals with shoulder or neck problems. The Victorian Institute of Sport Assessment Questionnaire, Patellar Tendon,<sup>7</sup> to our knowledge, is likely the only condition-specific

measure that provides assessment of specific impairments experienced by individuals suffering from patellar tendinopathy. The Flexicurve<sup>8</sup> provides a reliable and valid assessment of spinal curvature, specifically to determine kyphosis in a cost-effective manner. Grip strength<sup>9</sup> provides assessment of arguably one of the most common functions of the hand. Our review provides a summary of using grip strength as an OM in individuals with wrist fractures. The ability to perceive joint position sense (JPS) is crucial for functional use of wrist and hands. Our review provides state-of-the-art evidence on wrist JPS<sup>10</sup> that will hopefully assist clinicians in successfully integrating the test while treating patients with wrist pathologies.

Of the 10 OMs for which reviews are provided, there is one OM each for acute care and the neurological population. The Activity Measure for Post-Acute Care<sup>11</sup> provides assessment of patient's functional abilities in performing basic mobility as well as activities of daily living tasks for institutionalized individuals. Conversely, the Postural Assessment Scale for Stroke<sup>12</sup> provides assessment of balance and postural control in individuals with stroke.

The last three measures, as outlined earlier, are applicable to specific demographic groups. For example, the Alberta Infant Motor Scale<sup>13</sup> provides observation-based assessment of gross motor development in infants. Similarly, the Peabody Developmental Motor Scales—Second Edition<sup>14</sup> is used in children from birth to 5 years of age to assess gross motor and fine motor skills. Last, the Tilburg Frailty Index<sup>15</sup> provides multidimensional assessment of frailty in older adults (age 65 years and older).

There is much work that remains to be done. For example, systematic analysis of the methodological quality of the primary studies from which the information was derived in these reviews need to be performed for those OMs included in this issue. Being familiar with the quality of primary studies would enable us to provide a more balanced commentary for each OM. Nonetheless, our intent was to provide an easy-to-read and brief summary that improves translation of OMs into clinical practice. A longer review would have been a barrier to using OMs because clinicians prefer a shorter and concise summary versus a lengthy write-up.

In summary, we present concise reviews for 10 clinically relevant OMs used in wide range of patient populations treated by PTs. The brevity of these reviews and concise summary of the existing literature on each OM should assist clinicians in adopting these OMs into clinical practice.

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