

Functional Outcome Measures in Physiotherapy: Bridging Evidence-based Practice, Function, and our Future

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The unique history of physical therapy, from the world wars to the present, demonstrates an ever-growing profession that has been forward looking, ambitious, compassionate, and undaunted in its development. From the battlefields to direct access, physical therapy has strove to become a scientific, evidence-based profession in line with other health care professions. Our development required that we produce evidence through scientific research to justify our existence. In a relative short period of time, the profession has risen to the ever-changing challenges in health care and has contributed a substantial amount of evidence to add to the body of knowledge of the profession. Through the years, research has become an essential component of physical therapy, whether we are consumers of the literature and/or scientific investigators.

Functional outcome measures (FOM) should be the other obvious essential component of physical therapy, along with research. FOM are objective tests that have established reliability and validity, for that reason, it seems intuitive that FOM should be utilized and incorporated into any research study, thereby providing a greater degree of confidence in the validity of the study results. In this way, research can provide the evidence needed by utilizing measures that can be readily implemented by clinicians. FOM have been utilized in research studies to examine the effects of interventions in many varied patient populations [1-5].

We as physical therapists identify impairments and functional limitations, formulate them into individualized goals, and develop the plan of care (POC) for the patient. Therefore the POC is based on impairments, functional limitations, and patient goals, and establishes a baseline that should also include meaningful outcomes for the patient to achieve [1]. However, it seems that FOM are not consistently utilized in practice unless they are dictated at the administrative level because the facility requires statistical reports of a FOM as part of an accreditation process, i.e. the FIM in rehabilitation settings. When FOM are not assessed for a patient, significant, quantifiable evidence of the patient's status is overlooked and unreported. Information from FOM is not only useful to clinicians and insurance companies, but also to patients who become increasingly motivated and knowledgeable about their health status from an understanding of the FOM and interpretation of their score.

A physical therapy examination should include several FOM to assess baseline function, establish goals, develop the POC, and demonstrate progress especially to the patient. We need to address this issue and determine where the disconnect occurs. Are the physical therapy programs not providing the didactic information concerning FOM or are the facilities not providing the practical training or resources to utilize FOM consistently. I believe that the issue stems from both, with the physical therapy programs not providing sufficient information about the FOM and the facilities not requiring or encouraging their use.

I have recently discovered two recent endeavors that intuitively seemed to understand and address this issue. The first is the development of the Rehabilitation Measures Database (www.

rehabmeasures.org). The database is being developed to assist clinicians and researchers to identify reliable and valid instruments used to assess patient outcomes. The database provides evidence-based summaries of each outcome measure including descriptions of the psychometric properties, instructions for performing and scoring, and the bibliography with citations linked to PubMed abstracts. Currently the database contains approximately 70 instruments. The goal is to include several hundred that reflect the array of disabilities and dysfunction typically seen in various patient populations. It is being developed through collaboration between the Center for Rehabilitation Outcomes Research (CROR) at the Rehabilitation Institute of Chicago and the Department of Medical Social Sciences Informatics group at Northwestern University Feinberg School of Medicine (NU MSS).

The second is another ambitious project by Jeffrey S. DeRenzo, DPT Candidate and Stacy Fritz, PhD, PT of the Doctor of Physical Therapy Program, Department of Exercise Science, Arnold School of Public Health, University of South Carolina. The document, Registry of Selected Functional Physical Therapy Outcome Measures With Minimal Detectable Change Scores (Registry of Selected Functional Physical Therapy Outcome) includes approximately 30 FOM categorized by dysfunction. Descriptions and examples are also included.

The organization and descriptive information of these FOM by these two projects begins to address the need for understanding and implementing FOM, as well as providing an easily accessible reference for academics, researchers, students, and clinicians. This is an important first step in eradicating this problem; however, we need to address this issue in our program curriculums and during clinical affiliations.

I propose that every physical therapy program develop and devote at least an entire course on FOM. I envision this course to include a laboratory component for practical application. In addition, clinical affiliations should begin to require that student examinations of patients include several FOM. This would bridge the didactic information taught in our physical therapy programs with the reality of assessing FOM in actual patient populations. It could strengthen

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Received January 19, 2012; Accepted January 20, 2012; Published January 22, 2012

Citation: Garcia RK (2012) Functional Outcome Measures in Physiotherapy: Bridging Evidence-based Practice, Function, and our Future. J Nov Physiother 2:e106. doi:10.4172/2165-7025.1000e106

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the need for physical therapy as it highlights the impact that we can have in restoring and improving an individual's level of function.

Again, welcome. I look forward to the new and innovative information that will continue to shape and mold the future of physical therapy.

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