On the EDGE of Possibilities: Development of a Process to Identify a Core set of Outcome Measures for Neurologic Physical Therapy Practice

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Kirsten Potter, PT, DPT, MS
Jennifer Moore, PT, DHS, NCS

This hand-out was prepared in early December. There may be differences in the slides shared at CSM.

If you wish a final version of slides you can email j-sullivan@northwestern.edu
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Disclosures

- S.Kaplan
  - Receive a small consulting stipend from Neuro CPG grant for this project.
  - Receives a stipend to train CPG developers for APTA
  - No other conflicts of interest to declare.
- J.Moore
  - No conflicts of interest to declare.
- K.Potter
  - No conflicts of interest to declare.
- J.Sullivan
  - No conflicts of interest to declare.

Objectives/ Elements of the Session

1. Describe the background & rationale for Neurology Section EDGE taskforces; summarize taskforce recommendations and dissemination efforts; discuss how this leads to the Outcomes CPG → Jane

2. Discussion of APTA CPG Initiative, & types of evidence-based practice documents → Sandra
Elements of the Session

3. Introduction of Outcomes CPG & discussion of progress to date → Kirsten

4. Description of the Outcomes CPG Process and Reviewer Opportunities → Jenni

5. Q & A

Background

- Section on Research Evaluation Database to Guide Evidence (EDGE) Committee
- Neurology Section Toolbox Course
- Proposal to Neurology Section for EDGE Taskforces for Outcome Measure (OM) recommendations
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EDGE Taskforces

- StrokEDGE 1st Taskforce
- Followed by MS, PD, SCI, TBI, & Vestibular
- Taskforces each comprised of section members drawn from a diverse volunteer pool

EDGE Template

Instrument name:

- Item:
- Sub-item:
- Code:
- Domain:
- Category:
- Sample score:
- Instrument properties:
- Validity:
- Reliability:
- Sensitivity to change:
- Ceiling/ floor effects:
- Instrument use:
- Equipment required:
- How is the instrument scored?
- Level of client participation required:

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4 point Recommendation System

Recommendations based on:

– Psychometrics
– Clinical Utility

4=Highly Recommend

• Excellent psychometrics in target population (valid & reliable with available data to guide interpretation) AND

• Excellent clinical utility (administration is < 20 minutes, requires equipment typically found in the clinic, no copyright payment, easy to score)
• 3= Recommend – psychometrics &/or clinical utility less than excellent

• 2=Reasonable to use, but limited study in target group

• 1= Poor psychometrics (inadequate reliability or validity) or limited clinical utility (extensive testing time, unusual or expensive equipment, ongoing costs to administer, etc.)

**Recommendation Categories**

• Most taskforces included practice setting categories (acute care, IRF, SNF, home, etc.)

• Other categories differed by taskforce
  – MS → EDSS rating
  – PD → Hoehn & Yahr Stage
  – SCI → ASIA Impairment Scale
  – Stroke → acuity
  – TBI → ambulatory status
  – Vestibular → central, peripheral, BPPV
Additional Recommendations

• For inclusion in entry-level PT education

• For use in clinical trials

• For targeted research to fill knowledge gaps related to psychometric properties

Reaching Group Consensus
Modified Delphi Process
Synthesis of Taskforce Work

242 total OMs were examined:

- MS 63
- PD 57
- SCI 63
- Stroke 54
- TBI 88
- Vestibular 45

Body Functions & Structures

Activity

Participation

69
68
109
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Synthesis of Taskforce Work

- 111 Generic OMs
- 131 Condition-specific OMs

Synthesis of Taskforce Recommendations

Highly Recommended “4” ratings:
- 41 (17%) OMs received a “4 rating” in least 1 category
  - Almost ½ condition specific OMs
- 8 (3%) OMs received ≥ 10 “4 ratings”
  - All generic OMs

Do not recommend “1” rating - 17 (3%)

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Dissemination

• Presentations CSM & other conferences

• Publications

• Neurology Section Website
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Dissemination

• Presentations CSM & other conferences
• Publications
• Neurology Section Website
• Rehabilitation Measures Database

From Berg Balance Scale Page on Rehabilitation Measures Database

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Dissemination

- Presentations CSM & other conferences
- Publications
- Neurology Section Website
- Rehabilitation Measures Database
- PT Now

Additional Information

Professional Association Recommendations:

StrokEDGE:
- Not appropriate to administer to a patient who has not been in the community since having a stroke.
- Highly recommended for use in inpatient rehabilitation, home health, skilled nursing, and outpatient care. Not appropriate in acute (<2 mo) settings until the patient has had the opportunity to experience the effect of stroke on arm function in real-world settings.
- Highly recommended in chronic (>6 mo) and subacute (2-6 mo) settings.

This test was identified by StrokEDGE for use in functional limitation reporting.
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48 OMs recommended for G code documentation by taskforces

EDGE Accomplishments

• Responded to member requests to identify “best” OMs

• Created a template for making future recommendations

• Significant dissemination efforts in the section and beyond

Positive effects on clinical practice and entry-level education

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What’s Missing?

• Delphi process not as rigorous as current processes used for guidelines, systematic reviews, etc.

• Despite efforts to reduce unnecessary practice variability, still MANY highly recommended tools from which to choose.

What’s Missing?

• EDGE taskforces were organized by condition and included almost 50% condition-specific OMs but most section members are working with multiple populations.

• Can we provide more direction on OMs that are most appropriate across conditions?
Agenda

Background and Rationale

APTA CPG Initiatives
Sandra L Kaplan PT, DPT, PhD

Introduction to the Outcomes CPG

Outcomes CPG Process

What are CPGs?

“Clinical practice guidelines are statements that include recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options.”

IOM (2011)
Why are they needed?

- Synthesizes current literature
- Indicates level of confidence in the body of literature
- Provide direction for best practice based on literature
- No time to read all the primary articles!

APTA Strategic Plans and CPG Development Process

- Goal to support members’ knowledge translation of research into practice
- Allocates budget to support CPG development
  - Training of GDGs (3 cohorts to date =>30 groups)
  - Grant funding for GDG applicants
- Supports meetings and ongoing consultation
- PTNow – CPG repository
- Designing patient registries based on CPG recommendations for measurement
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Topics Under Development

- Hip Fracture
- Acute Total Knee Replacement
- Post Acute Total Knee Replacement
- Post Concussion Management
- Fall Prevention
- Locomotor training - Neuro impairments
- Antepartum Pelvic Pain
- Post Partum Pelvic Pain
- Venous Ulcer
- Developmental Coordination Disorder
- DM Foot Ulcer
- Aquatics for Hip OA
- Venous Thromboembolism
- Carpal Tunnel Syndrome
- Upper Quadrant Lymphedema
- Lateral Epicondylitis
- Distal Radius Fracture
- Exercise post breast cancer
- Chronic Heart Failure
- Peripheral Vestibular Hypofunction
- Core set of outcome measures for Neuro pts

CPG Construction

- Proposal reviewed by Section; includes topic, search, justification and budget.
- Approved Guideline Development Groups (GDGs) attend July training.
  - Set priorities or scope
  - Review GDG membership
  - Identify target audience
  - Identify Consumer and Stakeholder involvement
  - Conflict of interest considerations
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CPG Construction

- PICO/PECOT Question generation
  (Patient group, Intervention/Exposure, Comparison, Outcomes, Time)
- Determine search terms and important outcomes, interventions, values and preferences
- Inclusion/exclusion criteria for evidence
- Determine processes for critical appraisal and summaries of evidence
- Develop recommendations and determine strength grades based on evidence levels

CPG Construction

- Recommendation refinement and summary of supporting evidence, accounting for Implementation, Feasibility and Equity
- Reporting and peer review
  - Specific stakeholders
  - Public review
Final Stage

- Publication
- Dissemination and implementation
  - National Guideline Clearinghouse
  - PEDro
  - PTNow
- Evaluate uptake and implementation
- Revision every 5 years (starts in yr 3)

APTA Workshop

- 2.5 day training program each July for guideline teams approved by Section
- Lecture, small group discussion and blueprint development
- CSM consult sessions
- Consultations through the year by CPG trainers (Joe Godges and I)
Other Synthesized Documents
(available on PTNow)

- CPGs require a reasonable body of rigorous research. If there is not enough:
  - Systematic Review
  - Meta-analysis
  - Clinical Guidance Documents
  - Clinical Summaries
  - Case Illustrations

Types of Section Support

- CPG Coordinators
  - Neurology Section: Tim Hanke, Amelia Siles, Irene Ward, Shree Pandya, Amber Devers, and Michelle Lusardi.

- Section Advisory Groups
  - Neurology: Beth Crowner, Tim Hanke, Michelle Lusardi, Irene Ward, and Miriam Rafferty.

- Funding for GDGs
- Commitment to publish
  - PTJ
  - Section Journals
  - Free access

- Website posting of CPGs
- Dissemination via courses at meetings.
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Membership Support!
- Survey responses
- Advisory group membership
- Critical appraiser of literature (requires training)
- Invited stakeholder review
- Public stakeholder review
- Promotion of published CPGs to colleagues
- Implementation of recommendations
- Research on outcomes of best practice adoption
- Contribute to revisions

Agenda
- Background and Rationale
- APTA CPG Initiative

Introduction to the Outcomes CPG
Kirsten Potter, PT, DPT, MS

Outcomes CPG Process

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### CPG Process & Timeline

**2014**
- Develop CPG Team
- Identify scope & focus of CPG
  - Literature search

**2015**
- Recruit Reviewers
- Online training for reviewers
- Article selection
- Article reviews and critical appraisals

**2016**
- Analysis and synthesis of reviews
- Manuscript preparation
- Invited Expert Panel review
- Public review
- Dissemination

### Step 1: Develop the CPG Team

- **Primary Leadership Team**
  - Jennifer Moore, PT, DHS, NCS
    - Project leader
    - Rehabilitation Institute of Chicago, Chicago, IL
  - Kirsten Potter, PT, DPT, MS
    - Project co-leader
    - Rockhurst University, Kansas City, MO
  - Jane Sullivan, PT, DHS, MS
    - Project co-leader
    - Northwestern University, Chicago, IL
Support Team

• Consultants
  – Sandra Kaplan, PT, DPT, PhD
    • Methodologist
    • Rutgers, The State University of New Jersey
  – Chih-Hung Chang, PhD
    • Statistician
    • Rehabilitation Institute of Chicago
• Research Medical Librarian
  – Linda O’Dwyer, Northwestern University
• Graduate Assistant:
  – Kate Blankshain, SPT, Northwestern University
• Expert panel
• Article reviewers

Expert Panel

• Recruited a diverse expert panel to help guide and validate the scope, process and final CPG recommendations
• Timeline for involvement: May 2014 – December 2016
• Collaborate with panel 2 times per year to update on progress and seek feedback
### Expert Panel Members & Background

<table>
<thead>
<tr>
<th>Panel Member</th>
<th>Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumers of Neurologic PT</td>
<td>Patient perspective</td>
</tr>
<tr>
<td>Anna De Joya, PT, DSc, NCS</td>
<td>Residency Director</td>
</tr>
<tr>
<td>Vanessa Warner, DPT, NCS</td>
<td>Clinician</td>
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<tr>
<td>Deb Larsen, PT, PhD</td>
<td>Neurology Section President</td>
</tr>
<tr>
<td>Rebecca Craik, PT, PhD, FAPTA</td>
<td>PTJ Editor</td>
</tr>
<tr>
<td>Judy Deutsch, PT, PhD</td>
<td>PT Now Editor</td>
</tr>
<tr>
<td>Edelle Field-Fote, PT, PhD</td>
<td>JNPT Editor</td>
</tr>
<tr>
<td>Catherine Lang, PT, PhD</td>
<td>Researcher; core set developer</td>
</tr>
<tr>
<td>Allen Heinemann, PhD</td>
<td>Outcome measurement researcher</td>
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</tbody>
</table>

### Expert Panel Members & Background

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<tr>
<td>Regi Robnett, PhD, OTR/L</td>
<td>OT &amp; measurement</td>
</tr>
<tr>
<td>Jacob Kean, SLP, PhD</td>
<td>SLP &amp; interdisciplinary expert</td>
</tr>
<tr>
<td>David Tirschwell, MD, MSc</td>
<td>Neurologist</td>
</tr>
<tr>
<td>Mary Van de Kamp, CCC-SLP</td>
<td>SLP &amp; policy</td>
</tr>
<tr>
<td>Rhea Cohn, PT, DPT</td>
<td>Healthcare policy</td>
</tr>
<tr>
<td>Ann Jeppesen, MPT</td>
<td>Reimbursement</td>
</tr>
<tr>
<td>Jan Douglas, MS, OTR/L</td>
<td>OT, World Health Organization &amp; consumer</td>
</tr>
<tr>
<td>Nancy Mayo, BSc, MSc, PhD</td>
<td>Measurement &amp; knowledge translation</td>
</tr>
<tr>
<td>Lorna Paul, PT, PhD</td>
<td>Measurement</td>
</tr>
<tr>
<td>Aliki Thomas, OT, PhD</td>
<td>OT &amp; knowledge translation</td>
</tr>
</tbody>
</table>
Step 2: Identifying the Scope & Focus of the CPG

- Purpose of CPG: Identify a core set of outcome measures for use in neurologic PT practice
- Aiming for measures that are:
  - Appropriate for all patients with neurological conditions
  - Used to evaluate patient change
  - Clinically feasible:
    - Time, cost, settings

Step 2: Identifying the Scope & Focus of the CPG

- Survey developed and administered via SurveyMonkey to consumers of PT services and Neurology Section members:
  - Development of a Clinical Practice Guideline for Outcome Measure Use in Neurological Physical Therapist Practice: Determining the Perceptions and Needs of Consumers and Physical Therapists
  - IRB approved
Research Questions

1. Is there a difference between clinicians and consumers in the reported frequency of OM use?
2. Do clinicians and consumers have different needs and opinions regarding duration and frequency of PT OM use?
3. What is the perceived importance of OM use in PT practice by clinicians and consumers?
4. What are the recommendations regarding the scope and focus of a core set of OMs for neurologic PT practice?

SURVEY METHODS
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Consumer Survey

• Inclusion criteria:
  – Diagnosed with a neurologic condition
  – Received PT services in past
  – > 18 years of age
  – English speaking
  – E-mail access
  – Online informed consent granted

• Invited members of:
  – Clinical Neuroscience Research Registry
    • 828 people with stroke; 395 with SCI
  – National MS Society: MidAmerica Chapter
    • 11,635 people with MS
  – National Parkinson Foundation: Heartland Chapter
    • 2,500 people with PD

Consumer Survey Questions

• 21 questions
• Reasons for seeking PT services
  – Neurologic condition
  – Impairments and activity limitations
• Frequency, duration, and setting of services
• Importance of improving in various areas
  – e.g., improve gait, decrease fatigue
• Issues examined by tests
  – e.g., balance, transfers
• Types of tests used
  – e.g., questionnaires
• Frequency and duration of tests
Consumer Survey Questions Cont.

- Did PT explain purpose and results of tests, and how they informed the prognosis and treatment?
- How important are tests to your care?
- How much time should be used for testing?
- Satisfaction with PT services and information received about the tests?

Clinician Survey

- Invited all members of APTA – Neurology Section to participate
  - ~ 5,000 PTs and PTAs
- Inclusion criteria
  - Licensed PT or PTA
  - Minimum of Bachelor’s and Associate’s degree, respectively
  - Email access
  - Online informed consent granted
**Clinician Survey Questions**

- 65 questions – use of survey logic
  - Specific number and type of questions varied:
    - Clinician vs. academician/researcher/other
- 3 sections:
  - Demographic data
  - CPG: Core set needs assessment
  - Use of outcome measures in practice

**Clinician Survey Questions: Demographic Data**

- Primary and professional roles
- Experience
  - Number of years
  - ABPTS or other certification
  - Treating patients with neurologic conditions
  - Training on outcome measures
- APTA & Section membership
- Highest level of education
- Setting where majority of work hours is spent
- Willingness to change practice to incorporate a core set of OMs
Clinician Survey Questions: Core Set Needs Assessment

- Understanding of core sets and how they are used in practice
- Importance of:
  - Having a core set of OMs
  - Types of OMs in core set
  - Representation of each ICF domain in the core set
  - Include items across ICF levels and specific areas (e.g., aerobic capacity and endurance)
- Time and money to support use of core set
- Benefits and potential impact of core set

Clinician Survey Questions: OM Use in Clinical Practice

- How often should we measure each ICF domain in practice?
  - Body function/structure, activity, participation
  - Specific constructs (e.g., pain, transfers)

- Areas tested with OMs
  - Clinician: What are you measuring with an OM?
  - Academician/Researcher: What areas should be measured with an OM?
PRELIMINARY SURVEY RESULTS

Detailed results will be published in the near future.

Participants

Section Members
- 303 participated
  - Clinician: 69%
    - All PTs
  - Academician: 24%
  - Researcher: 2%
  - Other: 6%
- Clinicians:
  - 45%: > 15 years experience
  - 58%: doctoral degree
  - 54%: ABPTS certified
- Setting:
  - OP: 46%
  - Rehab: 28%

Consumers
- 215 participated
  - MS: 49%
  - Stroke: 34%
  - SCI: 14%
  - Tumor: 3%
  - PD: 3%
  - TBI: 2%
- Setting
  - OP: 70%
  - IP rehab: 21%
  - Home: 4%
  - SNF/LTC: 3%
  - Acute care: 1%
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Question 1: Difference between the reported frequency of OM use between clinicians and consumers?

- 94% of clinicians use outcome measures!
- Frequency of OM use during episode of care:

Frequency of Using OMs Across ICF Levels - Clinicians

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Question 2: Needs/opinions re duration and frequency of OM use.

How much time do you have for conducting your initial, interim, and discharge exams?

Question 2: Needs/opinions re duration and frequency of OM use.

Maximum amount of time that should be used to administer tests/measures?

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Question 3: Importance of OM use in PT practice between clinicians and consumers?

<table>
<thead>
<tr>
<th></th>
<th>Consumers: How important are tests to your PT care?</th>
<th>Clinicians: How important is it to have a core set of OMs for practice?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very important /Essential</td>
<td>59%</td>
<td>65%</td>
</tr>
<tr>
<td>Somewhat important /Desirable</td>
<td>35%</td>
<td>33%</td>
</tr>
<tr>
<td>Not important</td>
<td>7%</td>
<td>2%</td>
</tr>
</tbody>
</table>

Question 4: Recommendation re. CPG scope.

Support for a Core Set

- How important is it to have a recommended core set of OMs?

![Pie chart showing 65% Essential, 33% Desirable, 2% Not necessary]
Perceived Benefits of a Core Set

- Percentage of clinicians who rated each benefit as strongly agree or agree:

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure patient change</td>
<td>98%</td>
</tr>
<tr>
<td>Document patient care</td>
<td>97%</td>
</tr>
<tr>
<td>Compare outcomes across providers/facilities</td>
<td>93%</td>
</tr>
<tr>
<td>Determine efficacy of interventions</td>
<td>92%</td>
</tr>
<tr>
<td>Contribute to a more thorough exam</td>
<td>92%</td>
</tr>
<tr>
<td>Develop/modify plan of care</td>
<td>90%</td>
</tr>
<tr>
<td>Improve reimbursement</td>
<td>89%</td>
</tr>
<tr>
<td>Compare outcomes across patients</td>
<td>89%</td>
</tr>
<tr>
<td>Enhance education of students</td>
<td>80%</td>
</tr>
<tr>
<td>Identify risks for hospitalized patients</td>
<td>77%</td>
</tr>
</tbody>
</table>

Question 4: Recommendation re. CPG scope.

For each ICF domain, rate the importance of each for inclusion in the core set.
Question 4: Recommendation re. CPG scope.

Clinician: Essential Constructs for Core Set.

Listed below are several areas that may be measured using outcome measures. Please rate each of the following areas according to their importance for inclusion in the core set.

- Aerobic capacity and endurance
- Auditory, attention, behavior, and social interaction
- Balance
- Bed mobility
- Gait
- Community and leisure
- Joint integrity and mobility (e.g., muscle, joint, bone)
- Motor function (e.g., hand strength, gait)
- Muscle tone
- Pain
- Patient-stated goals
- Posture
- Quality of life
- Sensory integrity and sensory processing
- Stair climbing
- Transfer skills
- Ventilation and respiration/gas exchange
- Wheelchair mobility
- Work integration/reintegration
- Vestibular function tests

Essential
Desirable
Not Necessary

% Rating (>50%)
Question 4: Recommendation re. CPG scope.

Consumers: Reasons for Referral

<table>
<thead>
<tr>
<th>Reason for Referral</th>
<th>Percentage of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking</td>
<td>83%</td>
</tr>
<tr>
<td>Balance</td>
<td>68%</td>
</tr>
<tr>
<td>Difficulty using arm</td>
<td>45%</td>
</tr>
<tr>
<td>Coordination</td>
<td>43%</td>
</tr>
<tr>
<td>Spasticity</td>
<td>43%</td>
</tr>
<tr>
<td>Fatigue</td>
<td>30%</td>
</tr>
<tr>
<td>Pain</td>
<td>29%</td>
</tr>
<tr>
<td>Self-care</td>
<td>28%</td>
</tr>
<tr>
<td>Difficulty at work</td>
<td>7%</td>
</tr>
</tbody>
</table>

Question 4: Recommendation re. CPG scope.

Consumer: How Important Is It For You To Improve In…?
Summary

• Outcome measure use has increased dramatically in recent years
• Section members support the development of a CPG on OMs
• Consumers value tests used in PT practice

• Key constructs for inclusion in the core set are:
  – Gait
  – Balance
  – Patient-stated goals
  – Transfers

Agenda

Background and Rationale

APTA CPG Initiative

Introduction to the Outcomes CPG

Outcomes CPG Process
Jennifer Moore PT, DHS, NCS
Agenda for this Section: Outcome CPG Process

Measurement Selection

- Literature Search
- Article Review Tools
- Timeline

Role of Neurology Section Members

Call for Reviewers

Next Steps: Outcome Measure Selection

- Measurement Areas
  - Balance
  - Gait
  - Patient-stated goals
  - Transfer skills


**Outcome Measure Selection**  
Neurology Section EDGE as a Foundation

1. Combined all measures reviewed by EDGE groups (n=241)

2. Classified as generic or disease specific
   - Eliminated disease-specific measures (n=101)
   - 140 measures used in more than one population

3. Eliminated all measures that received a “1” (not recommended) ratings by ALL EDGE groups (n=13)
   - 127 measures remained

4. Classified measures by construct
   - Removed measures that assess areas other than balance, gait, transfers, patient stated goals (n=57)
   - 70 measures remained

5. Categorized by type of measure
   - Eliminated measures that could not be used to assess change over time (n=8)
   - If unsure (n=3), assessed whether the instrument had:
     - responsiveness data
     - indices of change OR
     - been used as an outcome in an intervention trial
   - 62 measures were outcome measures
**Outcome Measure Selection**

6. Identified measures that are *focused* on balance, gait, transfers or patient-stated goals
   - Criterion: 75% of the measure must address 1 of the 4 constructs
   - Eliminated measures as appropriate (n=13)
   - 49 measures remained on list

7. Eliminated measures that don’t meet important clinical utility criteria (as determined by survey)
   - Cost = free
   - Equipment readily available in clinic
   - Administration time < 20 minutes
   - Eliminated 8 measures, 41 measures remain

**Literature Search**

1) Search Databases:
   - MEDLINE
   - Embase
   - CINAHL
   - CENTRAL Register of Controlled Trials
   - Health & Psychosocial Instrument
*No date or language limits will be applied*
Literature Search

2) Combine results with Consensus Based Standards for the Selection of Health Measurement Instruments (COSMIN)

3) Obtain additional articles/citations from the reference lists of key articles

4) Combine results in EndNote

5) Two screeners will assess each record

6) Additional screen of full-text articles for inclusion

Article Review Tools

**Cosmin**
- Classical Test Theory & Item Response Theory
  - Internal consistency
  - Reliability
  - Measurement error
  - Content validity
  - Structural validity
  - Hypotheses testing
  - Cross-cultural validity
  - Criterion validity
  - Responsiveness
  - Interpretability

**EDGE & Rehab Measures**
- Outcome Measure Rating Form, Clinical Utility Section
  - Clarity of Instructions
  - Format
  - Time
  - Examiner Qualifications
  - Cost
  - Equipment required
  - Number of items
Cosmin: A Critical Appraisal Tool for Measurement

- International Delphi study as a multidisciplinary, international collaboration
- > 50 systematic reviews
- Recent articles relevant to Neurologic PT:
  - Gait-related outcomes neuromuscular diagnoses (Ammann-Reiffer et al, 2014)
  - Balance measures for ataxia (Winser et al, 2014)
  - Self-management outcome measures in stroke (Boger, Demain, Latter, 2013)
  - Fatigue in MS, PD and stroke (Elbers et al, 2012)

CPG Process & Timeline

2014
- Develop CPG Team
- Identify scope & focus of CPG
- Literature search

2015
- Recruit Reviewers
- Online training for reviewers
- Article selection
- Article reviews and critical appraisals

2016
- Analysis and synthesis of reviews
- Manuscript preparation
- Invited Expert Panel review
- Public review
- Dissemination
On the EDGE of Possibilities: Development of a Process to Identify a Core set of Outcome Measures for Neurologic Physical Therapy Practice

### CPG Process & Timeline

<table>
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<tr>
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### Role of Neurology Section Members

Several opportunities for participation:
- Article reviewer and critical appraiser
- Volunteer as a reviewer of the final document(s)
- Comment on document during stakeholder review

Email [Neuro.outcomes.cpg@gmail.com](mailto:Neuro.outcomes.cpg@gmail.com) to participate!!!
Call for Reviewers

Invitation to Review Articles for CPG
- Participate in online training on review tools
- Perform article reviews between April 2015 and Jan 2016

email Neuro.outcomes.cpg@gmail.com to participate!!!
References