Neurologic Outcome Measures CPG & StrokEDGE II





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StrokEDGE II is now Available!

Last week, we introduced you to the recently published *CPG*: A Core Set of Outcome Measures for Adults with Neurological Conditions Undergoing Rehabilitation and the general ways in which these measures can be implemented into practice.

This week we want to also disseminate and discuss the StrokEDGE II Documents.

Extended information can be found here: <u>http://www.neuropt.org/professional-resources/neurology-section-outcome-measures-recommendations/stroke</u>

Review of StrokEDGE Revision Process:

- Relevant literature published between 2010 and 2015 on the measures recommended in StrokEDGE I was reviewed.
- StrokEDGE I measures on gait and balance were reviewed by the Clinical Practice Guideline Task Force; and therefore *were not* reviewed by the StrokEDGE II Task Force.
- A pair of task force members reviewed the most recent literature for each measure and updated and revised psychometric properties using the modified EDGE (Evidence Database to Guide Effectiveness) template.
- Each measure was then independently reviewed by one of the task force cochairs.
- New measures were identified for review if at least 2 of the 7 task force members identified the measures as currently in use in clinical practice.

Acute Care Recommended Measures for Stroke: <u>http://neuropt.org/docs/default-source/edge-documents/strokedge-ii-acute-care.pdf?sfvrsn=14fc5443_2</u>

In- and Out-patient Recommended Measures for Stroke: <u>http://neuropt.org/docs/default-source/edge-documents/strokedge-ii-inpatient-and-outpatient-rehabilitation.pdf?sfvrsn=cfc5443_2</u>

Recommendations for Entry-level DPT Students: <u>http://neuropt.org/docs/default-source/edge-documents/strokedge-ii-student.pdf?sfvrsn=17fc5443_2</u>

How does this relate to the Core Outcome Measures CPG?

The intent of this CPG is to increase the standardization of measure use in neurologic PT. The StrokEDGE II includes the core measures to support this aim, for the measure of gait, balance and transfers. The StrokEDGE II includes additional

measures to explore movement in the body structures/functions and participation domains of the ICF.

Use of the **Core Measures** in assessing your patient with stroke should be considered the starting point, or the minimal requirement (when improvement in these constructs are the patient's goals and he/she can improve). The core set can be coupled with other measures from the StrokEDGE II to provide a cluster of tests of most value for your individual patient.

Lastly, consider that these group of measures, both from the core set and from StrokEDGE, can all be utilized in your department or health system to evaluate the effectiveness of your services to patients with stroke. In using a smaller group of measures with more consistency, the opportunity exists to aggregate this data and explore meaningful clinical questions.

In the upcoming weeks, we will dive into each of the core measures recommended in the CPG. We will present some examples of how the core set and measures from the StrokEDGE II can be utilized in a meaningful way.

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