

Outcome Assessment Interpretation and Implementation in Musculoskeletal Rehabilitation: Educational Topic Presentation

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Purpose: There is interest among the American Society of Shoulder and Elbow Therapists members in using clinical outcome measures to help direct practice and patient care. Useful and reliable assessment tools must be identified for validity, efficiency, and individual impairment and function.

Description: A literature review was conducted to identify commonly used and researched outcomes measures for musculoskeletal disorders of the shoulder and elbow. The Disabilities of the Arm, Shoulder and Hand Questionnaire (DASH) is a thirty item self-reported assessment of any joint of the upper extremity. The DASH can detect small changes in disability and has been validated for joint disorders, injuries, and post-surgical recovery. The Patient-Rated Elbow Evaluation form rates pain and functional impairment associated with elbow tendinopathy in a fifteen item questionnaire.

Summary of Use: The DASH takes approximately 10 minutes to administer and the score has been shown to correlate to impairment. Clinically meaningful and statistically significant improvements were shown for the DASH for shoulder and elbow disorders, in addition to post-surgical outcomes. Strong correlations were found between the PREE pain score and the PREE total score. The PREE has moderate to high accepted validity and sensitivity to change in patients with various elbow pathologies. Other measures, such as the patient-reported form of the American Shoulder and Elbow Surgeons Elbow Questionnaire (ASES-e) and Short Form 36 (SF-36), have also been found to show significant improvement in function at follow-up.

Importance: Selecting and implementing clinical outcome measures can help direct patient care and assist in practice management. Outcome measure tools should be quick to administer, easy to score and validated to show changes in patient impairment and disability. At a minimum, administration of forms should be completed at the initial visit and at discharge from treatment. More frequent use of a measurement tool through an episode of care may be utilized to detect large and small changes over time which can be documented to help justify the value of therapy services to third party payers. While many patient outcome scoring systems are used for upper extremity disorders, there is a lack of research summarizing which tools are easy to administer, are reliable, have validity and are sensitive to change.