

Outcomes measures

Adopting APTA CPG recommendations for the neuro population
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APTA Clinical Practice Guideline on Outcomes

- 2018 APTA published "A Core Set of Outcome Measures for Adults with Neurologic Conditions Undergoing Rehabilitation"
 - National review process to establish these guidelines
- 2019 Spaulding Rehab began work to adopt these measures



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Recommended outcome measures

- Berg Balance Scale, Functional Gait Assessment, 10mw, 6 min walk (with Borg Scale), 5 times sit to std
- Activities-specific Balance Confidence Scale



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History of outcomes use at Spaulding

- PTs have incorporated outcome measures more regularly over past 5 years
- Started with BI program and then rolled out to CVA program
- Encouragement and discussion required for staff buy in and roll out to no-neuro programs

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History of outcomes use at Spaulding

- Measures are completed in first 72 hours and at discharge
 - One most appropriate measure per patient is completed weekly
- TUG, DGI, 10mw, Berg Balance test
 - Timed tests scored 0 for patients who require assist to move a limb

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History of outcomes use at Spaulding

- Function in Sitting Test (FIST) or Trunk Impairment Scale (TIS)
 - For those who aren't able to perform standing tests and scored for sitting task of Berg
- TIS used by CVA program but they have moved to use of FIST for more global application

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Current outcome measures

- In the spirit of adopting APTA Core Measures
 - Berg, FGA, 10mw and 6 minute walk test
 - Cont to use the TUG as appropriate
 - Cont to use FIST as appropriate



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Challenges in adopting core measures

- 6 minute walk test
 - Reluctance to spend time
 - Incorporation of Borg Scale
- 10 meter walk test
 - Research uses 14m version (10m timed)
 - APTA uses 10m version (6m timed)
 - Do we “unlearn” the 14m version?
 - What does our outpatient dept do?



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Challenges in following recommended standards

- APTA published guidelines answer common questions about each measure
- They describe in detail the chair heights, box heights etc
- Previous variability in tools used by therapists

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Challenges in following recommended standards

- Education and encouragement required to break people of their habits
 - Labeled one slipper for the Berg
 - Set up rulers on back mirror to the height can be changed and therapist can still guard the patient
 - Labeled step boxes for FGA and Berg

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Additional efforts

- OT working to identify outcome measures for different populations
- SCI to incorporate FIST
 - Other measures don't suit the level of patients we see
- BBS for patients with burn injury
- AMPRO, NOPRO for patients with amputations

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- Impacts length of stay
 - Team decision making
 - Some 3rd party payers will consider
- Clearing patients to be independent prior to discharge
- Motivation for patients
- Data for future impact

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- Thoughts? Questions?
- Lessons learned?



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