**Outcome measures**

Here are links to some commonly used outcome measures within Outpatient Rehabilitation….

**The quality of Life Questionnaire EQ-5D-5L**

<http://www.csp.org.uk/professional-union/practice/evidence-base/outcome-experience-measurement/eq5d5l>

<http://www.euroqol.org/>

**DASH outcome measure – Disabilities of the Arm Hand and Shoulder**

<http://www.dash.iwh.on.ca/about-dash>

**LEFS outcome measure – Lower Extremity Functional Scale**

<http://www.emoryhealthcare.org/physical-therapy/pdf/hip-lefs.pdf>

**KOOS – Knee injury and Osteoarthritis outcome score**

<http://www.koos.nu/>

**NDI – Neck Disability index**

<http://www.aaos.org/uploadedFiles/NDI.pdf>

**RMDQ outcome measure.** **Roland Morris Disability Questionaire is widely used health status measure for low back pain**.

<http://www.rmdq.org/>

**Acute Low Back Pain Screening Quesitonnaire can be fround on page 37 of the New Zealand Yellow Flag guidelines.** (Linton and Hallden, 1996)

<http://www.acc.co.nz/PRD_EXT_CSMP/groups/external_communications/documents/guide/prd_ctrb112930.pdf>

**Oswestry back pain score**

<http://www.orthopaedicscore.com/scorepages/oswestry_low_back_pain_modified.html>

**A full list of orthopaedic scores can be found**

<http://www.orthopaedicscore.com/>

Further information can be found on the regularly updated Physiopedia website

<http://www.physio-pedia.com/Category:Outcome_Measures>

**PROM**

Patient Reported Outcome Measures (PROMs)

“The emphasis in current UK health policy on the importance of patient choice in treatment or care, has resulted in the development and use of many 'patient-reported outcome measures' known as PROMs, ie questionnaires, scales, tests that measure the patient's own view as to how clinical treatment has affected them and their quality of life.” (CSP, 2016)

The NHS provides information on PROMS

<http://digital.nhs.uk/proms>

**PCOM**

Patient Centred Outcome Measures (PCOMs) have been pioneered for children and young people.

<https://www.england.nhs.uk/ourwork/pe/pcoms/>

**HCPC**

The Heath and Care Professionals Council standards of proficiency for physiotherapists standard 12 states that

12.3

Registrant physiotherapists must be able to assure the quality of their practice by being aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures

12.6

Registrant physiotherapists must be able to assure the quality of their practice by being able to evaluate intervention plans using recognised outcome

measures and revise the plans as necessary in conjunction with

the service user

<http://www.hpc-uk.org/assets/documents/10000dbcstandards_of_proficiency_physiotherapists.pdf>

**CSP**

Using standardised, validated outcome measures in clinical practice is [an explicit requirement of the CSP's Quality Assurance Standards](http://www.csp.org.uk/professional-union/professionalism/csp-expectations-members/quality-assurance-standards/section-9--0).

http://www.csp.org.uk/professional-union/professionalism/csp-expectations-members/quality-assurance-standards/section-9--0

**This is taken from the CSP Quality Assurance Standards section 9.**

**9.4 The effect of the physiotherapeutic intervention and the treatment plan is evaluated to ensure that it is effective and relevant to the goals**

**Criteria**

9.4.1 There is a policy;

1. to support members in engaging with service improvement  initiatives
2. for the use of service user experience surveys
3. for the use of measures to evaluate clinical effectiveness

9.4.2 An appropriate measure is used to evaluate the effect of physiotherapeutic intervention(s);

1. the measure chosen is published, standardised, valid, reliable and responsive
2. the measure used is the most relevant to the service user’s problems to evaluate the change in the service user’s health status
3. the measure is acceptable to the service user
4. the metric is used in an appropriate way for that specific measure (possibly at the start and end of treatment and at appropriate intervals including follow up)
5. members ensure they have the necessary skill and experience to use, administer and interpret the measure
6. members take account of the service user’s welfare during the administration of the measure
7. the result of the measurement is recorded
8. information derived from the evaluation and the use of the outcome measure is shared with the service user and documented
9. written instructions in the manufacturer’s manual, test designer’s manual or service guidelines are followed during the administration and scoring of the measure if applicable

The Chartered Society of Physiotherapy provide information on outcome measures across the profession.

<http://www.csp.org.uk/professional-union/practice/evidence-base/outcome-measures>

**This is taken from the CSP webpage**

**How to choose an appropriate outcome measure**

There are a number of issues to consider when choosing appropriate outcome measures:

* + What do you want to measure (pain, success of an intervention etc)?
  + What patient population are you treating?
  + What type of problem are you treating (mobility, neurological etc)?
* What context are you working in (community, hospital, multi-disciplinary team etc)?
* Do you want to use a measure where the health professional records performance, or do you want to use a patient-reported outcome measure?
* What time is there available to measure?
* What equipment and training is required to use the measure effectively and can the service afford this?
* Is the measure validated, responsive, and reliable to administer?
* Are there several measures available that purport to measure the same thing; what does the literature say about the pros and cons of each of these?
* Do you have permission from the copyright holder to use the measure in question, and is there a cost to buy a licence to use the measure?
* Do you need to use several measures to review different components of the patient's health?
* How will you use the data gathered?

Things to remember when reviewing/selecting outcome measures:

* No measure is perfect - make judgements about conflicting pros and cons for each measure in the location you want to use it, bearing in mind your resources;
* Don't modify a measure, or make local 'improvements' to a measure;
* Don't invent a new measure just because you can't find a measure perfect for your needs, because development of a new measure requires resources (time, money, knowledge) and needs to be tested for reliability, responsiveness and validity.

**What to do with outcome measure results**

* The results obtained from using an outcome measure should be analysed to see if the change in health status recorded is attributable to the intervention, or not. To make rational decisions about whether an intervention is of value, careful analysis of the cause of the outcome should be made.
* The results obtained can be used to evaluate the impact of an intervention, or treatment; provide information to the patient; or provide information for commissioners or planners of physiotherapy services.