Clinician's Commentary on Stratford and Riddle¹

Establishing a clear, attainable, and measurable goal is the starting point for all successes in physiotherapy, and using outcome measures can be helpful in setting measurable goals.¹ Patient-reported outcome measures (PROM) have become a standard in both clinical practice and research.² While traditional assessments such as range of motion, strength, and functional movements can provide valuable information to the clinician, these types of assessments can fall short of adequately addressing all meaningful outcomes because they are inherently biased and may not describe the patient's own perception of his or her state of health. PROMs have been developed to obtain quantitative data on general health quality, function, and pain. PROM data can help practitioners determine the severity of the disorder, formulate a treatment plan, and assess treatment efficacy over time.³

The Roland Morris Disability Questionnaire (RMDQ) is a 24-point PROM that assesses pain related to functional status. To measure a goal, we must know what we are trying to achieve. We can measure a change in overall RMDQ score, such as improving from 9/24 to 4/24 (target value), or we can determine by how many points we want our score to change, such as achieving a change of 5 points on the RMDQ (change score).¹

If a client achieves a predetermined goal, can we then also determine that he or she is functional? Stratford and Riddle discuss two previous studies that attempt to define what constitutes a functional state and a dysfunctional state. Jacobson and colleagues observed that there is a major gap between clinical research and its applicability to clinical practice;⁴ while their study was published in 1984, the landscape remains similar today. Despite a proliferation of evidence, high-quality research often does not translate into clinical practice.⁵

Jacobson and colleagues have stated that "a change in therapy is clinically significant when the client moves from the dysfunctional to the functional range during the course of therapy on whatever variable is being used to measure the clinical problem."⁴(p.340) This definition remains applicable in physiotherapy today, but we must also know how to measure the functional and dysfunctional states.

One challenge of assessing a person's functional status is the lack of a gold standard for physiotherapists to compare the outcome of interest.¹ Tubach and colleagues introduced the Patient Acceptable Symptom State (PASS), a measure to distinguish between functional and dysfunctional states, which they defined as "the value beyond which patients can consider themselves well."⁶(p.34)

Stratford and Riddle set out to determine a "recovery score" on the RMDQ that would help clinicians decide when their client has moved from a dysfunctional state to a functional state. In their study, clinicians set goals with their clients, although these goals were not analyzed or collected in the study. Stratford and Riddle then applied a "goals met" reference standard to determine a functional outcome and hypothesized that patients who were meeting their treatment goals would be more likely to be functional than those who were not meeting their goals.¹

Of the 143 patients who took part in Stratford and Riddle's study, 104 met their treatment goals; the researchers found that an RMDQ score ≤ 4 best distinguished patients who achieved their goals from those who did not.

Stratford and Riddle discuss the value of finding a recovery score on the RMDQ. This is immediately applicable to clinical

practice: understanding that patients who achieve a score ≤ 4 on the RMDQ are also more likely to meet their goals can help guide decisions such as discharge from care as well as being helpful in assessing treatment efficacy.

There remains a large gap between clinical research and its application to practice; therefore, Stratford and Riddle's important findings may not be applied in practice as readily as they should. However, the landscape is rich for innovation in physiotherapy and rehabilitation, and never in the history of physiotherapy history has there been a disruption of this scale. A groundswell of entrepreneurs, startups, and investors have created an ecosystem that is inspiring action in health care. As Jones and colleagues have stated, "when technology is implemented effectively, it has the potential to fundamentally change the delivery of healthcare."⁷(p.23)

The ultimate goals of physiotherapy are to improve our clients' quality of life, to restore function, and to relieve symptoms. Using valid and reliable PROMs, such as the RMDQ, in a thoughtful and clinically meaningful manner will help improve patient care and outcomes. Integrating clinical practice with technology applications may improve our use of such measures and can shift our profession from knowing the impact we have on patient outcomes to showing our impact.

Margaret Bergeron, BSc, MSc(PT)
Adjunct lecturer, University of Toronto;
Co-Founder, CEO, healthSwapp

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DOI:10.3138/ptc.2014-85-CC