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Research Article

**USAGE OF OUTCOME MEASURES IN PHYSICAL THERAPY
PRACTICE IN LAHORE; A CROSS SECTIONAL SURVEY**Aqeela Fatima¹, Hafiz Muhammad Asim², Suffian khalid³, Myna Nasir⁴

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Article Received: August 2019**Accepted:** September 2019**Published:** October 2019**Background:**

Usefulness of Standardized Outcome Measures is evident now all over the world. It not only reduces the health cost by accurate assessment but also spares the human resources specially in case of self-evaluating outcome measures. Physical Therapy is a profession with most of disorders measureable only through scale based tools. Here is it more important to use the outcome measures.

Objective: *The objective of my study was to figure out utilization of standard outcome measures in clinical practice of physical therapy.*

Methods: *This was a cross sectional survey. Duration of the study was 6 months after approval of Synopsis. The clinical setups having Physical Therapy Unit/ Services. Convenience sampling technique was used to get data from Physical Therapist. Total of 237 participants were surveyed from the membership list of Pakistan Physical Therapy Association. The data was analyzed using Statistical Package for Social Sciences, SPSS 20.0.*

Results: *Results showed neutral response regarding utilization of evidence based outcome measures in clinical practice.*

Conclusion: *The study concluded that there was positive attitude towards use of self-reporting and performance based outcome measures. However, there found high level of underutilization of these tools. The main barriers found in use of outcome measures were language barrier, time constraints and health cost.*

Keywords: *Outcome Measure, Physiotherapy, Self-Rating Outcome Measurement Tools.*

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INTRODUCTION:

Usefulness of Standardized Outcome Measures is evident now all over the world. It not only reduces the health cost by accurate assessment but also spares the human resources specially in case of self-evaluating outcome measures. Physical Therapy is a profession with most of disorders measureable only through scale based tools. Here is it more important to use the outcome measures[1].

First estimating accurate figure of extent of usage of outcome measures may lead to suggestion, recommendations and planning to incorporate these tools more into practice. This may influence from very basic level of patients individually to community as a whole. For many years rehabilitation professionals have been commending standard instruments for use for the purpose of measuring various aspects of health status. There is much written about the potential benefits of, and obstacles to the use of these measures in practice. Furthermore, many of these instruments are in use for patients with varying conditions treated by physical therapists[2].

These instruments has assigned in the literature using different terms like “health status measures, outcome measures, disability measures, and quality of life measures”. Generally, they will evaluate the real and deduced ability of an individual for carrying out certain activities such as environmental motion, or finishing personal care and participating in household activities or work management. The literature although, will discuss studies in which physical therapists have defined these measures to encompass assessment of body function[3].

However, refer to different terms and elucidated at different levels, these standards/measures was standardized because they will contain close ended questionnaire scheme or particular protocols for administering it, also providing scores which will permit quantitative assessment of ability and analyzed for its psychometric properties. When used to ascertain the change in potential from the beginning to end/after an intervention, they might be assigned to as outcome measures[4].

The force for utilization of standardized outcome measures in practice more stimulated by a recognition for patient’s personal improvements, considering traditional measured impairments in body function [force-capacity, range of motion. It will also consider patient’s inclination for participation and daily activities. However we do not know of any clinical traits that have manifested straight consequences of using standardized outcome

measures, proposed benefits include recognizing patients at risk for nasty or poor outcomes, facilitating refined continuity of care for the transitioning of patients from one setting of health care to another, establishing the most cost effective environment for patients to get rehabilitation services, evaluating practitioner and organizational representation and discovering the most potent intervention for specific conditions[5].

Therefore this survey may find the use of standardized outcome measures in physical therapy practice in Pakistan by physical therapists. Also the extent of these measures being used by physiotherapists in different countries. Usefulness of Standardized Outcome Measures is evident now all over the world. It not only reduces the health cost by accurate assessment but also spares the human resources especially in case of self-evaluating outcome measures[6].

Physical Therapy is a profession with most of disorders measureable only through scale based tools. Here is it more important to use the outcome measures. First estimating accurate figure of extent of usage of outcome measures may lead to suggestion, recommendations and planning to incorporate these tools more into practice. This may influence from very basic level of patients individually to community as a whole[7].

The purpose of conducting this survey was to find the use of standardized outcome measures in physical therapy practice in Pakistan by physical therapists. Also the extent of these measures being used by physiotherapists in different countries. Usefulness of Standardized Outcome Measures was evident now all over the world. It not only reduces the health cost by accurate assessment but also spares the human resources specially in case of self-evaluating outcome measures. Physical Therapy is a profession with most of disorders measureable only through scale based tools. Here is it more important to use the outcome measures.

METHODOLOGY:

This was a cross sectional survey conducted from March 2016 till August 2016. The Physical Therapists working as clinicians were included, irrespective of age and gender. The Physical Therapy clinicians working less than 6 hours in a day were excluded. Convenience sampling technique was used based on data of physiotherapists registered with Pakistan Physical Therapy Association. Keeping a population size of Physical Therapists working in Lahore as 1000, confidence interval 5% and

confidence level 95%, the online sample size calculator the sample size was estimated to be 268 participants. The questionnaire [Jette et al., 2009] was distributed to the physical therapist respondents as hand-outs and via email. The informed consent was also taken from the respondent physical therapists. Privacy and confidentiality of data was reserved. Data was analyzed on SPSS version 16. Mean and Standard Deviation was calculated for continuous variables such as age, working hours, score of scale. Percentage and frequency was calculated for categorical and nominal variables. Pie charts and bar charts was for such variables.

RESULTS:

Results regarding Questions being confusing to patients showed that out of 268[100%] who were definitely agree 124[46.3%], who were agree somewhat 105[39.2%] and disagreed were 39[14.6%]. Results regarding Problems in Using Health Status Questionnaires with Patients/Clients include, They: Are Difficult for Patients/Clients to Complete Independently showed that out of 268[100%] who were definitely agree 104[38.8%], who were agree somewhat 110[41.0%] and disagreed were 54[20.1%]. Results regarding Problems in Using Health Status Questionnaires with Patients/Clients include, They: To be unfriendly language showed that out of 268[100%] who were definitely agree 124[46.3%], who were agree somewhat 116[43.3%] and disagreed were 28[10.4%]. Results regarding Extra time taken by patients that out of 268[100%] who were definitely agree 121[45.1%], who were agree somewhat 114[42.5%] and disagreed were 33[12.3%]. Results regarding Extra time in problem calculation showed that out of 268[100%] who were definitely agree 136[50.7%], who were agree somewhat 120[44.8%] and disagreed were 12[4.5%]. Results regarding Questions about health status showed that out of 268[100%] who were definitely agree 174[64.9%], who were agree somewhat 94[35.1%]. Results regarding Health Status Questionnaires are Used For: Comparison of performance among physiotherapists showed that out of 268[100%] who said yes routinely were 170[63.4%], who said yes sometimes were 98[36.6%]. Results regarding Health Status Questionnaires are Used For: Performance comparison showed that out of 268[100%] who said yes routinely were 172[64.2%], who said yes sometimes were 96[35.8%]. Results regarding Health Status Questionnaires are Used For: Communication showed that out of 268[100%] who said yes routinely

were 176[65.7%], who said yes sometimes were 92[34.3%]. Results regarding Reason of under usage Are Confusing to Patients/Clients showed that out of 268[100%] who said yes were 248[92.5%], who said no were 18[6.7%] and who said sometimes 2[0.7%]. Results regarding Reason of under usage Are Difficult for Patients/Clients to Complete Independently showed that out of 268[100%] who said yes were 155[57.8%], who said no were 16[6.0%] and who said sometimes 97[36.2%]. Results regarding Reason of under usage: level higher than patient's comprehension showed that out of 268[100%] who said yes were 256[95.5%], who said no were 6[2.2%] and who said maybe 6[2.2%]. Results regarding Reason of under usage To be unfriendly language showed that out of 268[100%] who said yes were 190[70.9%], who said no were 21[7.8%] and who said maybe 57[21.3%]. Results regarding Reason of under usage Make Patients/Clients Anxious showed that out of 268[100%] who said yes were 267[97.4%], who said maybe were 7[2.6%]. Results regarding Reason of under usage Extra time for patients showed that out of 268[100%] who said yes were 186[69.4%], who said no were 42[15.7%] and who said maybe 40[14.9%]. Results regarding Reason of under usage Extra time for calculations showed that out of 268[100%] who said yes were 225[84.0%], who said maybe were 43[16.0%]. Results regarding Reason of under to be irrelevant information showed that out of 268[100%] who said yes were 111[41.4%], who said no were 55[20.5%] and who said maybe 102[38.1%]. Results regarding Reason of under usage To be irrelevant questions showed that out of 268[100%] who said yes were 157[58.6%], who said no were 26[9.7%] and who said maybe 85[31.7%]. Results regarding Reason of under usage To be unplanned discharge from physiotherapy services showed that out of 268[100%] who said yes were 109[40.7%], who said no were 49[18.3%] and who said maybe 109[40.7%]. Results regarding Reason of under usage To lack of technology support showed that out of 268[100%] who said yes were 165[61.6%], who said no were 36[13.4%] and who said maybe 67[25.0%]. Results regarding Reason of under usage Are really Only Useful for Research Purposes showed that out of 268[100%] who said yes were 250[93.3%], who said no were 18[6.7%]. Results regarding Reason of under usage or future planning showed that out of 268[100%] who said yes were 27[10.1%], who said no were 31[11.6%] and who said maybe 210[78.4%].

Table 1: Demographic Data

Gender	Number
Female	195
Male	73
Total	268
Experience	
Less than 3 years	259
3–5 years	7
6–10 years	2
Total	268
Qualification	
Professional [entry-level] physical therapy degree [BS, MPT, DPT]	227
Transitional DPT/PPDPT	41
Total	268

DISCUSSION:

The results showed that most of respondent's physical therapists were female. This reflects exactly the ratio found in academics in other studies conducted in Pakistan. That shows increasingly enhanced trend of female bachelors joining field. Majority in this study experienced less than 3 years may be due to at hand available respondents. Senior physical therapists are busier specially in clinical setups. This also reflects cooperation rate is comparative high in fresh graduates. Also may be that these were most convenient to approach to the same age. Again the most respondents were having highest degree bachelor. This is most probably that most these respondents were their post-graduation in various fields but still not completed. The question about what type of respondents visited at clinics seems too confused. Because this question is not attempted by most of respondents. Who responded, however, rated orthopedic patients the most frequent. In further questions this confusion, however, addressed in which most respondents again rated musculoskeletal conditions the highest ones patients come with.

About the benefits of questionnaire outcome measures all the physical therapists respondents found to be well aware. Showed positive attitude. All respondents agreed that outcomes measures as useful tools for assured clinical examination, predictor to increased patients satisfaction, a help in process of progress measurement. However, there was less agreement on point that these are tools for proper inter discipline communication. May be due to the fact, therapist understand that only a specialist can understand outcome measures and questionnaire related to that particular profession or condition. The results were similar to findings found in other studies [1, 6, 8].

When asked about problems to discuss, English language seems to be the basic problem in utilization. It the base that questionnaire may be confusing to patients. It is the base that may be cause of requiring clinician help and support to complete. This carries an additional that results of questionnaire would not blinded from physical therapists or the patients may be misled due to potential difference in patient-clinician knowledge about disease or disorder. In previous literature, language was not a barrier because of high literacy. Also because, in other countries, English is mother language [9].

Other problems responded were too much time consumption in completing questionnaire. This is felt economic and temporal burden on human resource management from hospital and clinicians' side and an issue of effectiveness for patients in terms of cost and time.

If any number of physical therapists found using these tools, the reason is precision gained through these scales. Also the progress can be nearly exactly measured through these. However the constraints with scales are again same as that of time, language and cost effectiveness.

The use of standardized outcome measures have been acknowledged at national level all over Pakistan as a need by the physical therapists. A report was sponsored by the centers of Medicare and medical services in order to determine the likelihood of uniform assessment method of rehab outcome for all the patients who leave acute care. The authors presented different reasons for this type of assessment, in addition to provider decision making, safety of the patient and the potential for determining patient's health and role longitudinally [7].

CONCLUSION:

The study concluded that there was positive attitude towards use of self-reporting and performance based outcome measures. However, there found high level of underutilization of these tools. The main barriers found in use of outcome measures were language barrier, time constraints and health cost.

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