

SUMMARY OF TJAOM FOCUS GROUP FINDINGS

One of the goals of the Total Joint Arthroplasty Outcome Measurement (TJAOM) project is to provide resources and guidelines to ensure best practice in the rehabilitation of the total joint arthroplasty patient. The aim of the focus group study was to identify the barriers to and facilitators that influence using outcome measurement to guide clinical decision-making in the TJA patient.

The primary findings of the focus group discussion are summarized by two main themes: (1) The Right Measure at the Right Time for the Right Patient and (2) Clinical Usage for Communication and Clinical Decision-making.

The right measure at the right time for the right patient.

Discussion concerning the limitations of standardized outcome measures in reflecting the quality of movement in a patient's performance was raised. Quality of movement, muscle recruitment, and performance of functional tasks using proper movement strategies are important to the physiotherapists working with this client population. Concerns regarding the emphasis placed on outcome measurement and not on the quality of patient performance were discussed. The limited sensitivity of standardized measures, like the Oxford hip and knee scales (measures designated for the total joint arthroplasty population), was considered a barrier to use, as the measures do not reflect the cause of non-performance in patients. Similarly, high scores in the gait speed or sit to stand tests indicate speed and not quality of movement; subsequently, some therapists put limited value on that information.

There was also considerable discussion on the need for the standardized measures to be combined with objective clinical measures (range of motion (ROM), muscle strength, pain levels), in order to establish a complete clinical picture. The problem of mismatch when the two types of measures do not correlate was raised.

Clinical Usage

On a positive note there was consensus among group members that they consistently use the information from outcome measurement for goal setting and to give feedback to patients.

The purpose of this study was to identify some of the barriers to and facilitators that influence the use of outcome measurement to guide the clinical decision-making process. Within the focus group at MPAC the therapists recognized the importance of outcome measures and use them, but still lack confidence to select tools that would facilitate their use as an integral part of daily clinical practice.

One of the primary barriers perceived by the focus group participants was that standardized outcome measures do not reflect the quality of movement. This expectation demonstrates that there is still a need for guidance in the selection and interpretation of outcome measures. The therapists need to be involved in selecting measures that are relevant to them and their patients, and then be shown how the information can enhance their objective clinical data and decision-making.

Another important finding of this study was the degree to which outcome measurement was used to facilitate communication. The value of having normative data and using consistent

measures was evident in the discussions on both patient goal setting and interprofessional communication.

One of the limitations of the focus group was that the participants were a group of therapists that currently used OM with many of their patients. The barriers in a less experienced group of users might be quite different and would need to be explored.