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Communications

Using Disablement Models and Clinical Outcomes Assessment to Enable Evidence-Based Athletic Training Practice, Part I: Disablement Models

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Abstract

Objective: To present and discuss disablement models and the benefits of using these models as a framework to assess clinical outcomes in athletic training.

Background: Conceptual schemes that form the basic architecture for clinical practice, scholarly activities, and health care policy, disablement models have been in use by health care professions since the 1960s. Disablement models are also the foundation for clinical outcomes assessment. Clinical outcomes assessment serves as the measurement tool for patient-oriented evidence and is a necessary component for evidence-based practice.

Description: Disablement models provide benefits to health professions through organization of clinical practice and research activities; creation of a common language among health care professionals; facilitation of the delivery of patient-centered, whole-person health care; and justification of interventions based on a comprehensive assessment of the effect of illness or injury on a person's overall health-related quality of life. Currently, the predominant conceptual frameworks of disability in health care are those of the National Center for Medical Rehabilitation Research and the World Health Organization. Disablement models need to be understood, used, and studied by certified athletic trainers to promote patient-centered care and clinical outcomes assessment for the development of evidence-based practice in athletic training.

Clinical and Research Advantages: For clinicians and researchers to determine effective athletic training treatments, prevention programs, and practices, they must understand what is important to patients by collecting patient-oriented evidence. Patient-oriented evidence is the most essential form of outcomes evidence and necessitates an appreciation of all dimensions of health, as outlined by disablement models. The use of disablement models will allow the athletic training profession to communicate, measure, and prioritize the health care needs

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of patients, which will facilitate organized efforts aimed at assessing the quality of athletic training services and practices and ultimately promote successful evidence-based athletic training practice.

Keywords: patient-centered care, <u>International Classification of Functioning</u>, <u>health-related quality of life</u>, <u>evidence-based practice</u>, <u>National Center for Medical Rehabilitation Research</u>, <u>Nagi model</u>

Alison R. Snyder, PhD, ATC; John T. Parsons, MS, ATC; and Tamara C. Valovich McLeod, PhD, ATC, CSCS, contributed to conception and design; analysis and interpretation of the data; and drafting, critical revision, and final approval of the article. R. Curtis Bay, PhD, contributed to conception and design and drafting, critical revision, and final approval of the article. Lori A. Michener, PhD, PT, ATC, SCS, contributed to conception and design, critical revision, and final approval of the article. Eric L. Sauers, PhD, ATC, CSCS, contributed to conception and design; analysis and interpretation of the data; and drafting, critical revision, and final approval of the article.

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