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Communications

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

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Abstract

Objective: To provide an overview of clinical outcomes assessment, discuss the classification of outcomes measures, present considerations for choosing outcomes scales, identify the importance of assessing clinical outcomes, and describe the critical link between the utilization of disablement models and clinical outcomes assessment.

Background: Clinical outcomes are the end result of health care services. Clinical outcomes assessment is based on the conceptual framework of disablement models and serves as the measurement method for the collection of patient-oriented evidence, a concept central to evidence-based practice.

Description: Clinical outcomes management refers to the use of outcomes measures in the course of routine clinical care and provides athletic trainers with a mechanism to assess treatment progress and to measure the end results of the services they provide. Outcomes measures can be classified as either clinician based or patient based. Clinician-based measures, such as range of motion and strength, are taken directly by clinicians. Patient-based measures solicit a patient's perception as to health status in the form of questionnaires and survey scales. Clinician-based measures may assist with patient evaluation, but patient-based measures should always be included in clinical assessment to identify what is important to the patient.

Clinical and Research Advantages: Evidence-based athletic training practice depends on clinical outcomes research to provide the foundation of patient-oriented evidence. The widespread use of clinical outcomes assessment, based on the disablement model framework, will be necessary for athletic trainers to demonstrate the effectiveness of therapies and interventions, the provision of patient-centered care, and the development of evidence-based practice guidelines.

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Tamara C. Valovich McLeod, PhD, ATC, CSCS; Alison R. Snyder, PhD, ATC; and John T. Parsons, MS, ATC, 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, critical revision, and final approval of the manuscript. Lori A. Michener, PhD, PT, ATC, SCS, contributed to conception and design and 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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