



EDGE Taskforce Meeting  
February 10, 2009  
Minutes

Attending: Suzanne Campbell, Beck Craik, Julie Fritz, Laura Gilchrist, Kathy Gill-Body, Joe Godges, Kathy Hummelberry, Jay Irrgang, Gail Jensen, Pam Levangie, Jane Sullivan, Linda Van Dillen. Chairing: Edee Field-Fote.

I. Welcome and Introduction of new members: The Section reps from the Neurology, Orthopedic, and Oncology Section were welcomed to the group. The taskforce members also acknowledged the contributions of Suzanne Campbell, for whom this will be the last meeting as she enters retirement.

II. Overview of Standardization-related projects of Section representatives

A. Neurology Section: Jane Sullivan has headed up the Neurology Section's Measurement Toolbox team in response to an open call by the Section to begin the process of identifying core sets of outcome measures (OMs). She showed the group the course the 300+ page notebook from the associated continuing education course. Jane noted that while the group elected to use the EDGE form to record the psychometric properties of the 17 OMs included. The Neurology Section's Toolbox group was not uniformly in favor of the standardization effort, one member in particular felt strongly that there was insufficient evidence to suggest any outcome measures. Jane noted that other members of the Toolbox group have reported using the EDGE form as a component of journal club and as a component of student assignments.

B. Orthopedic Section: Jay Irrgang and Joe Godges discussed how OMs were incorporated into the Clinical Practice Guidelines that they have been involved in developing. The guidelines identify OMs that have good measurement properties, and recommends those that are best/most commonly used. The OMs identified are self-report measures (such as the FAAM or NDI) that measure change over the episode of care, they are mindful of the need to differentiate these measures from those directed at classifying the disorder.

C. Oncology Section: Laura Gilchrist and Kathy Hummelberry discussed efforts by the Oncology section in using the ICF model as a basis for selection of OMs (as well as screening tools) in this practice area.

III. NIH Toolbox initiative: Edee reported on the inaugural Toolbox conference in Bethesda Oct 27, 2008. The initiative is intended to assemble brief, comprehensive assessment tools that will be useful to clinicians and researchers in a variety of settings, with a particular emphasis on measuring outcomes in longitudinal epidemiologic studies and prevention or intervention trials across the lifespan. The Toolbox will ensure that assessment methods will be capable of comparison with existing and completed studies. The tools in the Motor domain are being assembled under the direction of Zev Rymer, who admits that the scope of the tools is very limited and focuses on body structure/function. One reason for this limitation is that the selected measures must be applicable to subjects with a wide variety of diagnoses. The subdomains of

endurance, dexterity, locomotion, strength (UE, LE) are included in the Motor domain.

IV. Discussion of other efforts at standardization of outcome measures.

The group discussed several other guides, including those of the Transport Accident Commission (TAC) Guide to Selecting and Interpreting Standardized Outcome Measures, Outcome Measures in Rheumatoid Arthritis Clinical Trials (OMERACT) , the CanChild OM Rating form, and the OMs available on the website of the Chartered Society of Physiotherapy (UK). The group concurred that a glossary similar to that in the OMERACT document would be a useful accompaniment to the EDGE form.

V. Other important considerations agreed on by the group

- A. Residency programs as “early adopters” to move the use of core sets into clinical practice
- B. The need to stress the importance of standardizing the way the test is performed
- C. The need to emphasize the dynamic nature of the core sets

VI. Rating scales for outcome measures (OMs): the discussion of these items was cut short by the need to vacate the room. These items will be the focus of the next meeting in Baltimore

- A. How do we arrive at “assessment of overall usefulness”
- B. What will be form of overall rating? (1-5, P/F/G, etc)
- C. Should descriptors be attached
- D. Sample of form use by Neurology Section (Jane Sullivan)

*Prepared by Edee Field-Fote, 2/15/09*

*Revised 2/23/09*