I. Discussion/modification of the Outcomes Instrument Assessment Tool

A. Additional elements added to the Outcomes Instrument Assessment Tool.
The group discussed the tool and opted to include several additional elements of the respective outcomes instruments that should be evaluated, including:
   - Specificity
   - Responsiveness
   - Minimal Clinically Important Difference
   - Interpretability
   - Ability domain (see below)

B. Coding of domain addressed by instrument.
The group decided there would be value to coding the instruments based on the domain(s) that the respective outcomes assessments were meant to evaluate. This gave rise to a discussion of what conceptual model of disablement/ability should be utilized. The group agreed that because the ICF Model incorporates an ability-centered approach that this would be the favored model.

II. Mapping out the direction of the standardized data set process.

A. Role of the Task Force
   There was discussion regarding how much of the evaluation of the outcomes assessments the Task Force should do, and how much the SIGs should take on. The general consensus was that the Task Force should serve in an advisory capacity and assist in guiding the SIGs through the process. This would enhance the ownership of the process and the outcome at the grassroots level.

B. Encompassing all domains
   The group agreed there was value in recommending that all domains should be encompassed by the final set of outcomes assessments that are selected by each of the SIGs.

III. Initial discussions of:

A. Action plan to involve Sections/SIGs in the instrument assessment process
   1. Purchasing a text to guide the SIGs.
      There was some discussion about the text Physical Rehabilitation Outcome Measures (2002; by Finch, Brooks, Stratford, Mayo). This spiral-bound text contains evaluations of a number of the outcome instruments that the group has recommended. Pam had had to leave for another meeting by the time this discussion came up. Edee indicated that she would discuss with the SOR leadership the possibility of purchasing one of these texts (approx $50) for each of the SIGs)
B. Identification of potential hurdles and strategies to address them

1. Issues regarding APTA sanctioning of outcome instruments
   Andrew expressed the concern that the SOR or any SIG could not sanction the use of a specific set of outcome instruments without approval of the APTA BOD. Therefore it is likely best that the recommendation be informal. This will need to be made clear to the SIGs.

2. Recommendation regarding target number of evaluations
   There was discussion regarding the burden that the process would place on the members of the SIGs. It was decided that the initial recommendation be that each SIG evaluate 5 different outcomes assessments each year in order that the process does not seem overwhelming.

3. Strategies to engage clinicians
   a. Capturing change
      The link between the outcome instruments and the necessity of capturing improvements associated with therapy must be made clear to the clinicians in the field and must be emphasized as the critical element driving the need for standardization.
   b. Instructional DVD to standardize the assessment process
      The idea was raised of providing (in the future) an instructional DVD with instructions and demonstration regarding how to perform each of the assessments. Such a video is currently available for performing the ASIA examination (American Spinal Injury Association).

IV. Matters arising
   A. CONNECT Database
      Andrew and Ken provided an update for the group regarding the development of the database. There have been some impediments to obtaining permissions for some of the outcome instruments.

   B. The Guide
      The Catalog of Tests and Measures will be available on the internet next year.