



# Outcome Measures



# WHAT WE'LL COVER

01

**What is an Outcome Measure?**

02

**Types of Outcome Measures**

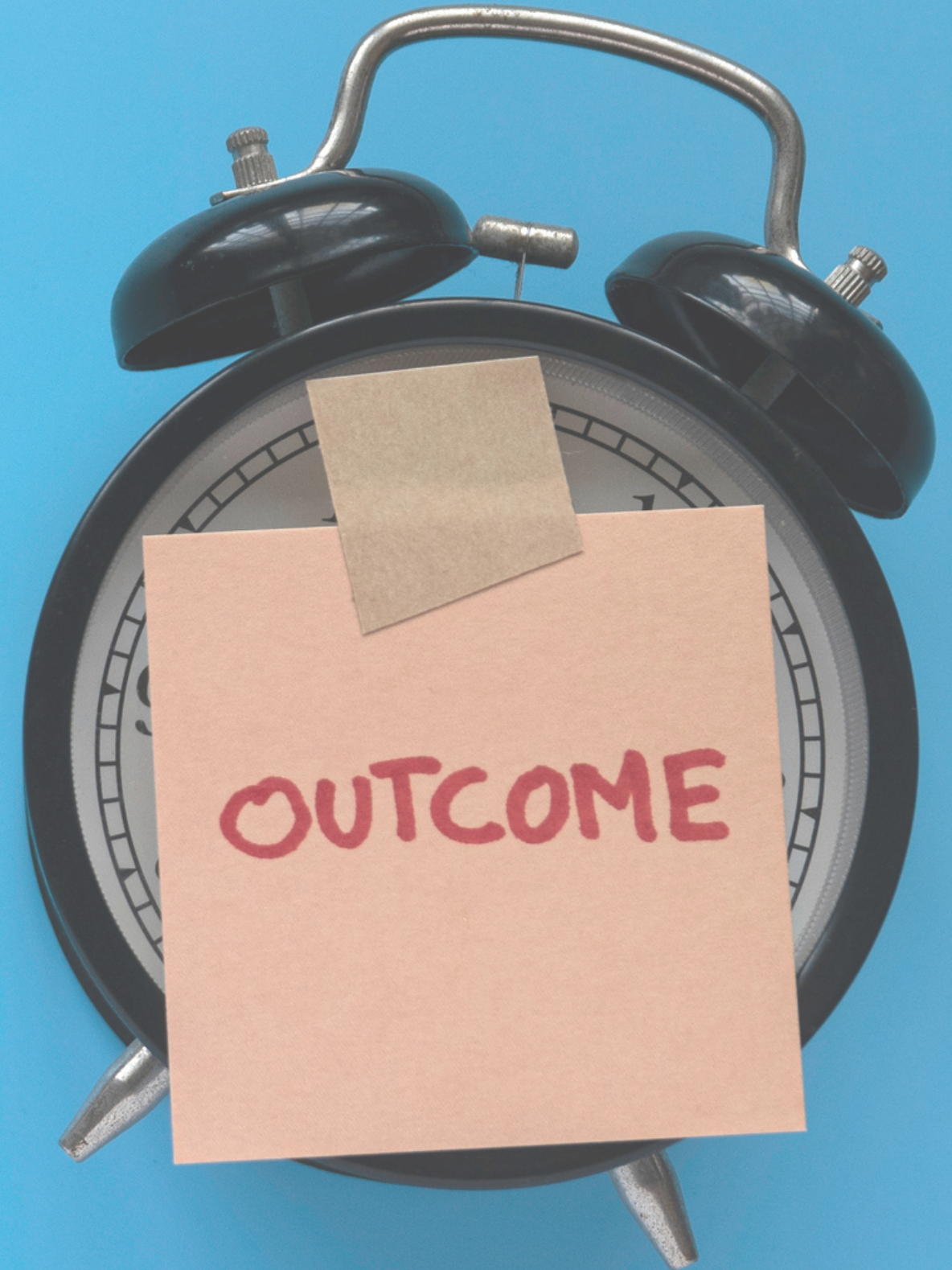
03

**When is an Outcome Measure is Needed?**





What is an  
Outcome Measure?



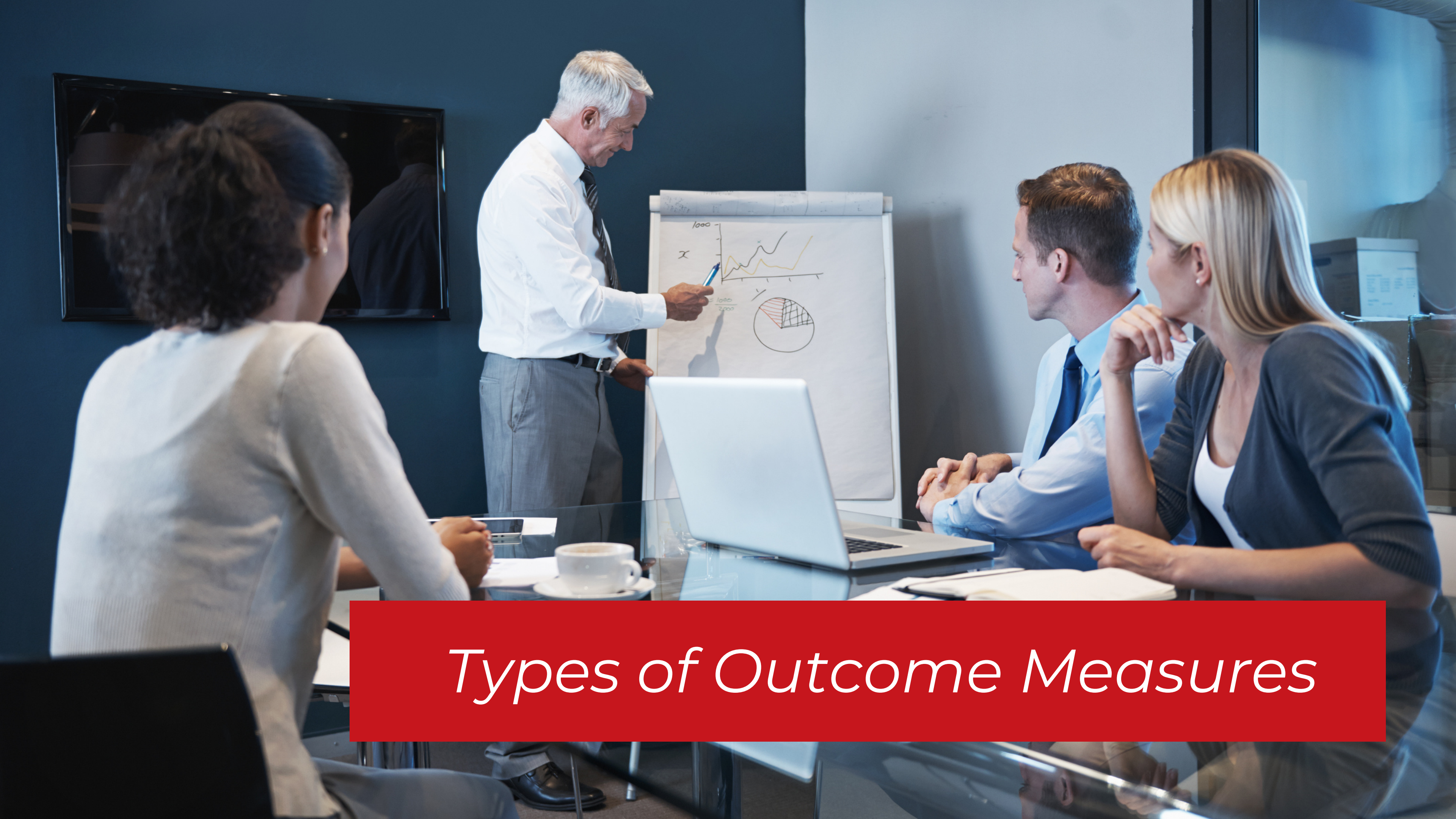


A woman in a black top is standing and smiling, pointing at a whiteboard. She is in a meeting room with large windows. Several people are seated in white chairs, facing her. The whiteboard has a table with columns: 'In progress', 'Todo', 'Done', and 'Plan'. The 'Todo' column has 'Online platform' and 'Online base'. The 'Done' column has 'Online portal'. The 'Plan' column has 'Expand to'. There are also sticky notes on the wall with labels like 'Tech', 'Research', 'Market', 'PR', 'Social media', 'Accounts', 'Budget', 'Team?', 'Risk', 'Step 1', 'Media', 'Ideas', 'How', 'Color palette', and 'Charts'.

# WHAT IS AN OUTCOME MEASURE?

- Outcome measures are a pain scale or difficulty scale a patient will need to fill out for insurance purposes. These also help the treating clinician evaluate if the patient's pain and/or difficulty has increased, decreased, or has stayed the same.





# *Types of Outcome Measures*



# TYPES OF OUTCOME MEASURES

**LOWER EXTREMITY  
FUNCTIONAL SCALE  
(LEFS)**

**Any body part that is from  
the hips down**

**OSWESTRY**

**Any part of the back, chest,  
ribs, or abdomen**

**NECK**

**Any neck pain, discomfort,  
or limitation**

# TYPES OF OUTCOME MEASURES

## **DIZZINESS**

**Used for dizziness, concussions, or vertigo**

## **PELVIC FLOOR**

**Not all clinicians treat for this. Used for any pelvic pain or limitations**

## **UPPER EXTREMITY QUICK DASH**

**Any body part shoulder down**

# TYPES OF OUTCOME MEASURES

## **INITIAL**

**Used for brand new patients,  
or patients with a new case**

## **FOLLOW-UP / DISCHARGE**

**Used when a patient needs a progress  
note or discharge note completed**



**QuickDASH Follow-Up & Discharge**

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Please rate your pain level with activity: NO PAIN = 0 1 2 3 4 5 6 7 8 9 10 = VERY SEVERE PAIN
2. How satisfied are you with the level of care and service provided?  
(1) Very Satisfied (2) Satisfied (3) Unsatisfied (4) Very unsatisfied
3. Please rate your progress with functional activities from start of therapy to present:  
(1) Excellent (2) Good (3) Fair (4) Poor
4. At this point in your treatment, have your therapy goals been met?  
(1) Completely Met (2) Mostly Met (3) Partially Met (4) Not Met

Please rate your ability to do the following activities in the last week by circling the number below the appropriate response.

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
1. Open a tight or new jar	1	2	3	4	5
2. Do heavy household chores (e.g., wash walls, floors).	1	2	3	4	5
3. Carry a shopping bag or briefcase.	1	2	3	4	5
4. Wash your back	1	2	3	4	5
5. Use a knife to cut food.	1	2	3	4	5
6. Recreational activities in which you take some force or impact through your arm, shoulder or hand (e.g., golf, hammering, tennis, etc.).	1	2	3	4	5
	NOT AT ALL	SLIGHTLY	MODERATELY	QUITE A BIT	EXTREMELY
7. During the past week, to what extent has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbors or groups?	1	2	3	4	5
	NOT LIMITED AT ALL	SLIGHTLY LIMITED	MODERATELY LIMITED	VERY LIMITED	UNABLE
8. During the past week, were you limited in your work or other regular daily activities as a result of your arm, shoulder or hand problem?	1	2	3	4	5
Please rate the severity of the following symptoms in the last week. (circle number)	NONE	MILD	MODERATE	SEVERE	EXTREME
9. Arm, shoulder or hand pain.	1	2	3	4	5
10. Tingling (pins and needles) in your arm, shoulder or hand.	1	2	3	4	5
	NONE	MILD	MODERATE	SEVERE DIFFICULTY	SO MUCH DIFFICULTY THAT I CAN'T SLEEP
11. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand? (circle number)	1	2	3	4	5

**LOOK FOR  
THE INITIAL  
OR FOLLOW-  
UP TYPE OF  
OUTCOME**



**# 2, 3, & 4 ARE  
ONLY ON THE  
FOLLOW-UP  
/DISCHARGE  
OUTCOMES**

**EVERY PATIENT  
WILL ALWAYS  
FILL OUT THESE  
QUESTIONS**





When is an  
Outcome  
Measure  
Needed?





# WHEN IS AN OUTCOME MEASURE NEEDED?

At the start of treatment (initial visit)

1

2

When a new case is created

Every 30 days or every 10 visits  
(whichever is first)

3

4

When a patient discharges



# WHEN IS AN OUTCOME MEASURE NEEDED?

When a clinician needs an update for treatment purposes

1

2

If authorization is required (if applicable)

If a new diagnosis is added onto the patient's case

3

4

If a doctor or clinician requests





# OTHER TIPS:


ALWAYS ASK  
FOR HELP  
WHEN YOU  
NEED IT!

PDF & Printable  
outcomes can  
be found in  
WebPT under  
*“OMT Forms”*

Patients can  
fill out  
multiple  
outcomes for  
one  
evaluation

Certain  
patients can  
change their  
outcome  
type within  
the same  
case

If you're not  
sure which  
outcome to  
give, look at  
the last  
outcome  
they filled  
out





# Any Takeaways

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- 1 Determine what an outcome measure is
- 2 Differences of each outcome type
- 3 Understands when to have an outcome completed