established credentials, its value to the O&P community may be limited.

PROM Princess: LEFS
Of the eight measures Ashford et al. report on, seven were developed within the neurorehabilitation community. The eighth, the LEFS, was originally developed for patients with musculoskeletal problems,4 and has since been used in populations of patients who have neurological compromises. The LEFS can be accessed at www.mccreadyfoundation.org/documents/LEFS.pdf.

While new to the neurorehabilitation community, including clinical orthotists, this latecomer may represent the most appropriate PROM for tracking changes in functionality associated with use of a lower-limb orthosis across a spectrum of abilities. Indeed, the only criticism of the LEFS that Ashford et al. express is that while it had apparently been used in neurologic patient populations, there were no published reports of such utilization at the time the Ashford review was conducted.1

However, this concern is allayed by the aptly titled publication, "Reliability, Validity, and Sensitivity to Change of the Lower Extremity Functional Scale in Individuals Affected by Stroke."5 While the first two considerations of reliability and validity are fundamentally important, the third consideration of sensitivity to change may be what gives this PROM its edge.

In the study in question, the authors assembled an intentionally heterogeneous convenience sample of individuals recovering from stroke. The 43 individuals presented with an average age of 70 but ranged from 32 to 95 years old. The duration of impairment ranged from three days to more than a year. Individuals in both inpatient and outpatient settings were included who had functional dependence ranging from slight to significant. All of the participants underwent structured physical therapy for eight weeks. A host of outcome measures were administered at baseline, four weeks, and eight weeks. These included the LEFS, the Short Form-36 (SF-36) physical function scale, the BBS, the six-minute walk test (6MWT), the five-meter walk test (5MWT), and the Timed Up and Go (TUG) test. The baseline assessment of the LEFS was repeated two to three days later to provide reliability data.5

The data was encouraging. The ICC of the LEFS was an impressive 0.97, indicating that the test was reliable, with little variation between the two baseline administrations. The correlations between the LEFS scores and other outcome measures were generally high, indicating good validity.5 These correlations were unsurprising. As patients participated in physical therapy, their functionality improved across all of the outcome assessments. It was the relative sensitivity of the LEFS that appeared to set it apart from the other measures.

The authors examined the mean scores of each outcome at both baseline and eight-weeks post intervention. They

As the culture of healthcare accountability continues to grow, clinicians will increasingly find themselves needing to select and administer outcome measures to quantify the effects of their interventions.