

TBI EDGE outcome measures for acute care

The TBI EDGE task force reviewed 88 outcome measures covering the domains of body structure and function, activities and participation evaluating each for psychometrics and clinical utility for patients with traumatic brain injury. Through literature review, analysis, and a modified Delphi procedure, recommendations were formulated for outcome measures recommended for use in acute settings, which are primarily cognitive in nature. No measures were highly recommended, given the lack of research on common mobility and balance measures in the acute environment. Therapists may choose measures that were recommended based on ambulatory level without consideration of treatment setting. Complete materials available at <http://www.neuropt.org/professional-resources/neurology-section-outcome-measures-recommendations>

Recommendations for patients with traumatic brain injury:

Recommended measures in the acute setting:

Agitated Behavior Scale

Coma Recovery Scale-Revised

Moss Attention Rating Scale

Rancho Levels of Cognitive Functioning

Note: Approximately 30 measures of balance, gait and mobility were identified as “reasonable to use” after TBI, but have not been sufficiently studied in the group to warrant stronger recommendation. Refer to more detailed information about ratings at www.neuropt.org for specific information.

Recommended measures for patients moderately to severely dependent in ambulation:

Functional Assessment Measure

FIM

Recommended measures for patients mildly dependent to independent in ambulation:

6 minute walk

10 meter walk

Balance Error Scoring System

Community Mobility and Balance Scale

Functional Assessment Measure

High Level Mobility Assessment Test

Note: Recommendations based on ambulatory level were made without consideration of treatment settings, therefore therapists must use clinical judgment to determine appropriateness of recommendations for individual cases.

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