

compliance were higher in patients with knee and shoulder compared to patients with lumbar and cervical impairments. Better outcomes were associated with patient compliance with self-exercise and therapy attendance, application of therapeutic exercise and manual therapy, and completion of 3 or more functional surveys during the episode of care. Worse outcomes were associated with female gender, electrotherapy for pain management, and therapeutic ultrasound for shoulder impairments. Mixed results were found for group exercise programs.

CONCLUSIONS: Associations between treatment processes, patient characteristics, and outcomes help describe practice and can be used to suggest ways to improve outcomes in outpatient practice.

CLINICAL RELEVANCE: The integrated electronic health record and electronic functional status outcomes database provides a strong foundation for practice-based evidence studies to facilitate comparative effectiveness research efforts that identify which treatments are associated with better outcomes for which patients.

OPL15

RESPONSIVENESS OF THE LOWER EXTREMITY FUNCTIONAL SCALE (LEFS) IN PATIENTS WITH LOWER EXTREMITY MUSCULOSKELETAL DYSFUNCTION

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PURPOSE/HYPOTHESIS: The purposes of this study were to examine the responsiveness of the Lower Extremity Functional Scale (LEFS) and to identify which demographic, medical or functional variables were related to successful goal attainment.

NUMBER OF SUBJECTS: Data were collected from 188 patients (mean age 47 years) who were outpatients referred for LE problems at the hips, knee or ankle/foot from January 2005 through January 2006.

MATERIALS/METHODS: Five physical therapists established outcome goals and treatment plans following the initial visit. The status of goals was determined at discharge as either "met" or "not met." Responsiveness of the LEFS was assessed using the effect size index (ESI), standardized response mean (SRM), and receiver operating characteristic (ROC) curve analysis. The amount of important change in the LEFS, the Really Important Difference (RID), was based on the patients' goal attainment status as the anchor. Cox regression analysis provided a hazard ratio (HR) to establish the likelihood of meeting discharge goals.

RESULTS: The LEFS had moderate to high responsiveness based on the ESI (0.73) and SRM (0.85). The RID was 8.5 points. Cox analysis revealed that patients referred by a medical specialist (HR = 1.86; 95% CI: 1.21, 2.88) and women (HR = 1.77; 95% CI: 1.14, 2.75) were more likely to meet their goals at discharge. Subjects who were employed (HR = 0.485; 95% CI 0.25, 0.94) or had achieved the RID (HR = 0.482; 95% CI 0.29, 0.80) were twice as likely to achieve their goals.

CONCLUSIONS: This is the first study to establish a RID for the LEFS based on achievement of goals for musculoskeletal problems. Gender, employment, and achieving the LEFS' RID are predictive variables of a successful outcome in this patient population.

CLINICAL RELEVANCE: The use of goals as an anchor for establishing meaningful outcomes is standard practice in evaluating treatment effectiveness; therefore this RID can be useful for interpreting outcomes in patients with LE musculoskeletal dysfunction.

OPL16

EXAMINING THE EFFICACY OF REHABILITATION FOR CHRONIC ANKLE INSTABILITY, AN ITEM ANALYSIS OF THE FOOT AND ANKLE DISABILITY INDEX SPORT SUBSCALE

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PURPOSE/HYPOTHESIS: The Foot and Ankle Disability Index (FADI) and the FADI Sport subscale (FADI-Sport) were found to be reliable in detecting functional deficits related to chronic ankle instability (CAI) and responsive to change following rehabilitation for CAI. It is not known what specific changes occur following rehabilitation that result in improved FADI-Sport scores. Our purpose was to examine which FADI-Sport items individually show change following rehabilitation. This may enable clinicians to understand which functional limitations are addressed with rehabilitation and how current rehabilitation strategies may be optimized. We hypothesized that improvements in the jumping, landing, cutting, and sports participation would be observed.

NUMBER OF SUBJECTS: Eighty-six recreationally active individuals from the university community (31 males, 55 females; 91 stable ankles, 81 ankles with CAI) participated in this study.

MATERIALS/METHODS: All subjects completed the FADI-Sport for each ankle. The control group (n = 36) then continued with their normal level of activity. The rehabilitation group (n = 50) completed a 4-week, supervised rehabilitation program twice a week focusing on restoring range of motion, strength, and neuromuscular control. All subjects then completed a follow-up FADI-Sport for each ankle. A Mann-Whitney U test was used to compare stable and unstable ankles at baseline and postrehabilitation. A logistical regression analysis was performed to indicate which items of the FADI-Sport were the strongest predictors of ankle instability. Unstable ankles pre-rehabilitation and postrehabilitation were compared using a Wilcoxon comparison of means test.

RESULTS: For each of the FADI-Sport items, individuals reported greater dysfunction in the unstable ankle than the stable ankle at baseline ($P < .0005$). Question 3 (landing) and Question 5 (cutting/lateral movements) were the best predictors of CAI at baseline ($B = -2.36$, $B = -1.86$). Following rehabilitation, greater dysfunction was still present in the unstable ankles when compared to the stable ankles ($P < .01$). However, when comparing unstable ankles over time, subjects reported statistically significant improvements on each of the FADI-Sport items except for question 6 (low-impact activities) following rehabilitation ($P < .02$).

CONCLUSIONS: Our results suggest improvements in overall FADI-Sport scores following rehabilitation are a result of measured improvements in the higher-level dynamic activities such as landing and cutting, and lateral movements.

CLINICAL RELEVANCE: Rehabilitation programs, similar to the one used in this study, that address range of motion, strength, and neuromuscular control appear to be specifically improving the higher-level dynamic activities that are typically difficult for active individuals with CAI. It appears that a comprehensive rehabilitation program is able to address the multifactorial nature of CAI.

OPL17

PUBLICATION OF ABSTRACTS PRESENTED AT THE COMBINED SECTIONS MEETING: DO WE PUBLISH WHAT WE PREACH?

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PURPOSE/HYPOTHESIS: The Combined Sections Meeting (CSM) provides a forum for disseminating the latest research and clinical findings as they relate to PT. A useful indicator of the impact of presentations at national meetings is the number of peer-reviewed publications that result from presented abstracts. The purpose of this study was to determine the publication rate of abstracts presented at CSM.

NUMBER OF SUBJECTS: Abstracts presented at CSM within the Orthopaedic and Sports Physical Therapy Sections between 2000 and 2004.

MATERIALS/METHODS: A systematic review of 3 databases (PubMed, CINAHL, and EBM Reviews) was conducted by 2 independent investigators to assess whether each presented abstract had subsequently been published in a peer-reviewed journal. Publications were included if they