



“The effective use of outcome measures is an important aspect of clinical care. Deciding which outcomes are relevant to a particular type of client and then selecting appropriate measures of those outcomes requires an understanding of the clinical situation, as well as an understanding of the measurement properties of the outcome measures. When selecting an outcome measure, you should ask the following questions.

Why are you measuring? What type of question are you trying to answer? Do you want to make a diagnostic decision, determine response to an intervention or predict a future outcome?

What are you measuring? Are you interested in some aspect of the disability model or are you interested in some aspect of quality of life? How would you operationally define the construct for your specific purpose?

Who are you measuring? What are the clinical and demographic characteristics of the population you are trying to measure?

Outcome measures can be important tools for guiding clinical decision making. However, to function well these tools must be used with skill and understanding.”

KATHRYN E. ROACH, PhD, PT, University of Miami, Miller School of Medicine, Department of Physical Therapy, Miami, Florida.

[Int J Ther Massage Bodywork](#). 2009 Mar 19;2(1):8-16.

<http://www.ncbi.nlm.nih.gov/pubmed/21589721>

Read the full article here: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3091455/>

IN-CAM Outcomes Database: Its Relevance and Application in Massage Therapy Research and Practice.

[Kania A](#), [Verhoef MJ](#), [Dryden T](#), [Ware MA](#).

Author information

- Department of Community Health Sciences, University of Calgary, Calgary, AB, Canada;

Abstract

One of the most commonly used complementary and alternative medicine (CAM) modalities in North America is massage therapy (MT). Research to date indicates many potential health benefits of MT, suggesting that ongoing research efforts to further elucidate and substantiate preliminary findings within the massage profession should be given high priority. Central to the development of a sound evidence base for MT are the use of valid, reliable, and relevant outcome measures in research, and practice in assessing the effectiveness of MT. The purpose of the present article is to introduce MT researchers and massage therapists interested in using outcome measures in research and clinical practice to the IN-CAM Outcomes Database website by describing the Outcomes Database and identifying its utility in MT research and practice. The IN-CAM Outcomes Database is a centralized location where information on outcome measures is collected and made accessible to users. Outcome measures are organized in the database within the Framework of Outcome Domains. The Framework includes health domains relevant to conventional medicine and CAM alike, and health domains that have been identified as important to CAM interventions. Users of the website may search for information on a specific outcome measure, plan research projects, and engage in discussions related to outcomes assessment in the CAM field with other users and with members of the CAM research community. As the MT profession continues to evolve and move toward evidence-informed practice, the IN-CAM Outcomes Database website can be a valuable resource for MT researchers and massage therapists.

KEYWORDS:

Massage therapy, health outcomes, outcomes database, practice, research

Click on the link below to access the entire IN-CAM Outcomes Database

<http://www.outcomesdatabase.org/>

Extract from the homepage below:

Purpose of the IN-CAM Outcomes Database

We have developed a database of outcome measures of particular importance to Complementary and Alternative Medicine (CAM) and Integrative Health Care (IHC) effectiveness and efficacy research in order to facilitate and support the assessment of CAM interventions through high quality research, and thus, to improve clinical practice and inform policy.

Although important in research on CAM and IHC interventions, the outcomes included in this Database are not limited or exclusive to CAM or IHC research; rather they are useful for the study of health interventions framed within a whole person perspective and focused on health and well-being.

Our Goals

Our goals are to: 1) include practical information on outcome measures within a framework of domains that makes them easily accessible, and 2) assist researchers and practitioners in framing their approach (research or clinical) within a whole person perspective and/or a wellness orientation.

Detailed instructions on navigating the website and using the Framework of Outcome Domains are available in the

[User Guide](#).

- [Printer-friendly version](#)

Spend some time exploring the In-CAM website.

Attributes of a Good Outcome Measure

<http://www.outcomesdatabase.org/content/attributes-good-outcome-measure>

Choosing the appropriate health status measurement instrument for a specific purpose is a difficult and time-consuming task. The choice depends on a number of factors such as the proposed use of the instrument, the concept to be measured, the readability of the questions, the requirements and costs associated with the use of the instrument, the burden on the participants, and, last but not least, the measurement properties of the instruments (validity and reliability).

Several authors have suggested standards for the development and evaluation of instruments to measure health status (1-4). One of the most elaborate lists was proposed by the Scientific Advisory Committee (SAC) of the Medical Outcomes Trust (1,2). The SAC defined a set of eight key attributes of instruments to measure health status and (health-related) quality of life, which are briefly presented below.

Attributes to be assessed

- *The concept to be measured* needs to be defined properly and should match its intended use.
- *Reliability* is the degree to which the instrument is free of random error, which means free from errors in measurement caused by chance factors that influence measurement.
- *Validity* is the degree to which the instrument measures what it purports to measure.
- *Responsiveness* is an instrument's ability to detect change over time.
- *Interpretability* is the degree to which one can assign easily understood meaning to an instrument's score.

- *Burden* refers to the time, effort and other demands placed on those to whom the instrument is administered (respondent burden) or on those who administer the instrument (administrative burden)
- *Alternative means of administration* include self report, interviewer-administered, computer assisted, etc. Often it is important to know whether these modes of administration are comparable.
- *Cultural and Language adaptations or translations*

For each of these attributes the Scientific Advisory Committee (SAC) of the Medical Outcomes Trust has developed review criteria (or standards) that should be used as much as possible in order to ensure valid and reliable results. We strongly recommend that when selecting and using outcome instruments, practitioners and researchers review the criteria to assess these attributes carefully.

Some authors have included ratings of the various outcome instruments. For example, McDowell (5) has developed a ranking system based on availability of evidence of reliability and validity, where one star indicates no evidence to five stars, which indicate excellent evidence. After ample discussion, we have decided *not* to provide a ranking of instruments in the Database for several reasons.

- There is no firm consensus on existing rating systems.
- Selection of an instrument should to be based on a number of attributes (as discussed above).
- There are a number of new instruments in the CAM field which may be very good but are still in the process of being evaluated. Therefore a rating is not possible and a poor rating would not reflect the true value of the instrument.

We will however, refer people to appropriate references on basic validity and reliability testing for each instrument. We will also identify if an instrument is fully developed or is still under development.

References

- 1 . Perrin, E. (1995). SAC Instrument Review Process. Medical Outcomes Trust Bulletin, September, IV. (with link to pdf of article) <http://www.outcomes-trust.org/monitor/nov98/8.html>
- 2 . Assessing health status and quality-of-life instruments: attributes and review criteria. Qual Life Res. 2002, 11:193–205. doi: 10.1023/A:1015291021312. [PubMed: 12074258]
3. Kirshner B, Guyatt G. A methodological framework for assessing health indices. J Chronic Dis. 1985;38:27–36. doi: 10.1016/0021-9681(85)90005-0. [PubMed: 3972947]
4. Lohr KN, Aaronson NK, Alonso J, Burnam MA, Patrick DL, Perrin EB, Roberts JS. Evaluating quality-of-life and health status instruments: development of scientific review criteria. Clinical Therapeutics. 1996;18:979–992. doi: 10.1016/S0149-2918(96)80054-3. [PubMed: 8930436]
5. McDowell, I. Measuring Health – A guide to rating scales and questionnaires. 3rd edition. New York: Oxford University Press, 2006.

- [Printer-friendly version](#)
-

Search for some excellent Outcome Measure tools to use in your clinic

Browse By Domain

<http://www.outcomesdatabase.org/node/20>

[Descriptions of each domain are listed below the Framework of Domains](#)



Ctrl + Click on each section of the diagram above to follow the link to browse by domain

Domain Descriptions

Context of the Intervention

includes measures that assess the set of circumstances encompassing the intervention or healing experience, such as the patient-provider relationship. Contextual issues, although not outcomes per se, may impact the healing experience and thus patient outcomes

Process of the intervention

includes measures that assess factors related to the process of healing and personal transformation, such as learning, personal growth and enablement. Although not an outcome per se, process related factors may have an effect on patient outcomes.

Holistic

includes measures that assess outcomes on a global level and encompasses each of the other domains in this database simultaneously. Holistic outcomes are greater than the

sum of their component parts.

Health-related quality of life

includes measures that assess quality of life, which is a difficult concept to define. For the purpose of this database we define quality of life outcome measures as those that assess any two of physical, psychological, social or spiritual outcomes. If an outcome measure is labeled as "quality of life" but only addresses one of these domains it can be found within the relevant domain.

Spiritual

includes measures that assess outcomes related to the spirit or soul, as distinguished from the physical self.

Psychological

includes measures that assess outcomes related to the mind, emotions or other mental phenomena.

Physical

includes measures that assess outcomes related to the body, as distinguished from the mind or spirit.

Social

includes measures that assess outcomes related to the life and relations of humans in their community. Measures that assess spiritual behaviour, but not spiritual beliefs, are included in this domain.

Individualized

includes measures that assess outcomes as identified by the individual patient or research participant. While these can assess the content of the outcomes in any of the other domains, this domain captures the specific nature of each individual's specific symptoms or goals.

Disclaimer

- The developers of this database do not recommend any assessment tools listed.
- Individual researchers are responsible to ensure that the appropriate copyright laws are followed.
- [Printer-friendly version](#)