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**Quality of Passive Movement Scale (QPM): Evaluation of validity, reliability and use in orthopedic rehabilitation****Comploi Gregor**  
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98% of manual physical therapists use manual assessment during their exam and base treatment decisions at least partially on their findings. Important values in the manual assessment are the measurement of pain and range of motion. Quality of movement has been found to be an important factor for the assessment of body's function. Unfortunately manual assessment is subjective for the therapist and is often not measurable. Also it is not possible to compare results between different therapists. Although the poor reliability of high quality studies clinicians continue use of manual assessment as part of clinical examination. The development of evidence-based medicine goes towards objective measurements. In fact, there are possibilities to take objective measures about pain using Visual Analogic Scale (VAS) or other scales and range of motion, using a goniometer for measuring the degrees. In addition, also other important variables in physiotherapy are measurable. A commune method to classify pain, spasm and resistance and to bring it in relation to range of motion is to recode joint function findings with movement diagrams or characterizing the end feel. Unfortunately this method is subjective and not reliable. At the moment no objective possibility of measuring quality of movement is available, except the quality of movement scale. Evidence suggests that manual assessment of stiffness may have some predictive validity in determining which patients are likely to respond best to different treatments.

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