

**Using patient-reported outcome measures in clinical practice: Challenges and opportunities****Fawzi F Bouzubar**

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**Introduction & Objective:** The World report on disability defines rehabilitation as “a set of measures that assist individuals who experience, or are likely to experience, disability to achieve and maintain optimal functioning in interaction with their environments”. The ultimate goal of rehabilitation is to provide the individual with opportunities for full and effective participation and inclusion in society (i.e., to improve physical function and subsequently enhance the quality of life). To assess the achievement of these goals, clinicians use Patient-Reported Outcomes (PROs) throughout the process of care. The PRO is the measurement of any aspect of a patient’s health status and its therapy that is reported directly from the patient (i.e., without the interpretation of the patient’s responses by a clinician). The Knee Outcome Survey-Activities of Daily Living Scale (KOS-ADLS) was developed as a knee-specific, patient-reported scale to assess symptoms and functional limitations experienced during activities of daily living by individuals with knee disorders. The KOS-ADLS has been used in research and clinical settings and it has been cross-culturally adapted into several other languages. In consistent with the original English KOS-ADLS, the translated versions were similarly reliable and valid, as well as responsive in their respective languages. To date, the KOS-ADLS has not been cross-culturally adapted into Arabic which limits its use in the Arabic-speaking countries including Kuwait. The objective is to cross-culturally adapt the KOS-ADLS into Arabic and to assess its psychometric properties (internal consistency, reliability, validity and responsiveness) in patients with knee disorders.

**Method:** The adaptation process for the original version of the KOS-ADLS into Arabic was performed consistent with the published guidelines. The psychometric properties of this Arabic version were further investigated. Participants completed the KOS-ADLS-Arabic three times: at baseline, two to four days later to assess test-retest reliability and four weeks later to assess responsiveness. Correlations between the KOS-ADLS-Arabic and the Arabic version of the SF-36 health survey get up and go and ascending/descending stairs tests were evaluated to assess validity.

**Results:** Linguistic and cultural issues were addressed. The KOS-ADLS-Arabic demonstrated excellent internal consistency (Cronbach’s  $\alpha=0.97$ ) and excellent test-retest reliability (intraclass correlation coefficient=0.97). Construct validity of the KOS-ADLS-Arabic with the Arabic version of the SF-36 Health Survey subscales ranged from  $r=0.28$  to  $0.53$ , ( $p<0.001$ ). Criterion validity with the get up and go and ascending/descending stairs tests ranged from  $r=-0.47$  to  $-0.60$ , ( $p<0.01$ ). The KOS-ADLS-Arabic was able to detect changes four weeks later (effect size=1.12 and minimum clinically important difference=14 points).

**Conclusion:** The KOS-ADLS-Arabic is a reliable, valid and responsive measure for assessing knee-related symptoms and functional limitations.

**Biography**

Fawzi F Bouzubar has completed his PhD in Rehabilitation Sciences with Specialty in Musculoskeletal and Rheumatology from University of Pittsburgh, USA. He is currently working as an Assistant professor at Kuwait University, Faculty of Allied Health Sciences, Kuwait.

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