INTRODUCTION
Outcome measurement is the structured assessment of the effectiveness and benefit of the service or device provided. Many outcomes measures have been developed and validated for use in prosthetics and orthotics. These have been further analyzed in review articles (Stephens, 2009; Condie, 2006) and in State of the Science Conferences (Miller, 2006). It is hypothesized that most clinicians are not yet integrating these into practice. Thus, a survey was developed to investigate familiarity with outcome measures and their clinical usage.

METHOD
The online survey examined familiarity with and clinical use of outcome measures. It questioned which measures are being used and asked respondents to identify barriers to use. It was disseminated via the O&P-L listserv.

RESULTS
Sixty-six surveys were completed online. The analysis was limited to the 53 respondents who were certified orthotists and/or prosthetists. All but one participant had heard of the term “outcome measurement”. However, only 30 people affirmed that they measure outcomes in clinical practice. These 30 participants were asked how often they use outcome measures, and 15 responded with either “rarely” or “occasionally”. The participants were asked to select from a list which validated measures they currently use. The Prosthetic Evaluation Questionnaire (PEQ) and timed walking tests were the top selected tools. The most common motivations for measurement were clinically-minded, including evaluating success and improving care. The most common reason for not measuring outcomes was time restraint. Several participants indicated uncertainty about selecting the most appropriate measurement tool and properly completing the assessment. When asked what would make outcome measurement easier to implement into clinical practice, most selected that written information would help, and many indicated that they would like to see a time efficient measurement tool developed for uniformity among practitioners.

DISCUSSION
Approximately half of respondents reported that they are using outcome measures. One limit to the study is that participation in the survey may have been motivated by an interest in outcome measures. Therefore, the percentage of clinicians using outcome measures in this study may be greater than that in the general populous. No trends were seen between measuring outcomes and work location, education level, residency completion, or experience. As previously mentioned, most respondents stated that written information would make it easier for them to use outcome measures, and many people expressed an interest in a standard tool. However, the Co-Chair of the Academy's State of the Science Conference on Upper Limb Prosthetic Outcome Measures, Laura Miller, PhD, CP, says that while investigating upper limb prosthetic outcome measures, the group learned that, “There is no ‘golden’ measure. What measure you choose depends on what question you want to answer” (Miller 2010). Therefore, tools should be selected after identifying individual measurement goals.

CONCLUSION
Approximately half of the surveyed practitioners are currently utilizing outcome measures, and more reported that they are interested in learning about the proper use of them. By disseminating knowledge about outcome measurement tools and setting individual goals specific tools can be identified for implementation in individual facilities.

REFERENCES
Miller L. Email Correspondence. 2010.