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## A clincial outcomes commentary on "A longitudinal study of outcome measures for children receiving early intervention services"

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**“How could I apply this information?”**

Pediatric physical therapy, especially in early intervention (EI), focuses on children's function in natural environments and within daily routines. Valid and reliable tests measuring the ICF participation component are important to consider if we are to align our treatment focus and goals to our measures of progress. This article demonstrates that the Pediatric Evaluation of Disability Inventory (PEDI) Functional Skill scaled scores are sensitive to change in children receiving EI with and without motor involvement. The PEDI scaled scores also detected change early, in the first 12 months. In comparing the standard scores, the PEDI Social scale was more sensitive than the Scales of Early Learning (MSEL) Language scales in detecting change in those with motor delay (see

Table 2). The MSEL standard scores could detect change in children, particularly expressive language in those without motor delay (see Table 6).

**“What should I be mindful about in applying this information?”**

There are competing explanations as to why the PEDI was more sensitive to change than the MSEL, as stated in this article. The number of participants was small and does not represent the general population of children receiving EI, nor was there random selection for inclusion in the study (see Table 1). Therefore, caution must be taken not to generalize these findings beyond this sample population. For example, a child with autistic spectrum disorder who has no motor delay, but primarily language problems, may be better suited to the MSEL than to the PEDI. The difference in sensitivity to change of these tests may also be explained by other reasons: the difference in content of each domain, PEDI Social scale versus MSEL Language scales; the different process of data collection between tests: the PEDI uses caregiver report, whereas the MSEL uses direct observation; and the PEDI having more items and a finer breakdown in progression of skills for younger children with more severe delays than the MSEL. The findings of this study support the use of the PEDI scaled scores as a sensitive measure of functional change in children receiving EI services, promoting accountability and providing a guide for clinical decision making.