

Fall 2010

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

Marcia Levinson, PT, PhD, MFT
Thomas Jefferson University

Rosaleen Creedon Gnoffo, PT, MS, DPT, PCS
Thomas Jefferson University Hospital

Follow this and additional works at: <https://jdc.jefferson.edu/ptfp>

 Part of the [Physical Therapy Commons](#)

[Let us know how access to this document benefits you](#)

Recommended Citation

Levinson, PT, PhD, MFT, Marcia and Creedon Gnoffo, PT, MS, DPT, PCS, Rosaleen, "A clinical outcomes commentary on "A longitudinal study of outcome measures for children receiving early intervention services"" (2010). *Department of Physical Therapy Faculty Papers*. Paper 9.
<https://jdc.jefferson.edu/ptfp/9>

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's [Center for Teaching and Learning \(CTL\)](#). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in Department of Physical Therapy Faculty Papers by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: JeffersonDigitalCommons@jefferson.edu.

As submitted to:

Pediatric Physical Therapy

And later published as:

A clinical outcomes commentary on:

“A Longitudinal Study of Outcome Measures for Children Receiving Early Intervention Services”

Volume 22, Issue 3, 2010, Page 314

DOI: 10.1097/PEP.0b013e3181eb6e6c

Marcia Levinson, PT, PhD, MFT
Department of Physical Therapy, Thomas Jefferson
University School of Health Professions, Philadelphia,
Pennsylvania

Rosaleen Creedon Gnoffo, PT, MS, DPT, PCS
Thomas Jefferson University Hospital, Philadelphia,
Pennsylvania

“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.