
A5: The Wheelchair Outcome Measure; how to use and benefit from a client-centred measure of participation

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Learning objectives:

By the end of the session participants will be able to:

1. Describe two reasons for using the WhOM in clinical practice
2. Illustrate two different administration methods for using the WhOM dependent on the person's age and abilities
3. Articulate the clinical usefulness of the WhOM and WhOM-YP by describing three features that are clinically appealing.

Session description:

Independent mobility provides a foundation for participation in meaningful life situations, such as engaging in family life, establishing and maintaining friendships, learning and contributing to one's community. Wheeled mobility devices such as power and manual wheelchairs are often recommended to enhance independent mobility, when ambulation is difficult or impossible. Clients and their families often work collaboratively with clinicians to achieve individualized client-centred goals. Specialized outcome measures can be used to identify therapeutic goals, measure progress, and evaluate success of interventions. Currently standardized measures are seldom used in rehabilitation to evaluate wheeled mobility interventions (such as provision of new equipment, modification of current equipment, wheelchair skills training, education of support networks, and on-going skill and equipment monitoring). This is especially the case regarding client-identified, participation level outcomes. The Wheelchair Outcome Measure (WhOM) and its paediatric counterpart, the WhOM-YP for young people under 19 years of age, evaluate the importance of and satisfaction with performance of client-identified participation-related outcomes before and after wheeled mobility-related interventions. Initially known as the Wheelchair

Outcome Measure for Adolescents (WhOM-A), the WhOM-YP has been revised to include younger children, as well as input from caregivers (depending on a child's age and abilities). Using a combination of didactic presentation, videos, case studies and group discussion, workshop participants will be introduced to the WhOM and WhOM-YP, and learn how to administer the measure(s) with clients who have a range of ages and abilities.

Purpose: To describe the WhOM and WhOM-YP's development and clinical usefulness, and share clinical practice recommendations.

Clinical Significance: It is anticipated that the Wheelchair Outcome Measure and its paediatric version the WhOM-YP will be valuable additions to clinicians' measurement toolboxes when working with individuals who use wheeled mobility.

Content references:

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3. Auger C, Demers L, Gelinas I, Routhier F, Mortenson WB, Miller WC. Reliability and validity of telephone administration of the Wheelchair Outcome Measure for middle-aged and older users of power mobility devices. *J Rehabil Med* 2010;42(6):574-81.
4. Parvenah S, Mortenson WB, Miller WC. Validating the Wheelchair Outcome Measure with residents of long term care. *Disabil Rehabil Assist Technol* 2014;9(3):209-12.
5. Field D, Miller WC, Corra H, Goodmanson S. The Wheelchair Outcome Measure for Young People: On-going development and clinical usefulness. 32th International Seating Symposium, Vancouver BC, 259-60.
6. Field D, Miller WC. Development of the Wheelchair Outcome Measure for Adolescents. 28th International Seating Symposium March 7-9, Vancouver BC: 2012;185-86.