Developed by the Stroke Special Interest Group (SIG) of the Academy of Neurologic Physical Therapy
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Updated November 2026

APPLIED EXAMPLE · COMPANION TO SO MANY OUTCOME MEASURES… SO LITTLE TIME.

A Case Example

This case follows one patient through both stages of the *So Many Outcome Measures… So Little Time* framework — from choosing which measures to consider to deciding what to do with each one at today's visit. Modeled on the patient-centered process described by Sullivan et al. in Part II of the two-part series.[1]

The Patient

A teaching vignette — not a real patient.

DIAGNOSIS
Left MCA ischemic stroke; right hemiparesis

TIME SINCE ONSET
12 days (acute inpatient rehab)

SETTING
Inpatient rehabilitation facility

CURRENT MOBILITY
Moderate assist of 1 to stand from sitting; unable to maintain unsupported standing more than a few seconds; has not yet attempted a step outside the parallel bars

PRESENTATION
Marked postural sway and loss of balance with any weight shift; two loss-of-balance events during standing trials this week, both caught by staff

CLINICAL QUESTION
A defensible baseline measure of standing balance for a patient who can't yet ambulate independently — one that also anchors tracking toward his eventual community-ambulation goal

PATIENT'S GOAL, IN HIS WORDS

"Right now I just want to stand up and stay steady without someone holding onto me. But eventually — I want to walk our dog around the block again."

Outcome Measures on Initial List

These five are a few examples you might already have in mind — not a comprehensive list (full names are noted in the table below). Per Potter et al.'s framework,[2] start broad: consider any plausible measure before narrowing the options, as Stage 1 does below.

Evaluating the Initial List Through Stage 1

The PT proceeds through Steps 1–4 below, answering each question for every measure. If a measure doesn't meet a step's criterion — e.g., the TUG for right construct — it's dropped from consideration, narrowing the options toward a final decision.

	BBS Berg Balance Scale	**TUG** Timed Up and Go	**DGI** Dynamic Gait Index	FGA Functional Gait Assessment	6MWT 6-Minute Walk Test
Step 1 Right construct / ICF domain?	✓ Standing & sitting balance — items are scorable without independent gait	× Composite mobility/transfer-timing screen, not an isolated balance score	✓ Dynamic gait balance under varied conditions	✓ Dynamic gait balance — the eventual community-ambulation construct	✓ Walking endurance/capacity — the other half of his stated goal
Step 2 His goals call for an evaluative measure — does it fit?	✓ Evaluative-capable — can track his progress toward standing independently	—	✓ Evaluative-capable — can track his progress toward independent gait	✓ Evaluative-capable — can track his progress toward independent gait	✓ Evaluative-capable — can track his progress toward his walking-endurance goal
Step 3 Population / psychometric fit?	✓ Strong reliability & validity in stroke; item range accommodates his current level[3]	—	× Predecessor to the FGA — refined items/scoring reduced its ceiling & floor problems[4]	✓ Validated in community-dwelling & stroke populations[5-7]	✓ Reliable gait-performance measure in hemiparetic stroke[8,9]
Step 4 Feasible right now?	✓ ~15–20 min; chair, stopwatch & gait belt already on hand	—	—	✓ ~10 min; hallway, shoebox & stairs already on hand	✓ ~10 min; a marked corridor is already on hand

Passing Step 4 means the *resources* are on hand — it says nothing about whether *this patient, today* can actually perform the measure. That question belongs to Stage 2.

Then Stage 2 — Is Each Measure Worth Doing Today?

Same patient, same visit. All three measures cleared Stage 1, but Stage 2 asks a different question: is each one worth doing today?

BBS

Administer today: Berg Balance Scale

Of the three measures that cleared Stage 1, the BBS is the one he can actually attempt right now — its items span sitting balance through supported standing, so it doesn't require the independent gait he doesn't have yet. His baseline BBS score should inform the plan of care.

0

Scored but Not Administered: FGA & 6MWT

The FGA and 6-Minute Walk Test are the right measures for his eventual community-ambulation goal — but both require independent walking he hasn't attempted yet. Rather than skip them, document each as not appropriate for the patient at this time and record a 0 for each.

The Stage 2 Decision, Step by Step

One is administered. The other two are still right for his goals, just not yet testable, so each gets a Score of Zero instead of being skipped or left blank. Here's how each path plays out.

Can he currently attempt the measure? ?

▼ YES

Can attempt seated & supported-standing items now, even though scores will be low.

Is the measure relevant to his goals? ?

▼ YES

Directly measures the standing balance he needs before gait training can safely progress.

ADMINISTER

Administer, score & document today. His baseline BBS score should inform the plan of care.

Can he currently attempt the measure? ?

▼ NO

Both require independent ambulation he doesn't yet have — he hasn't taken an unsupported step.

Still relevant to goals — would this measure provide a meaningful baseline for a function he's reasonably expected to develop? ?

▼ YES

Both are exactly what his community-ambulation goal will need, and his prognosis supports regaining independent gait.

SCORE OF ZERO

Document both as not appropriate for the patient at this time and record a 0 for each. A documented zero is baseline evidence, not missing data — re-attempt as standing balance and gait training progress.

Case adapted for teaching purposes; not a real patient.

References

1. Sullivan JE, Andrews AW, Lanzino D, Peron A, Potter K. Outcome measures in neurological physical therapy practice: Part II. A patient-centered process. *J Neurol Phys Ther.* 2011;35(2):65-74. doi:10.1097/NPT.0b013e31821a24eb

2. Potter K, Fulk GD, Salem Y, Sullivan J. Outcome measures in neurological physical therapy practice: Part I. Making sound decisions. *J Neurol Phys Ther.* 2011;35(2):57-64. doi:10.1097/NPT.0b013e318219a51a

3. Kudlac M, Sabol J, Kaiser K, Kane C, Phillips RS. Reliability and validity of the Berg Balance Scale in the stroke population: a systematic review. *Phys Occup Ther Geriatr.* 2019;37(3):196-221. doi:10.1080/02703181.2019.1631423

4. Wrisley DM, Marchetti GF, Kuharsky DK, Whitney SL. Reliability, internal consistency, and validity of data obtained with the Functional Gait Assessment. *Phys Ther.* 2004;84(10):906-918. doi:10.1093/ptj/84.10.906

5. Wrisley DM, Kumar NA. Functional Gait Assessment: concurrent, discriminative, and predictive validity in community-dwelling older adults. *Phys Ther.* 2010;90(5):761-773. doi:10.2522/ptj.20090069

6. Thieme H, Ritschel C, Zange C. Reliability and validity of the Functional Gait Assessment (German version) in subacute stroke patients. *Arch Phys Med Rehabil.* 2009;90(9):1565-1570. doi:10.1016/j.apmr.2009.03.007

7. Lin JH, Hsu MJ, Hsu HW, Wu HC, Hsieh CL. Psychometric comparisons of 3 functional ambulation measures for patients with stroke. *Stroke.* 2010;41(9):2021-2025. doi:10.1161/STROKEAHA.110.589739

8. Flansbjer UB, Holmbäck AM, Downham D, Patten C, Lexell J. Reliability of gait performance tests in men and women with hemiparesis after stroke. *J Rehabil Med.* 2005;37(2):75-82. doi:10.1080/16501970410017215

9. Macchiavelli A, Giffone A, Ferrarello F, Paci M. Reliability of the six-minute walk test in individuals with stroke: systematic review and meta-analysis. *Neurol Sci.* 2021;42(1):81-87. doi:10.1007/s10072-020-04829-0

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