

Supplementary material to article by N.M. Salbach et al. "Physical therapists' perceptions and use of standardized assessments of walking ability post-stroke"

APPENDIX SI. Evidence-Based Practice (EBP) Questionnaire for Walking Rehabilitation Post-stroke. Questionnaire items

1. Do you currently treat patients who have suffered a stroke?

- Yes  No

If No, please return the questionnaire in the business-reply envelope enclosed so that we may remove you from our mailing list. You do not have to complete the questionnaire. Thank you.

**The following section inquires about the availability, quality and use of standardized measures (defined as valid and reliable measures) of walking ability in clinical practice.**

2. Indicate the standardized measures that you consistently use (for >6/10 appropriate cases) in the evaluation of persons with stroke. Check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Barthel Index                                 | <input type="checkbox"/> Rivermead Mobility Index (RMI)                        |
| <input type="checkbox"/> Chedoke-McMaster Stroke Assessment            | <input type="checkbox"/> Shuttle Test  |
| <input type="checkbox"/> Clinical Outcome Variables Scale (COVS)       | <input type="checkbox"/> Stroke Rehabilitation Assessment of Movement (STREAM) |
| <input type="checkbox"/> Functional Ambulation Classification (FAC)    | <input type="checkbox"/> 2-minute walk test                                    |
| <input type="checkbox"/> Functional Independence Measure (FIM)         | <input type="checkbox"/> 6-minute walk test                                    |
| <input type="checkbox"/> Gait speed, please select walk test distance: | <input type="checkbox"/> 12-minute walk test                                   |
| <input type="checkbox"/> 5-meter walk                                  | <input type="checkbox"/> Other, please specify: _____                          |
| <input type="checkbox"/> 10-meter walk                                 | <input type="checkbox"/> Other, please specify: _____                          |
| <input type="checkbox"/> Other distance, please specify: _____ meters  |  |
| <input type="checkbox"/> Motor Assessment Scale (MAS)                  |  |

**For the following items, place a mark in the appropriate box that indicates your response.**

3. Valid and reliable measures are available for the evaluation of walking ability post-stroke.

- Yes  No  Do Not Know

4. Existing measures of walking capacity are useful for quantifying the severity of walking deficit.

- Strongly disagree  Disagree  Neutral  Agree  Strongly Agree

5. Existing measures are appropriate for the evaluation of walking capacity in patients with mild, moderate and severe deficits.

- Strongly disagree  Disagree  Neutral  Agree  Strongly Agree

6. Clinical practice guidelines for stroke rehabilitation should recommend specific measures to use to evaluate and monitor walking ability post-stroke.

- Strongly disagree  Disagree  Neutral  Agree  Strongly Agree

7. Clinical practice guidelines are available for walking rehabilitation post-stroke.

- Yes  No  Do Not Know

8. I consistently (with >6/10 clients) use outcome measures to evaluate walking ability in my practice.

- Yes  No

If No, please indicate the top 3 reasons why:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Lack of knowledge about measures                            | <input type="checkbox"/> Lack of consensus on which measures to use | <input type="checkbox"/> Measures do not meet the needs of my clients |
| <input type="checkbox"/> Lack of time  | <input type="checkbox"/> Lack of equipment                          | <input type="checkbox"/> Lack of administrative support               |
| <input type="checkbox"/> Measures are not available                                  | <input type="checkbox"/> Lack of personal interest                  | <input type="checkbox"/> Low priority                                 |
| <input type="checkbox"/> Measures are difficult to administer in my practice setting |   | <input type="checkbox"/> Other, please specify: _____                 |

9. I consistently (with >6/10 clients) use outcome measures to monitor change in walking capacity in my practice.

- Yes  No

If No, please indicate the top 3 reasons why:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Lack of time                     | <input type="checkbox"/> Lack of administrative support | <input type="checkbox"/> Lack of personal interest    |
| <input type="checkbox"/> Measures not sensitive to change | <input type="checkbox"/> Low priority                   | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> Measures are not available       |   |   |

10. I consistently (with >6/10 clients) use scores on walking measures and/or factors identified through research to determine prognosis for walking recovery.

- Yes  No

If No, please indicate the top 3 reasons why:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Lack of time           | <input type="checkbox"/> Lack of administrative support | <input type="checkbox"/> Lack of personal interest    |
| <input type="checkbox"/> Lack of clear evidence | <input type="checkbox"/> Low priority                   | <input type="checkbox"/> Other, please specify: _____ |

11. I consistently (with >6/10 clients) use scores on walking measures to determine readiness for discharge home or from therapy.  
 Yes  No  
If No, please indicate the top 3 reasons why:  
 Lack of time  Lack of normal values  Lack of personal interest  
 Measures do not reflect ability in home/community environment  Low priority  Other, please specify: \_\_\_\_\_

**For the following items, place a mark in the appropriate box that indicates your response.**

12. Input from clinicians in the development of research projects would enhance the applicability of walking rehabilitation research to clinical practice.  
 Strongly disagree  Disagree  Neutral  Agree  Strongly Agree
13. I would be willing to work periodically with researchers to provide clinical input in the development of research questions.  
 Yes  No  Do Not Know
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