Author Response

We appreciate this opportunity to further emphasize and perhaps clarify the implications of our study. Although the tests described in our study are popular, their place in clinical practice needs to be reconsidered.

Measurements obtained from clinical tests can serve to either guide treatment or determine treatment outcome, or, in some cases, they can serve both of these purposes. The measurements of patellofemoral (PF) alignment described in our article were originally proposed by McConnell to assist in selecting PF taping techniques for patients with PF dysfunction. Although we have had success with PF taping for our patients, as determined by improved functional ability and the patients' reports of reduced pain, we do not believe measurements of PF alignment have played a meaningful role in treatment decision-making.

We must not lose sight of the fact that we are actually neuromusculoskeletal detectives with several pieces to a puzzle, which we must put together to determine not only the source of the patient's symptoms but also the underlying cause(s) of the problem before formulating a treatment plan. For example, when a patient comes in with patellofemoral pain, we determine the problem and how best to manage it from information gleaned from the history, as well as from different movement and alignment tests. We then implement a treatment. The bottom line is whether the patient improved with our treatment, not whether five therapists performing the same test in isolation, with no knowledge of the patient's problem, come to the same conclusion after testing.

The patient—the consumer of the treatment—is probably not particularly interested in the reliability of measurements obtained with a certain test, but is extremely concerned about symptom relief. To date, there have not been many studies in physical therapy that have actually validated clinical results. We are in a "catch-22" situation because we need outcome studies to demonstrate our worth, but we also need reliable and valid measurements to document these outcomes. In some instances, however, improved objective measurements, such as an increase in spinal flexion, have not always reflected any improvement in functional outcome, such as being able to sit at a desk, without pain, for an increased period of time.

This is a difficult, but exciting, time facing our profession. Let us hope that we can rise to the challenges confronting us and not be overwhelmed by the problems. Perhaps we should concentrate our efforts on developing instruments, such that the measurements taken from these instruments are reliable. After all, some measurements of spinal stiffness and knee joint laxity have become reliable with the introduction of external measuring devices. Is this the only way we can improve our measurement, or should we rethink our methodology when testing the reliability of palpation skills? Perhaps we should be examining whether therapists would have a similar strategy for treatment (in this case, whether therapists would nominate a similar taping method for a particular patient) after they obtained all the information they considered necessary to make that decision. I feel that there are many factors that influence our final decision, and I would be surprised and disappointed if clinicians based all their clinical judgments on a single assessment procedure.

References

role in the treatment selection process. One major factor supporting this belief is that the PF alignment tests demonstrate poor measurement reliability. In our study, not only did the examiners fail to agree on the same alignment characteristic, in some cases the examiners obtained results that would have resulted in exact opposite treatment recommendations (eg, taping for medial displacement as opposed to lateral displacement). Given these findings, it is difficult to accept that these measurements would provide any meaningful data for the purpose of guiding treatment selection.

Another factor to consider is the relationship between PF alignment and PF pain. Although it seems to be generally accepted that PF alignment is related to PF pain, experimental evidence does not support this notion. Bockrath et al\(^2\) examined the effect of PF taping on PF pain and PF alignment, as determined by radiological examination. They reported a reduction in PF pain after treatment, with no evidence of change in PF alignment. According to Hughston et al\(^3\), the Q angle, another measure of PF alignment, is not always related to complaints of PF pain. If the construct being measured is not related to the clinical problem, then it is doubtful that the measurements will provide meaningful data that assist in guiding treatment decisions, regardless of measurement reliability or examiner experience.

We agree with Ms McConnell that clinical decision making and treatment planning require the integration of meaningful data acquired from several aspects of the patient history and clinical examination. Because we do not believe the measurements of PF alignment described in our report provide meaningful data for guiding PF taping treatment selection, we no longer include them in our evaluation. Monitoring changes in symptoms and functional outcome in response to taping, as Ms McConnell also suggests, will probably yield the most meaningful information for guiding treatment decisions. Given that there are a limited number of taping techniques to select, we recommend starting with one technique and then modifying the technique as necessary according to patient response.

G Kelley Fitzgerald, PT, OCS
Philip W McClure, PT, OCS

References

Applicants Sought To Develop the National PT and PTA Licensure Examinations

The Federation of State Boards of Physical Therapy (FSBPT) is seeking applicants for three committees that develop the national PT and PTA licensure examinations: the Item Writer and Review Committee (IWRC, formerly ACE), the Item Bank Review Committee (IBRC), and the Examination Construction and Review Committee (ECRC, formerly CLE).

For a description of committee responsibilities and schedule and an application form, please contact Joanne Crump at 703/553-2591 or 703/553-7163 (FAX). A curriculum vitae or résumé must be submitted with each application.

The deadline for completed applications and résumés is April 7, 1995.