More on the Barthel Index

The review of scales of activities of daily living (ADL) by Law and Letts (August 1989, pp. 522-528) was well written, and the conclusion that homemade ADL checklists should be discontinued was timely. The authors' recommendations were also well considered although, considering their conclusions and the Barthel Index's excellent performance on evaluation, I was surprised that they do not use it in their own department.

The authors commented that more research is required to determine the validity of self-report measures. We carefully evaluated the use of the Barthel Index as a self-report tool and of "asking versus testing" (Collin, Wade, Davies, & Horne, 1988). We found the Barthel Index to be highly reliable in a series of 25 consecutive admissions to an acute rehabilitation unit. Patients scoring fully on the index (n = 7) were excluded to avoid artificially raising the level of reliability. We found that asking the patient, or caregiver if the patient was aphasic, or asking a nurse who had worked with the patient for at least one shift was as reliable as having a nurse or occupational therapist test the patient, and was much quicker (2 to 5 min compared to 1 hr).

The most disagreement was in the self-reports of cognitively impaired patients, and we would recommend corroborating the self-reports of these patients by checking with a relative or caregiver. We also looked at internal consistency and found that most of the disagreement was minor and was associated with more complex items such as transfers. A change in total score of more than 3 points (on a scale of 0 to 20) was likely to represent a genuine change in ability.

We published the Barthel Index with the guidelines that we devised, and we recommend its use as a reliable self-report tool.

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Reference


I hope that family centered service provision becomes the health care system of the '90s for all populations from all members of the health care team, including physicians and hospitals. The November 1989 issue of AJOT is a good place to start.

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Are Tenodesis Splints Cost Efficient?

Garber and Gregorio's article "Upper Extremity Assistive Devices: Assessment of Use by Spinal Cord-Injured Patients With Quadriplegia" (February 1990, pp. 126-131) indicating limited long-term use of assistive devices for persons with quadriplegia is consistent with my experience of 30-plus years. I noted that the study grouped splints and slings together. Was there a tally kept of the number of specific type of splints used and for how long they were used? Of the 50 to 75 quadriplegic persons I have known through the years, most have discarded the metal tenodesis splints within the first year in favor of the universal holder, which enables similar functions at a much lower cost. Their major complaint seems to be the difficulty with independently donning the splints and the limited function they provide.

In view of the cost of these splints compared with that of a universal holder (strap with a pocket) and the limited resources available for medical care, perhaps more careful consideration should be given before the metal tenodesis splints are recommended or provided.

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Author's Response

In our original study, 41 subjects were prescribed a variety of splints and slings, including reciprocal only os, universal cuffs (U-cuffs), ball-bearing feeders, ADL splints, and cock-up splints. Of these, 14 were prescribed a U-cuff, 8 were prescribed a reciprocal, 11 were prescribed both, and 11 received neither