2013


Karen M. Kott
Old Dominion University, kkott@odu.edu

Sharon Held

Follow this and additional works at: https://digitalcommons.odu.edu/pt_pubs
Part of the Pediatrics Commons, and the Physical Therapy Commons

Repository Citation

Original Publication Citation

This Response or Comment is brought to you for free and open access by the Physical Therapy and Athletic Training at ODU Digital Commons. It has been accepted for inclusion in Physical Therapy and Athletic Training Faculty Publications by an authorized administrator of ODU Digital Commons. For more information, please contact digitalcommons@odu.edu.
CLINICAL BOTTOM LINE


“How should I apply this information?”

Establishing reliability (intrarater and interrater) is an important step in the development and use of any tool. The Motor Learning Strategy Instrument is a tool to assess the applications of motor learning variables and principles within a therapeutic session. Although excellent intrarater reliability was demonstrated previously, interrater reliability was not found to be sufficient. The researchers sought to compare real-world clinical situations, that is, usual care and virtual reality (VR), but only as a therapist used motor learning strategies in those situations. In this study, the tool was found to be most reliable in coding sessions of usual care as therapists applied motor learning strategies. Clinicians are able to see item examples of strategy categories as they might be applied in sessions with children. Researchers may find use for this tool for comparing usual interventions between settings or between therapists. Academicians might find it useful in providing student feedback on the application of motor learning strategies in usual care in real or simulated patients.

“What should I be mindful about in applying this information?”

Although this study established interrater reliability for the use of this tool in usual care sessions, future development of the tool is necessary to apply it to sessions of VR in practice.

If the instrument is to be used to provide feedback or for research purposes, time-intensive training might be required by the users.

The focus of the interventions was usual care and VR, but this study was not an effectiveness study, that is, comparing the results of usual care and virtual reality. No conclusions are being drawn about the success, failure, or limitations of the interventions.

Karen M Kott, PT, PhD
School of Physical Therapy
Old Dominion University
Norfolk, Virginia

Sharon Held, PT, DPT, MS, PCS, C/NDT
Department of Physical Therapy
Daeman College
Amherst, New York

The authors declare no conflict of interest

DOI: 10.1097/PEP.0b013e3182750d47