

Research Summary – Wheelchair Outcome Measure (WhOM) – Wheeled Mobility

Author Year Research Design Setting (country)	Demographics and Injury Characteristics of Sample	Validity	Reliability	Responsiveness Interpretability
<p>Miller et al. (2011)</p> <p>Canada</p> <p>Prospective test re-test study</p> <p>Community</p>	<p>N=50 (42M, 8F)</p> <p>Mean age 43.7 (10.7)</p> <p>Mean time since SCI: 16.1 (10.1) years</p> <p>Tetraplegic = 64%</p> <p>Manual Wheelchair = 66%</p>	<p>Spearman's Correlation Coefficients for WhOM Satisfaction and Satisfaction x Importance scores with selected LIFE-H items. (Miller et al., 2011; N=50, 42 male)</p> <p>Please see Table 1 below.</p> <p>Low to High correlation with Assessment of Life Habits (LIFE-H): Spearman's $\rho = 0.18-0.62$ (WhOM mean satisfaction with LIFE-H subscales; 9/16 correlations with $\rho \geq 0.50$, $P < 0.01$) Spearman's $\rho = 0.16-0.55$ (WhOM mean</p>	<p>Test-retest reliability ICCs:</p> <p>The ICCs for all WhOM scores exceeded 0.80.</p> <p>The test-retest intraclass correlation coefficients (ICC2, 2) for the WhOM satisfaction (Sat) and WhOM importance (Impt)_Sat scores were 0.83 (95% confidence interval (CI), 0.72–0.90) and 0.88 (95% CI, 0.79–0.93), respectively.</p> <p>The inter-rater ICC for the WhOM Sat and WhOM Impt_Sat scores were 0.91 (95% CI, 0.85–0.95) and 0.90 (95% CI, 0.83–0.94), respectively.</p>	<p>Minimal Detectable Change</p> <p>Mean Satisfaction: 1.19-1.61</p> <p>Mean Satisfaction x Importance: 15.02-16.27</p> <p>Standard Error of Measurement:</p> <p>Mean Satisfaction: 0.43-0.58</p> <p>Mean Satisfaction x Importance: 5.42-5.87</p>

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		satisfaction weighted by Importance, with LIFE-H subscales; 4/16 correlations with $\rho \geq 0.50$, $P < 0.01$)	Test re-test agreements were high (ICC2,1: 0.90) and inter-rater agreements were high (ICC2,2: 0.90). Substantial agreement between raters for identified participation outcomes was achieved ($K > 0.71$).		
	Table 1				
	LIFE-H Areas	LIFE-H Items	N	WhOM MeanS at	WhOM MeanI mpt x Sat
	Community Life	Getting to Public Buildings in your community	46	0.53**	0.44**
		Entering/getting around public buildings in your community	46	0.37*	0.30*
		Getting to commercial establishments in your community	48	0.51**	0.42**

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		Entering and moving around in commercial establishments in your community	48	0.42**	0.36*		
		Participating in social or community groups	47	0.37*	0.28		
	Employment	Taking part in unpaid activities (volunteering)	37	0.50**	0.52**		
		Getting to your principal place of occupation	30	0.47**	0.40*		
		Entering and moving around in your principal place of occupation	30	0.62**	0.55**		
	Fitness	Participating in physical activities for physical fitness	34	0.55**	0.45*		
		Participating in relaxation, unwinding activities for well-being	32	0.51**	0.30*		
	Recreation	Participating in sporting or recreational activities	33	0.55**	0.41*		
		Going to sporting events	30	0.56**	0.54**		
		Going to artistic or cultural events	41	0.18	0.16		

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		Participating in tourist activities	35	0.27	0.21
		Taking part in outdoor activities	30	0.52**	0.38*
		Using your neighborhood recreational services	33	0.29	0.53**
**P<0.01; *P<0.05					
Auger et al. (2010) Canada Test-retest (reliability and telephone administration) and Cross-sectional (construct validity)	Power Mobility Users aged 50-89 years. Two independent cohorts were recruited: 1) a prospective cohort (n=40) to estimate test-retest reliability and to determine the applicability of the telephone format, and 2) a cross-sectional cohort to examine construct validity with 3 groups: i) people waiting for a first power mobility device (n=44); ii) new users (n=35;1-6 months), and	The validity testing showed moderate correlations with the Quebec User Evaluation of Satisfaction with Technology (QUEST 2.0, rS=.36-.45) and the Psychosocial Impact of Assistive Devices Scale (PIADS-10, rS=.31-.43). WhOM scores could discriminate users based on duration of use (p<.001) and device type (power wheelchair vs scooter, p<.05).	Internal Consistency Cronbach's Alpha for each of the 19-item pain and difficulty dimensions and for the complete 38-item questionnaire. Pain α=0.98, Difficulty α=0.96, complete α=0.97. Pearson's correlation coefficient for inter-item correlations. High correlations between several of the pain and difficulty items (r=0.633 to		

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	<p>iii) long-term users (n=39;12–18 months</p>	<p>The convergent validity analyses estimated moderate coefficients ranging from 0.36 to 0.46 between all QUEST scores and mean WhOM scores (MeanIMP × SAT and MeanSAT).</p> <p>Adequate correlation with Québec User Evaluation of Satisfaction with Assistive Technology (QUEST): Spearman's $\rho = 0.45$ (Mean Satisfaction with QUEST total; $P < 0.001$) Spearman's $\rho = 0.37$ (Mean Satisfaction weighted by Importance with QUEST total; $P < 0.001$)</p>	<p>0.891). All correlations were significant at $P < 0.0001$.</p> <p>The “difficulty” index was eliminated along with 4 items that measured similar motions and had sufficiently high inter-item correlations ($r > 0.85$), leaving a 15-item instrument. The internal consistency was unchanged from the original value of $\alpha = 0.97$.</p> <p>Test-retest The tool demonstrated good test-retest reliability (intraclass correlation coefficient 0.77-1.00), took 10.9 min (standard deviation = 5.2) to administer and</p>	

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		(Auger et al., 2010; N=116, 47 male; Power mobility device users, unknown if sample includes SCI individuals)	was practical to use over the telephone.	
<p>Garden (2009)</p> <p>Canada</p> <p>Prospective test re-test study</p>	<p>N = 50 (84%M, 16%F)</p> <p>Mean age was 43.7 years (SD=10.7, range 20 - 66).</p> <p>Tetraplegia = 64%</p> <p>Manual wheelchair = 66%</p> <p>Mean length of time using a wheelchair was 5.7 + 4.7 years.</p>	<p>The subscale of assistive device scale of the Quebec User Evaluation of Satisfaction with Assistive Technology (QUEST) demonstrated a positive relationship with the WhOM ($r > 0.65$). Items on the Assessment of Life Habits (LIFE-H) demonstrated a positive relationship with the WhOM (r ranged from 0.51 – 0.62). Both the Psychosocial Impact of Assistive Devices Scale and the Return to Normal Living Index</p>	<p>Test re-test: Test re-test agreements were high (ICC2,1: 0.90) and inter-rater agreements were high (ICC2,2: 0.90).</p> <p>Substantial agreement between raters for identified participation outcomes was achieved ($K > 0.71$).</p>	

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		<p>failed to meet the hypothesis ($r > 0.50$).</p> <p>Construct validity was supported by moderate associations ($.33 < r < .66$) with a generic participation measure, as well as with satisfaction with assistive technologies.</p>		

Research Summary – Wheelchair Outcome Measure (WhOM) – Wheeled Mobility - Cross-cultural Validation Studies

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<p>Alimohammad et al. (2016)</p> <p>Validation of Farsi version of the WhOM</p> <p>Farsi Validation</p>	<p>N=75</p> <p>Farsi speakers, wheelchair as primary mobility device</p> <p>Mean (SD) time post-SCI = 60 (61) months)</p>	<p>Construct validity</p> <p>Construct validity was assessed by measuring associations between scores of the WhOM-Farsi, the 12-item short-form health survey (SF-12), the Beck Depression Index (BDI-II) and the Spinal Cord Independence Measure (SCIM-III). Significant correlations, in the direction anticipated, were found between more than half of the WhOM-Farsi scores and other measurement scores (BDI-II, SF-12 and SCIM-III) (Table 4). The magnitude of the</p>	<p>Inter-rater reliability</p> <p>The intra class correlation coefficient (ICC) for inter-rater reliability for all scores was 0.99. For test-retest, the ICC was 0.91, 0.94 and 0.83 for Sat, Imp Sat and body function, respectively</p>	

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		<p>associations between the Mean Sat, Mean Imp Sat, body function scores and other measurements scores (SF-12, SCIM III, BDI-II), did not reach what we hypothesized ($r \neq 0.35$). The only exceptions were positive correlations of Mean Sat home, Mean Imp Sat home Total and Mean Imp Sat with SCIM-III and also the negative correlation between Mean Imp Sat community and BDI-II ($r > 0.35$).</p>		