

# The validity, reliability and responsiveness of the modified Iowa Level of Assistance scale in hospitalised older adults

## A valid and reliable tool to monitor functional mobility is needed.

The aim of this study was to assess the psychometric properties of the modified Iowa Level of Assistance (mILOA) scale in older adults undergoing subacute rehabilitation.

**58 patients, aged over 65 years, were recruited from a subacute rehabilitation hospital.**

### Inter-rater reliability (n=31)

Two physiotherapists independently assessed each patient within 24-hours of each other

### Construct (known-groups) validity (n=32)

Difference in mILOA scores between participants who were not physically ready for discharge and those who were

### Concurrent validity (n=32)

Correlation of mILOA scores with the Elderly Mobility Scale

### Responsiveness (n=30)

Difference in mILOA scores from admission to discharge

## The mILOA scale was found to be reliable, valid and responsive.

It had excellent inter-rater reliability (ICC [2,1] 0.96) and no systematic differences across the range of scores (Fig 1). It was responsive to functional change with a minimum detectable change of 4.0 points. It also displayed a mean difference between two known groups of 11.4 points (Fig 2) and correlated significantly and negatively with the Elderly Mobility Scale (Fig 3).

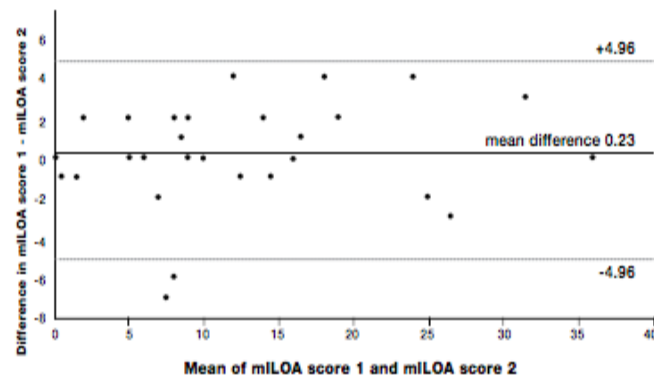


Fig 1: Bland-Altman plot showing reliability of mILOA scale

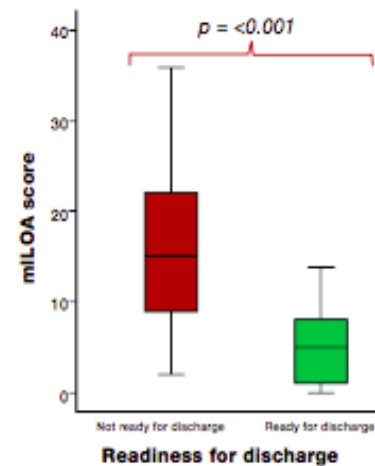


Fig 2: Boxplot of difference in mILOA scores between two known groups

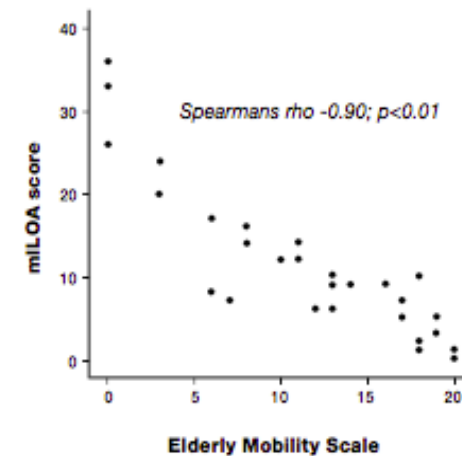


Fig 3: Correlation between mILOA scores and Elderly Mobility Scale scores

**The mILOA scale can be used to provide invaluable information regarding patient outcomes in the subacute care setting.**

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