

Research Data Request

Specific Data Request/Description: Indicate what type of data you are requesting.

Date Range: Last one year Last two years

Data Format: .csv .dta .xlsx

Select Care Type+: Orthopedic Neurological Cardiovascular and Pulmonary
 Industrial Pain Management Wound
 Pelvic Floor Dysfunction Speech

Body Parts: *If you selected Orthopedic, Industrial or Pain Management care type, please specify Body Part(s).*

Mark (R – Individual Survey Response, S – Score Only, B – Both Responses and Score)

- | | | |
|------------------------------------|------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> Pelvis | <input type="checkbox"/> Foot |
| <input type="checkbox"/> Upper Arm | <input type="checkbox"/> Hip | <input type="checkbox"/> Craniofacial |
| <input type="checkbox"/> Elbow | <input type="checkbox"/> Upper Leg | <input type="checkbox"/> Neck |
| <input type="checkbox"/> Forearm | <input type="checkbox"/> Knee | <input type="checkbox"/> Ribs – Trunk |
| <input type="checkbox"/> Wrist | <input type="checkbox"/> Lower Leg | <input type="checkbox"/> Thoracic Spine |
| <input type="checkbox"/> Hand | <input type="checkbox"/> Ankle | <input type="checkbox"/> Lumbar Spine |

Impairment Types: *If you selected Neurological care type, you must also indicate which Impairment type(s) you would like. For the other care types, it is optional to specify Impairment. (Example: Arthropathies is available for Industrial, Ortho, Pain Management and Wound)*

| Impairment Category | Orthopedic | Industrial | Pain Management | Neurological | Speech | Wound | Cardiovascular |
|----------------------------------------------------------------------|------------|------------|-----------------|--------------|--------|-------|----------------|
| Arthropathies | O | I | P | | | W | |
| <input type="checkbox"/> Brain Injury | | | | N | S | W | |
| Burns | O | I | P | | | W | |
| <input type="checkbox"/> Cancer | O | I | P | N | S | W | C |
| Cerebrovascular Disorders | | | P | N | S | W | C |
| <input type="checkbox"/> Complications + Unspecified Injuries | | I | | N | S | W | |
| Congenital Anomalies | | | | N | S | W | |
| <input type="checkbox"/> Contusions | O | I | P | | | W | |
| Crushing Injuries | O | I | P | | | W | |
| <input type="checkbox"/> Degenerative CNS Disorders | | | | N | S | W | |
| Diseases of Arterial System | | | P | N | S | W | C |
| <input type="checkbox"/> Diseases of Veins and Lymphatics | | | P | N | S | W | C |
| Dislocations | O | I | P | | | W | |
| <input type="checkbox"/> Endocrine, Metabolic and Immunity Disorders | | | | N | S | W | |
| Fractures | O | I | P | | | W | |
| <input type="checkbox"/> Inflammatory Diseases of the Nervous System | | | | N | S | W | |
| Injury to Nerves Other than Spinal Cord | O | I | P | | | W | |
| <input type="checkbox"/> Lung Disease | | | | | | | C |
| Multiple Sclerosis | | | | N | | | |

| Impairment Category | Orthopedic | Industrial | Pain Management | Neurological | Speech | Wound | Cardiovascular |
|------------------------------------------------------------------------|------------|------------|-----------------|--------------|--------|-------|----------------|
| Muscle, Tendon + Soft Tissue Disorders | O | I | P | | | W | |
| <input type="checkbox"/> Neurotic, Personality and Other Non-Psychotic | | | | N | S | W | |
| NOC-musculo-skeletal disorder | O | I | P | | | W | |
| <input type="checkbox"/> NOC-Neuromuscular disorder | | I | P | N | S | W | |
| Non-Traumatic CNS Dysfunction | | | | N | S | W | |
| <input type="checkbox"/> Osteo, Chondropathies and Acq Mus-skel Deform | O | I | P | | | W | |
| Other Paralytic Syndromes | | I | | N | S | W | |
| <input type="checkbox"/> Paraplegic Syndromes | | I | | N | S | W | |
| Peripheral Nervous System Disorders/Injuries | O | I | P | N | S | W | |
| <input type="checkbox"/> Post-surgical procedures: Musculo-skel, Sys | O | I | P | | | W | |
| Post-surgical procedures: Nervous system | O | I | P | N | S | W | |
| <input type="checkbox"/> Psychotic Conditions | | | | N | S | W | |
| Quadriplegic Syndromes | | I | | N | S | W | |
| <input type="checkbox"/> Rheumatic and Heart Disease | | | P | N | S | W | C |
| Spine Pathology | O | I | P | | | W | |
| <input type="checkbox"/> Sprains / Strains | O | I | P | | | W | |
| Vertigo | | | | N | S | W | |
| <input type="checkbox"/> Wounds and Traumatic Amputation | O | I | P | | | W | |

If you selected Pelvic Floor Dysfunction, please specify which Impairment types:

- Urinary (FS measures = the Urinary Function CAT and the Pelvic Floor Dysfunction Index)
- Bowel (FS measures = the Bowel Function CAT and the Pelvic Floor Dysfunction Index)
- Pelvic Pain (FS measure = the Pelvic Floor Dysfunction Index)
- Prolapse (FS measure = the Pelvic Floor Dysfunction Index)

+ Based on your choices for Care Type and Body Part/Impairment, data will be pulled using the Primary Functional Status (FS) Computer Adaptive Testing (CAT) outcome measure relevant to your choice. The primary FS CAT measures are mandated for all patient episodes.

Research Data Request

Secondary Measures

In addition to primary FS CAT measures described above, data from secondary measures may be available. Secondary measures are optional for use in the FOTO system; sample sizes may be limited.

Secondary/Optional Measures++: Mark (**R** – Individual Survey Response, **S** – Score Only, **B** – Both Responses and Score)

- | | |
|------------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Abbreviated ABC Scale | <input type="checkbox"/> Neck Disability Index |
| <input type="checkbox"/> ABC Scale | <input type="checkbox"/> Net Promoter Question |
| <input type="checkbox"/> Activities of Daily Living | <input type="checkbox"/> Pain Catastrophizing Scale |
| <input type="checkbox"/> Depression Subscale (SCL BPPM) | <input type="checkbox"/> Pain Disability Index |
| <input type="checkbox"/> Dizziness Handicap Inventory | <input type="checkbox"/> Pain Module |
| <input type="checkbox"/> Employment Information | <input type="checkbox"/> Patient Acceptable Symptom State |
| <input type="checkbox"/> FACIT Fatigue Scale | <input type="checkbox"/> PHQ-2 (Patient Health Questionnaire) |
| <input type="checkbox"/> Fear (FABQ-Physical Activity) | <input type="checkbox"/> PHQ-9 |
| <input type="checkbox"/> Fear (FABQ-Work) | <input type="checkbox"/> Pelvic Floor Distress Inventory |
| <input type="checkbox"/> Global Rating of Change | <input type="checkbox"/> Pelvic Floor Impact Questionnaire |
| <input type="checkbox"/> HOOS, JR. | <input type="checkbox"/> PF Prolapse/Urinary Incont. Sexual Function |
| <input type="checkbox"/> Jaw Functional Limitation Scale | <input type="checkbox"/> PROMIS Global Health |
| <input type="checkbox"/> KOOS, JR. | <input type="checkbox"/> Patient Specific Functional Scale |
| <input type="checkbox"/> Level of Pain in Last 24 Hours | <input type="checkbox"/> Rivermead Post-Concussion Symptoms |
| <input type="checkbox"/> Lower Extremity Functional Scale | <input type="checkbox"/> Roland-Morris Low Back Disability |
| <input type="checkbox"/> MIPS (PQRS) Measure 131 Pain Assessment | <input type="checkbox"/> Self-Efficacy for Pain Management |
| <input type="checkbox"/> MIPS (PQRS) Measure 154 Falls Risk Assessment | <input type="checkbox"/> Self-Efficacy for Physical Function |
| <input type="checkbox"/> Modified Fatigue Impact Scale | <input type="checkbox"/> Self-Efficacy for Coping with Symptoms |
| <input type="checkbox"/> Modified Oswestry LBP Disability Ques | <input type="checkbox"/> Somatization Subscale |
| <input type="checkbox"/> OSPRO Review of Systems | <input type="checkbox"/> Scoliosis Research Society-22 |
| <input type="checkbox"/> Oswestry Disability Index 2.0 | <input type="checkbox"/> STaRT Back Screening Tool |
| <input type="checkbox"/> NeuroQOL Ability to Part in SRA | <input type="checkbox"/> Stroke Impact Scale |
| <input type="checkbox"/> NeuroQOL Communication | <input type="checkbox"/> Traumatic Injuries Distress Scale |
| <input type="checkbox"/> NeuroQOL Fatigue | |
| <input type="checkbox"/> NeuroQOL Lower Extremity | |
| <input type="checkbox"/> NeuroQOL Positive Affect and Well-Being | |
| <input type="checkbox"/> NeuroQOL Upper Extremity | |

++If you selected a Secondary/Optional Measure(s), please specify below patient population by describing which of your selected Care Type/Body Part/Impairment types is relevant. For example, Ortho/Lumbar patients who also took the ABC Scale.

Other Variables:

Other variables are optional for use in the FOTO system except where the item is indicated as mandatory; sample sizes for optional variables may be limited.

* Mandatory variable

**Risk-adjusted Predicted Data is only available for the primary FS CAT measures.

- Acuity Category *
- Age of patient at time of Intake (when 89 or younger)*
- Blinded Org Id *
- Blinded Site Id *
- Blinded Clinician Id *
- Blinded Alternate Clinicians
- Blinded Patient Id *
- BMI *
- Clinician Credentials
- Compliance - Attendance
- Compliance - Home Program
- Compliance – Effort
- Days after setup to Intake *
- Days after setup to Status (Last Status) *
- Days after setup to Staff Discharge *
- Duration of Episode *
- Episode Setup Year *
- Exercise Frequency Category *
- Gender*
- ICD-9 Primary
- ICD-9 Secondary
- ICD-10 Primary
- ICD-10 Secondary
- Interventions: Exercises
- Interventions: Physical Agents
- Interventions: Other Procedures
- MCII (If available)
- MDC (If available)
- Medical Co-morbidities *
- Net Revenue
- Number of Treatment Hours
- Number of Physical Therapy Hours
- Number of Occupational Therapy Hours
- Number of Speech Language Pathology Hours
- Number of Respiratory Therapy Hours
- Number of Nurse Hours
- Number of Other Hours
- Number of U.S. states
- Number of Visits *
- Number of Physical Therapy Visits
- Number of Occupational Therapy Visits
- Number of Speech Language Pathology Visits
- Number of Respiratory Therapy Visits
- Number of Nurse Visits
- Number of Other Visits
- Patient Satisfaction
- Payer Source Type*
- Practice Setting
- Previous Surgery Count *
- Proxy and Recorder Category
- Reason for No Intake (Non-Participation)*
- Reason for No Status (Incomplete Discharge)*
- Received Previous Treatment (Y/N) *
- Referral Source Type
- Risk-adjusted Predicted FS Change**
- Risk-adjusted Predicted Visits**
- Risk-adjusted Predicted Satisfaction**
- Risk-adjusted Predicted Duration**
- Staff Utilization
- Surgical Codes
- Taking Medication (Y/N) *
- Treatment Interruption Days
- Utilization Bucket (1-9)
- Who Discharged (Discipline)