Objective

• There are many patient reported outcomes (PROs) used in practice and published in the literature, but little comparative data as to which are the most clinically useful.
• As pay-for-performance and outcomes reporting becomes more essential, data to guide clinicians to the optimal scores to use in practice is important.
• Purpose: To evaluate the utilization and responsiveness of PROs reported in the shoulder instability literature to determine the most optimal score in shoulder instability patients.

Results

• 112 studies identified with 29 studies meeting inclusion criteria
• 72% utilized more than one PRO

Most commonly utilized PRO scores:
• ASES (13 studies, 44.8%)
• Rowe (10, 34.5%)
• WOSI (8, 27.6%)
• UCLA (7, 24.1%)
• Constant (6, 20.7%)

Rowe score most responsive (comparatively)
• ASES (RE=22.8)
• Constant (RE=33.2)
• VAS pain scale least responsive (comparatively)
• ASES (RE=0.6)
• WOSI (RE=0.3)

ASES more responsive than:
• Constant (RE=1.8)
• VAS-pain (RE=1.8)
• ASES most responsive in RTC repair cohort despite Constant being most frequently utilized

Considerations when choosing a PRO tool:
• Psychometric properties of the tool
• Ease and time required to complete
• Ability to be completed solely by the patient
• Potential for the patient to complete the assessment remotely

Instability-specific Rowe score appears to be the best score for patients following shoulder instability surgery
• Much more responsive than other scores
• Also provided the strongest link between shoulder apprehension and brain level alterations on fMRI

Separate PRO scoring methods appear to be necessary for rotator cuff repair and instability patients
• Despite the constant score being most frequently used in RCR patients, ASES most responsive tool
• Instability-specific Rowe score much more responsive than other scores for instability patients

Discussion/Conclusion

References