# Change in Oxford Shoulder Score (OSS) is associated with patient satisfaction one-year following primary total shoulder arthroplasty



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## Background

Patient-Reported Outcome Measures (PROMs) are commonly used in orthopaedic research to ascertain information from the patient's perspective. These have been shown to be reliable, valid and sensitive to clinical change<sup>1</sup>. One such measure is the Oxford Shoulder Score (OSS), a 12-question PROM tool which focusses on shoulder pain and function<sup>2</sup>. The OSS is popular given its simplicity, reliability and high internal consistency<sup>2</sup>, but is sparsely reported in the literature for shoulder arthroplasty<sup>3</sup>. Furthermore, it is not clear how the change in score relates to patient satisfaction or whether this can be used to define the Minimal Clinically Important Difference (MCID).



### Aims

- 1) To assess the relationship between the change in OSS and patient satisfaction with their outcome (using a visual analogue scale-VAS) following primary total shoulder arthroplasty (TSA).
- 2) To calculate the MCID using a distribution-based method.

### Methods

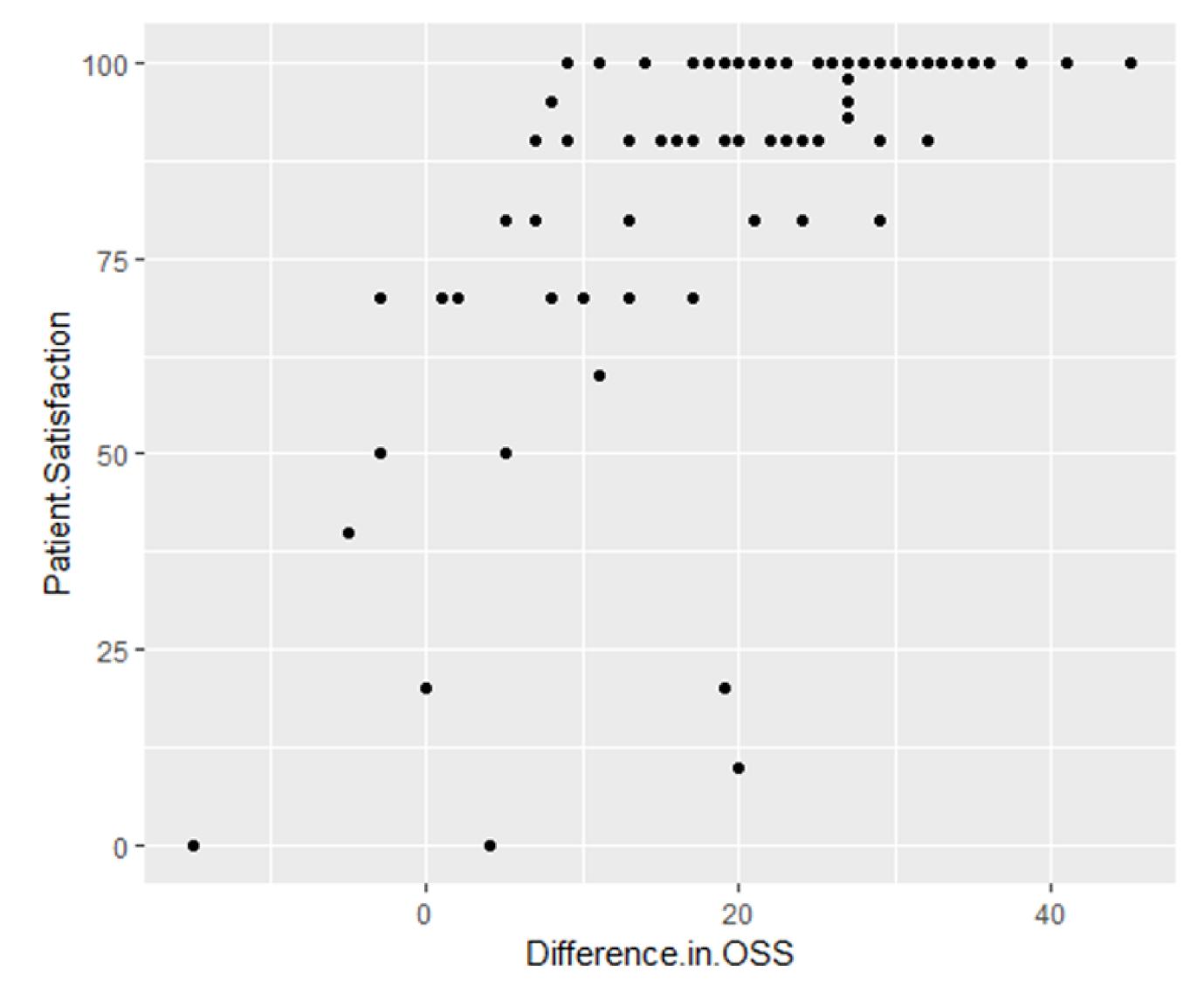
- A retrospective analysis of patients who had TSA at a high-volume elective centre between January 2016 and December 2020.
- 109 consecutive patients with information on their pre-operative OSS, post-operative OSS (at one-year) and outcome satisfaction score (at one-year using a VAS from 0-poorly satisfied to 100-extremely satisfied) were included.
- 27 patients who underwent resurfacing, hemiarthroplasty or revision surgery were excluded.
- Kendall's rank correlation coefficient was used to compare the variables for statistical significance.
- The MCID was derived from a distribution-based method as follows:

 $MCID = 0.5 \cdot \frac{\text{SD (baseline)} + \text{SD (followup)} + \text{SD (difference)}}{2}$ 

### Results

- 82 patients (mean age 74, 62 female) had a primary TSA (46 anatomic, 36 reverse-polarity) during the study period.
- The mean outcome satisfaction score was 87/100 (SD 23.9).
- There was a statistically significant correlation between the change in OSS and patient-reported outcome satisfaction (p<0.01, correlation coefficient=0.505).
- Satisfaction was not influenced by age and gender (p>0.05).
- The MCID for OSS was calculated as 5.

#### Kendall's rank correlation coefficient



z = 6.4976, p-value = 8.16e-11, tau 0.5058422

# Conclusion/ Findings

The change in OSS correlates closely with patient-reported outcome satisfaction. This can be used to help manage patient expectations for those with higher pre-operative scores.

Our estimate of MCID for the OSS (for TSA) is 5, which is higher than previously recognised<sup>4</sup>. This will have repercussions on powering of studies and defining a clinically meaningful improvement.

However, calculating MCIDs by distribution methodology holds no clinical relevance as it is a solely statistical phenomenon. Using anchor-based questioning is better for this purpose, as it compares the change in a scoring measure in patients who have perceived to have had post-operative clinical improvement, relative to those who have not<sup>5</sup>.

#### References

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