

New scoring system for the Oxford shoulder score*

When the Oxford shoulder score was originally devised, the scoring system was designed to be as simple as possible, in order to encourage its use. Thus, in the original publication (Dawson J, Fitzpatrick R, Carr A. Questionnaire on the Perceptions of Patients About Shoulder Surgery. *J Bone Joint Surg [Br]* 1996; 78: 593-600) each question was scored from 1 to 5, with 1 representing best outcome/least symptoms. Scores from each question were added so the overall score was from 12 to 60 with 12 being the best outcome. This was the same method as used for the Oxford hip and knee scores - which many surgeons reported finding unintuitive. This led some to adapt the scoring - leading to considerable confusion. We therefore issued recent recommendations concerning changes to the method of scoring the Oxford hip and knee scores¹. Our view is that similar changes should be implemented with the OSS **and therefore recommend the following**.

Under the new system, each question on the OSS should be scored 0 to 4, with 4 representing the best (this is the opposite direction from the original method of scoring). When the 12 items are summed, this produces overall scores that run from 0 to 48 with 48 being the best outcome (to convert the 'old system' of 60-12 to the 0-48 scoring system and vice versa simply subtract the score from 60)². In addition, the method used should always be clearly stated (including in abstracts). **We also recommend that this scoring system should be adopted for the Oxford Shoulder Instability Score³**.

To further avoid confusion, always state clearly the method that has been used (including in abstracts).

New system of scoring (more detail)

Each of the 12 questions on the Oxford shoulder score is scored in the same way with the score decreasing as the reported symptoms increase (ie. become worse). All questions are laid out similarly with response categories denoting least (or no) symptoms being to the left of the page (scoring 4) and those representing greatest severity lying on the right hand side (scoring 0). eg. question 1:

1.	<i>During the past 4 weeks.....</i>				
	How would you describe the <i>worst</i> pain you had from your shoulder?				
	None	Mild	Moderate	Severe	Unbearable
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	3	2	1	0

The overall score is reached by simply summing the scores received for individual questions. This results in a continuous score ranging from 0 (most severe symptoms) to 48 (least symptoms).

Missing values/notes for analysis.

We also propose that, if, after repeated attempts to obtain complete data from an individual, only one or two questions have been left unanswered, it is reasonable to enter the mean value representing all of their other responses, to fill the gaps. If more than two questions are unanswered we recommend that an overall score should not be calculated. If patients indicate two answers for one question we recommend that the convention of using the worst (most severe) response is adopted.

1. Murray DW, Fitzpatrick R, Rogers K, Pandit H, Beard DJ, Carr AJ, Dawson J. The Use of the Oxford Hip and Knee Scores. *J Bone Joint Surg [Br]* 2007; 89-B: 1010-4.
2. Weale AE, Halabi OA, Jones PW, While SH. Perceptions of Outcomes After Unicompartamental and Total Knee Replacements. *Clin Orthop Rel Res* 2001; 382: 143-53.
3. Dawson J, Fitzpatrick R, Carr A. The Assessment of Shoulder Instability: the Development and Validation of a Questionnaire. *J Bone Joint Surg [Br]* 1999; 81-B: 420-6.