

Self-assessment of general health status in patients with five common shoulder conditions

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The SF-36 Health Survey is a patient self-administered general health status evaluation designed to measure the impact of disease on an individual's perception of his or her health. Five hundred forty-four patients with five common shoulder conditions (anterior glenohumeral instability (149 patients), complete reparable rotator cuff tear (111 patients), adhesive capsulitis (100 patients), glenohumeral osteoarthritis (67 patients), and impingement (117 patients)) completed the SF-36 Health Survey before undergoing treatment. When compared with U.S. general population norms, the patients with each of these shoulder conditions had statistically significant decreases in their health for Physical Functioning, Role-Physical, Bodily Pain, Social Functioning, Role-Emotional, and the Physical Component Summary as measured by the SF-36 Health Survey. Comparison with published data demonstrated that these shoulder conditions rank in severity (in terms of affecting a patient's perception of his or her general health) with five major medical conditions (hypertension, congestive heart failure, acute myocardial infarction, diabetes mellitus, and clinical depression). The data presented in this study should serve as a baseline to document the impact of shoulder musculoskeletal conditions and possibly to allow comparison among various methods of operative and nonoperative treatment. (J Shoulder Elbow Surg 1998;7:228-37.)

As an increasing number of medical procedures compete for a decreasing number of health care dollars, interest is focusing on both the cost and effectiveness of medical care.²¹ Although expenditures can be quantified, it is harder to evaluate the effectiveness of a particular medical treatment or

operative procedure. Traditional reporting in orthopaedics has focused on measuring the process of care. Process measures include such factors as range of motion, strength, and component loosening (as determined by radiographic appearance). Recently, emphasis has been placed on patient-based outcome analysis. Patient-based outcomes are assessments that measure the results of care as they are perceived by patients. They include factors like pain, function, satisfaction, and quality of life. This type of analysis has been termed outcome research.¹¹

Patient outcome studies in orthopaedics that use the tools of outcome research may be thought of as having two basic components, one measuring patient function for a disorder of a particular body part or anatomic region (condition-specific measures) and the other measuring a patient's general health status (generic health status measures). Examples of instruments measuring a particular anatomic region include the hip (Harris Hip Score⁶), the knee (Hungerford Knee Score⁷), and the shoulder (University of California Los Angeles Shoulder Scoring System⁵). Current efforts have been placed on constructing validated (those that have been studied and shown to truly measure what they are intended to measure) instruments such as the Johanson rating for the hip,⁸ the Constant shoulder function scoring system,^{3,4} and the carpal tunnel syndrome evaluation by Levine et al.¹²

General health status measures such as the Sickness Index Profile¹ and the SF-36 Health Survey^{17,20} take into account various qualitative and quantitative facets of a person's life and do not refer to the specific disease or problem that is causing compromised health. Such measures of health can be quantified and may be a means by which various musculoskeletal conditions can be evaluated and compared with each other. These measures may allow the comparison of conditions in one branch of medicine with those in another medical specialty.

The SF-36 Health Survey was released in

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