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CORR Insights®: Are Patient-reported Outcome Measures in Orthopaedics Easily Read by Patients?

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Where Are We Now?

Patient-reported outcomes measures (PROMs) are essential tools for orthopaedic clinical research and, increasingly, for assessing the results of routine clinical practice. A good PROM accurately

assesses health-related quality of life and function, identifies deficits related to physical impairments, and demonstrates change with successful interventions. Most PROMs provide written statements with which a patient is asked to agree or disagree; sometimes an activity is described and the patient is asked to indicate how difficult it is for him to do the activity. All PROMs require from the patient the ability to read and comprehend the questions being asked in the questionnaire—which are presented in written form. The fact that not all patients being queried may be able to do so is the issue that leads us to the current paper.

“Health literacy” is a broad term, describing a person’s ability to understand and use health information. The ability to read is an essential part of this. Prior work [1] has shown that educational materials provided to

patients often are written at a reading level far above that of the average patient. Are the questionnaires and surveys that we give patients any easier to read?

In this paper, the authors analyzed 59 of the most commonly used orthopaedic PROMs and calculated a “readability score” for each, using widely available software. The vast majority of the PROMs were written at such a high level that they were “likely to be unreadable and potentially incomprehensible to most patients asked to complete them.”

Where Do We Need To Go?

What does this mean for orthopaedic clinical research and practice, much of which depends on PROMs to provide evidence of meaningful improvement? With all the effort that has gone into establishing reliability, validity, and responsiveness for PROMs, have we neglected a more basic attribute—the respondent’s ability to understand the words printed on the page? The authors note that there are other

This CORR Insights® is a commentary on the article “Are Patient-reported Outcome Measures in Orthopaedics Easily Read by Patients?” by El-Daly and colleagues available at: DOI: [10.1007/s11999-015-4595-0](https://doi.org/10.1007/s11999-015-4595-0).

The author certifies that he, or any member of his immediate family, has no funding or commercial associations (eg, consultancies, stock ownership, equity interest, patent/licensing arrangements, etc.) that might pose a conflict of interest in connection with the submitted article.

All ICMJE Conflict of Interest Forms for authors and *Clinical Orthopaedics and Related Research®* editors and board members are on file with the publication and can be viewed on request.

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This *CORR Insights®* comment refers to the article available at DOI: [10.1007/s11999-015-4595-0](https://doi.org/10.1007/s11999-015-4595-0).

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methods of assessing readability that may give different results, and suggest that the data obtained from PROMs should still be considered valid. But there is clearly a need for PROMs that can be understood by all orthopaedic patients, not just those with advanced language skills.

How Do We Get There?

Words matter in medical communication. When a physician talks with a

patient, he or she should try to use language that is familiar and comprehensible, avoiding complex medical jargon. Similarly, researchers and clinicians should select PROMs that can be understood by the target population. Some PROMs may need to be rewritten using shorter words and more familiar terms, and the revised instruments will need to be tested and validated again. New PROMs should include a formal assessment of readability before being implemented. I agree with El-Daly

and colleagues that all PROMs should be “written at or below the average literacy level of the population they are meant to survey.” Rather than exclude those without adequate reading skills we must find ways to include everyone.

Reference

1. Sabharwal S, Badarudeen S, Unes Kunju S. Readability of online patient education materials from the AAOS web site. *Clin Orthop Relat Res.* 2008;466:1245–1250.