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CORR Insights®: What Factors are Predictive of Patient-reported Outcomes? A Prospective Study of 337 Shoulder Arthroplasties

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Where Are We Now?

In an age where an impending burden will be placed on physicians to show benefits of treatment, studies that elucidate factors impacting the results of treatment of disease will undoubtedly grow in importance. Orthopaedic surgeons

understand that patient-reported outcomes and patient satisfaction can differ substantially from surgeon-perceived outcomes. But while a surgeon may consider successful restoration of functional mobility as a good result, a patient may not place the same level of importance on an objective parameter like that, instead perceiving subjective factors such as absence or presence of night pain as more important.

The development of, and extensive experience with, the Simple Shoulder Test has validated the usefulness of patient-reported outcomes scores. The Simple Shoulder Test allows the collection of outcomes data even when the patient is unable to physically return to the evaluator for followup. Of course, there are limitations to data interpretation due to the absence of radiographic and physical examination followup. For example, whether a patient's responses to the questions included in the Simple Shoulder Test

correlate to a radiographic finding or clinical examination finding go unanswered. Still, the current study by Matsen and colleagues represents a great start to answering many questions regarding factors associated with outcome following shoulder arthroplasty.

Where Do We Need To Go?

But questions do remain. Although, a relatively large number of patients are included in this study, the patient population and specific procedure type are quite heterogeneous. More narrowly focused outcome studies are needed to better understand factors influencing the outcomes in specific diagnoses. More narrowly focused outcome studies are also needed to better understand factors influencing the outcomes in specific arthroplasty procedures (anatomic total shoulder arthroplasty, hemiarthroplasty, reverse shoulder arthroplasty, for example). Additionally, studies exploring the relationship between radiographic and clinical examination findings and

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subjective outcome measurement tools such as the Simple Shoulder Test are needed because this investigation is representative of patients at a relatively short followup period. Middle- and long-term followup periods are necessary, as they could certainly impact the relationship between radiographic and clinical examination findings.

How Do We Get There?

Clearly, future studies using the same basic study design employed by Matzen and colleagues in this study should try to strengthen the conclusions of this study and yield new information more specific to certain diagnoses and certain procedures. Additionally, longer followup could strengthen or possibly

change the conclusions in a study such as this. Finally, although it is certainly difficult, if not impossible, to get all patients to return for radiographic and clinical examination followup, a study including a correlation of these findings with the Simple Shoulder Test in perhaps a more limited number of patients is warranted.