Scores VII

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ABSTRACT
The Editorial Committee wants to provide its readers with an update on the commonly used scales. The use of tables and scales is a widespread practice in Orthopedics and Traumatology. The measurement and quantification of clinical, functional, and radiographic aspects has become an essential tool for decision-making in different aspects of healthcare activity. We carry out a review of the most used scales, defining their use and including original and updated literature.
Keywords: Scales; scores; tables; update.
Level of Evidence: V

Puntajes VII

RESUMEN
El Comité Editorial quiere brindar a sus lectores una actualización de las escalas de uso corriente. El empleo de tablas y escalas es una práctica muy extendida en la Ortopedia y Traumatología. La medición y la cuantificación de los aspectos clínicos, funcionales y radiográficos se convirtieron en una herramienta imprescindible para la toma de decisiones en diferentes aspectos de la actividad asistencial. Llevamos a cabo una revisión de las escalas más utilizadas, definiendo su uso e incluyendo bibliografía original y actualizada.
Palabras clave: Escalas; puntajes; tablas; actualización.
Nivel de Evidencia: V

INTRODUCTION

The Editorial Committee wants to provide its readers with an update on the most commonly used scales. The use of tables and scales is a widespread practice in Orthopedics and Traumatology. The measurement and quantification of clinical, functional, and radiographic aspects have become essential tools for decision-making in different aspects of healthcare activity.

We carried out a review of the most used scales, defining their use and including original and updated literature. In this opportunity, we dealt with the section of pediatric pathology scores. Although assessment scales are commonly used in publications about orthopedic problems in children and adolescents, instruments that have not been designed or validated for a pediatric population are frequently used. Some of the most commonly used validated or designed instruments for children are listed below.

Pediatric Outcomes Data Collection Instrument (PODCI)

The *Pediatric Orthopaedic Society of North America* (POSNA) developed the PODCI questionnaire in the late 1990s. This instrument evaluates four variables: 1) the upper extremity function scale, 2) mobility (reflecting the patient's ability to move independently), 3) function in sports and physical activity, and 4) pain/comfort and a

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global function value (representing the mean of the four specific function values). It consists of three parts: 1) the pediatric questionnaire (to be answered by parents of children between 2 and 11 years old), 2) the questionnaire for parents of adolescents (11-18 years old) and 3) the questionnaire for adolescents (between 11 and 18 years old). The PODCI has been validated in Spanish.

The scale can be downloaded at: https://www.gillettechildrens.org/assets/uploads/general/Forms/Gait_Lab_Forms/9990-151_Pediatric_Outcomes_Questionnaire_Spanish.pdf

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PROMIS® Pediatric and Parent Proxy Profile

The *PROMIS® Pediatric and Parent Proxy Profile* instruments are a collection of short forms containing a fixed number of items from six PROMIS domains (Depressive Symptoms, Anxiety, Mobility, Pain Interference, Fatigue, and Peer Relations) together with a single item on the intensity of the pain. There are three profiles: PROMIS-25 includes four items per domain; PROMIS-37, six items per domain and PROMIS-49, eight items per domain. As with other PROMIS instruments, the profiles are universal rather than disease-specific. They evaluate all domains over the past seven days.

The PROMIS® Pediatric Profile instrument is designed for pediatric self-reporting (8-17 years). The PROMIS® Parent Proxy Profile is intended for parents acting as proxy reporters for their children (ages 5-17).

The scales can be downloaded at: https://www.promishealth.org/57461-2/.

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Oxford Ankle Foot Questionnaire for Children (OxAFQ-C)

This is a questionnaire to measure the state of health self-reported by the child or reported by the parent (representative). The OxAFQ-C is used with patients ages 5 to 16 who have foot and ankle conditions. It has a total of 15 items: the first 14 items are used to calculate the scores for the three domains: Physical (6 items, 1-6), School and Play (4 items, 7-10), Emotional (4 items, 11- 14). Scores for the three domains are reported separately, there is no total score. The response options for each item are on a 5-point scale: never (4), rarely (3), sometimes (2), very often (1), always (0), where the number in parentheses represents the value that should be applied by the annotator to each answer. Domain scores are calculated as the total of the scale item scores divided by the maximum for each domain. Domain scores can be transformed to a percentage scale (0-100) for ease of interpretation. A higher score for a domain represents better performance.

The final item (item 15: Has your foot or ankle stopped you wearing any shoes you wanted to wear?) was added to reflect the concern many children have about being able to wear the shoes they prefer. This topic is important to children and therefore adds validity, but psychometrically it does not fit into any of the domains. Therefore, this final item 15 is reported as a single item.

The scales can be downloaded at:
https://innovation.ox.ac.uk/outcome-measures/the-oxford-ankle-foot-questionnaire-for-children-oxafq-c/

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Pedi-IKDC scale

Pedi-IKDC is the pediatric version of the *International Knee Documentation Committee* (IKDC) subjective outcome scale. It was initially described by Kocher et al. and then it was validated into Spanish. It consists of two subscales: symptoms and sports, but all raw scores are added to a total score.

PEDI-IKDC SCALE

SYMPTOMS

• If you were asked to do the activities below, What is the most you could do today **without making your injured knee hurt a lot**?
- Very hard activities like jumping or turning fast to change direction, like in basketball or soccer.
- Hard activities like heavy lifting, skiing or tennis.
- Sort of hard activities like walking fast or jogging.
- Light activities like walking at a normal speed.
- I can't do any of the activities listed above because my knee hurts too much now.

• During the **past 4 weeks** or **since your injury**, how much of the time did your injured knee hurt?
Never hurts | 0 1 2 3 4 5 6 7 8 9 10 | Hurts all the time

• How badly does your injured knee hurt **today**?
Does not hurt at all | 0 1 2 3 4 5 6 7 8 9 10 | Hurts so much I can't stand it

• During the **past 4 weeks** or **since your injury**, how **hard has it been to move or bend** with your injured knee?
- Not at all hard
- A little hard
- Somewhat hard
- Very hard
- Extremely hard

• During the **past 4 weeks** or **since your injury**, how swollen was your injured knee?
- Not at all swollen
- A little swollen
- Somewhat swollen
- Very swollen
- Extremely swollen

• If you were asked to do the activities below, What is the most you could do today without making your injured knee swollen?
- Very hard activities like jumping or turning fast to change direction, like in basketball or soccer.
- Hard activities like heavy lifting, skiing or tennis.
- Sort of hard activities like walking fast or jogging.
- Light activities like walking at a normal speed.
- I can't do any of the activities listed above because my injured knee is swollen even when I rest

• During the **past 4 weeks** or **since your injury**, did your injured knee ever **get stuck in place (lock)** so that you could not move it?
- Yes
- No

• During the **past 4 weeks** or **since your injury**, did your injured knee **ever feel like it was getting stuck (catching)**, but you could still move it?
- Yes
- No

• If you were asked to do the activities below, What is the most you could do **today** without your injured knee **feeling like it can't hold you up**?
- Very hard activities like jumping or turning fast to change direction, like in basketball or soccer.
- Hard activities like heavy lifting, skiing or tennis.
- Sort of hard activities like walking fast or jogging.
- Light activities like walking at a normal speed.
- I can't do any of the activities listed above because my injured knee feels like it can't hold me up

SPORT ACTIVITIES

• What is the most you can do on your injured knee **most of the time**?
- Very hard activities like jumping or turning fast to change direction, like in basketball or soccer.
- Hard activities like heavy lifting, skiing or tennis.
- Sort of hard activities like walking fast or jogging.
- Light activities like walking at a normal speed.
- I can't do any of the activities listed above most of the time.

FUNCTION

• How well did your knee work **before you injured it**?
I could not do anything at all | 0 1 2 3 4 5 6 7 8 9 10 |I could do anything I wanted to

• How well does your knee work **now**?
I am not able to do anything at all | 0 1 2 3 4 5 6 7 8 9 10 |I am able to do anything I want to do

• Who completed the questionnaire?
- Child alone.
- Child with help from parent/adult.

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Hospital for Special Surgery Pediatric Functional Activity Brief Scale (HSS Pedi-FABS)

This scale is a validated 8-item instrument designed to quantify the activity of children between 10 and 18 years of age. Normative data on pediatric and adolescent activity level were recently reported by the same authors. The questionnaire is not validated in Spanish.

The scale can be downloaded at:
https://www.prismsports.org/UserFiles/file/HSSPedi-FABSPDFScoring.pdf

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