

# ISFR-IOF experts propose standardized measurements of clinical outcomes in wrist fractures

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(Medical Xpress)—Distal radius fractures (often simply termed wrist or Colles' fractures) are the second most common fractures in the elderly. Beyond the immediate impact on the patient, wrist fractures in older adults often indicate underlying osteoporosis and high risk of subsequent fragility fractures.

Despite their clinical significance, evidence-based practice and clinical research on [wrist fractures](#) are hampered by the lack of standardized methods of outcome measurement. A new publication\* by the Distal Radius Working Group of the International Society for Fracture Repair (ISFR) and the International Osteoporosis Foundation (IOF) makes important new recommendations in an effort to promote international consensus.

"In regard to distal radius [fractures](#) there is currently no agreed-upon definition of what should be measured in a clinical trial. As a result, researchers are faced with heterogeneous information - a serious barrier to high-quality research in the evaluation of outcomes or definition of intervention thresholds," said Dr. Jörg Goldhahn, Lecturer at the Institute for Biomechanics of the Swiss Federal Institute of Technology, Zurich and President-Elect of the ISFR.

The IOF-ISFR Working Group used a methodological approach to arrive at a comprehensive foundation of content for outcomes. The absence of

pain and restoration of function was agreed as the common treatment goals and foci for clinical measures. There was also a consensus that symptom and function should be measured as separate domains in the WHO International Classification of Functioning, Disability and Health (ICF).

Seven core recommendations were made:

1. pain and function are regarded as the primary domains;
2. very brief measures are needed for routine administration in clinical practice;
3. these brief measures could be augmented by additional measures that provide more detail or address additional domains for clinical research;
4. measurement of pain should include measures of both intensity and frequency as core attributes;
5. a numeric pain scale, e.g. visual analogue scale or visual numeric scale or the pain subscale of the patient-reported wrist evaluation (PRWE) questionnaires were identified as reliable, valid and feasible measures to measure these concepts;
6. for function, either the Quick Disability of the arm, shoulder and hand questionnaire or PRWE-function subscale was identified as reliable, valid and feasible measures, and
7. a measure of participation and treatment complications should be considered core outcomes for both clinical practice and research.

Professor Cyrus Cooper, Chair of the IOF Committee of Scientific Advisors, welcomed the Working Group's recommendations and urged

their implementation by clinicians and researchers around the world. "A standardised approach to identifying a minimal core set of domains in the assessment of wrist fracture patients will immensely benefit both study designs and clinical practice; the International Osteoporosis Foundation welcomes this development." he said.

**More information:** *Arch Orthop Trauma Surg*. [DOI: 10.1007/s00402-013-1767-9](https://doi.org/10.1007/s00402-013-1767-9)

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