**Overview**

Each question on the OSIS should be scored 0 to 4, with 4 representing the best. When the 12 items are summed, this produces overall scores that run from 0 to 48 with 48 being the best outcome.

**System of scoring (more detail)**

Each of the 12 questions on the Oxford Shoulder Instability Score is scored in the same way with the score decreasing as the reported symptoms increase (i.e. become worse). All questions are laid out similarly with response categories denoting least (or no) symptoms being to the left of the page (scoring 4) and those representing greatest severity lying on the right hand side (scoring 0). For example question 1:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 4. | During the last 3 months… | | | | | | | | | | | | | | |
|  | How much has the problem with your shoulder interfered with your usual work? (including school or college work, or housework) | | | | | | | | | | | | | | |
|  | Not at all | | | A little bit | | | Moderately | | | Greatly | | | Totally | | |
|  |  | □ |  |  | □ |  |  | □ |  |  | □ |  |  | □ |  |

Score **4 3 2 1 0**

applied/

response category

**The overall score** is reached by simply summing the scores received for individual questions. This results in a continuous score ranging from 0 (most severe symptoms) to 48 (least symptoms).

**Missing values/notes for analysis**.

We also propose that, if, after repeated attempts to obtain complete data from an individual, only one or two questions have been left unanswered, it is reasonable to enter the mean value representing all of their other responses, to fill the gaps. If more than two questions are unanswered we recommend that an overall score should not be calculated. If patients indicate two answers for one question we recommend that the convention of using the worst (most severe) response is adopted.

Further reading:-

1. Dawson J, Fitzpatrick R, Carr A. Questionnaire on the perceptions of patients about shoulder surgery. J Bone Joint Surg [Br] (1996) 78-B: 4 593-600
2. Dawson J, Hill G, Fitzpatrick R, Carr A. The benefits of using patient-based methods of assessment. Medium term results of an observational study of shoulder surgery. J Bone Joint Surg. [Br] (2001) 83(6): 877-882
3. Dawson J, Rogers K, Fitzpatrick R, Carr A. The Oxford Shoulder Score revisited. Arch Orthop Trauma Surg (2009) 129:119–123

Users familiar with the original scoring system (as described in the first paper referenced above: JBJS, 1996) should note the change to this new scoring system. Further details on the reasoning and changes to the scoring system, adopted in the last few years, and how to convert between the old scoring system and this preferred new scoring system, can be found in the third paper (Arch Orthop Trauma Surg, 2009) referenced above.