AB082. SOH22ABS069. A study to assess the reliability of the oxford knee score and the influence of clinician assistance

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Background: The Oxford Knee Score (OKS) was devised to measure outcome following knee arthroplasty. It is a simple scoring system that documents difficulties with routine daily tasks. This study compares two separate pre-operative OKS, examines the influence of clinician assistance and records what score suggested a need for knee replacement surgery. We also analysed the indications for surgery in those patients with an OKS ≥30.

Methods: This is a single centre, prospective case series of 355 consecutive primary total knee arthroplasty cases between January 2016 and November 2020. All patients completed the OKS unassisted before their pre-operative consultation (OKS1). Patients were again asked to complete the OKS at Joint School, but on this occasion, they were assisted by our Arthroplasty Nurse (OKS2). Score 1 and Score 2 were then compared to assess the reliability of the OKS and the influence of the Arthroplasty Nurse. All patients with an OKS ≥30 were analysed to identify the indication for joint replacement, despite a satisfactory OKS.

Results: Of the 355 cases, 11 (3%) were excluded due to incomplete data. Of the remaining 344 cases, 205 were performed on females and 139 on males with a mean age of 71.2 years (min 40, max 90). Mean duration between OKS1 and surgery was 56 days and between OKS2 and surgery was 14 days. Mean scores for OKS1 and OKS2 were 20.46 [95% confidence interval (CI): 19.65–21.26] and 18.84 (95% CI: 18.14–19.54) respectively. The mean difference between the individual scores, represented as OKS1–OKS2 is 1.6 (95% CI: 0.9–2.32). Fifty-two cases (14.6%) had an average OKS of ≥30, with knee instability rather than pain being the indication for surgery in 100% of cases. No cases were cancelled as a result of a disparity between OKS.

Conclusions: These results demonstrate the reliability of the OKS over a large consecutive case series. The assistance of our Arthroplasty Nurse did not greatly influence the patient's scores. Fifty-two cases had an OKS ≥30, showing that the OKS cannot be used in isolation when determining a patient's suitability for knee replacement.

Keywords: Arthroplasty; knee; Oxford Knee Score (OKS); total knee arthroplasty; total knee replacement

Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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