Reliability, Validity, Responsiveness, and Minimal Important Change of the Disabilities of the Arm, Shoulder and Hand and Constant-Murley Scores in Patients with a Humeral Shaft Fracture

Kiran C. Mahabier, MD; **Dennis Den Hartog, MD, PhD**¹; Nina Theyskens; Michael Verhofstad, MD, PhD¹; Esther Van Lieshout, MSc¹; On behalf of HUMMER Investigators

¹Erasmus MC, Rotterdam, South West Netherlands, NETHERLANDS

Purpose: The Disabilities of the Arm, Shoulder and Hand (DASH) and Constant-Murley scores are commonly used instruments. The DASH is patient-reported, and the Constant-Murley combines a clinician-reported and a patient-reported part. For patients with a humeral shaft fracture, their validity, reliability, responsiveness, and Minimal Important Change (MIC) have not been published. This study evaluated the measurement properties of these instruments in patients who sustained a humeral shaft fracture.

Methods: The DASH and Constant-Murley instruments were completed 5 times until 1 year after trauma. Pain score, Short Form-36, and EuroQol-5D were completed for comparison. Internal consistency was determined by the Cronbach α . Construct and longitudinal validity were evaluated by assessing hypotheses about expected Spearman rank correlations in scores and change scores, respectively, between patient-reported outcome measures (sub)scales. The Smallest Detectable Change (SDC) was calculated. The MIC was determined using an anchor-based approach. The presence of floor and ceiling effects was determined.

Results: A total of 140 patients were included. Internal consistency was sufficient for DASH (Cronbach $\alpha=0.96$), but was insufficient for Constant-Murley ($\alpha=0.61$). Construct and longitudinal validity were sufficient for both patient-reported outcome measures (>75% of correlations hypothesized correctly). The MIC and SDC were 6.7 (95% confidence interval [CI] 5.0-15.8) and 19.0 (standard error of measurement [SEM], 6.9), respectively, for DASH and 6.1 (95% CI, -6.8 to 17.4) and 17.7 (SEM, 6.4), respectively, for Constant-Murley.

Conclusion: The DASH and Constant-Murley are valid instruments for evaluating outcome in patients with a humeral shaft fracture. Reliability was only shown for the DASH, making this the preferred instrument. The observed MIC and SDC values provide a basis for sample size calculations for future research.