



**WESTERN ONTARIO
SHOULDER INSTABILITY
INDEX (WOSI)[©]**

A disease-specific quality of life measurement tool for patients with shoulder instability

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INSTRUCTIONS TO PATIENTS

In Sections A, B, C, and D you will be asked to answer questions in the following format and you should give your answer by putting a slash “/” across the horizontal line.

NOTE:

1. If you put a slash “/” at the left end of the line i.e.

no pain /-----| extreme pain

then you are indicating that you have no pain.

2. If you put your slash “/” at the right end of the line i.e.

no pain |-----/ extreme pain

then you are indicating that your pain is extreme.

3. Please note:

a) that the further to the right you put your slash “/” , the **more** you experience that symptom.

b) that the further to the left you put your slash “/”, the **less** you experience that symptom.

c) please do not place your slash “/” outside the end markers

You are asked to indicate on this questionnaire, the amount of a symptom you have experienced in the past week as related to your problematic shoulder. If you are unsure about the shoulder that is involved or you have any other questions, please ask before filling out the questionnaire.

If for some reason you do not understand a question, please refer to the explanations that can be found at the end of the questionnaire. You can then place your slash “/” across the horizontal line at the appropriate place. **If an item does not pertain to you or you have not experienced it in the past week, please make your “best guess” as to which response would be the most accurate.**

**Section A:
Physical Symptoms**

INSTRUCTIONS TO PATIENTS

The following questions concern the physical symptoms you have experienced due to your shoulder problem. In all cases, please enter the amount of the symptom you have experienced in the last week. (Please answer with a slash "/" across the horizontal line.)

1. How much pain do you experience in your shoulder with overhead activities?

no pain |-----| extreme pain

2. How much aching or throbbing do you experience in your shoulder?

no aching/
throbbing |-----| extreme aching/
throbbing

3. How much weakness or lack of strength do you experience in your shoulder?

no weakness |-----| extreme weakness

4. How much fatigue or lack of stamina do you experience in your shoulder?

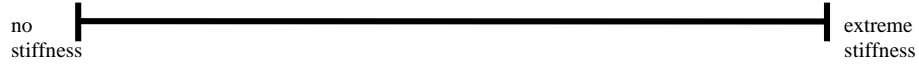
no fatigue |-----| extreme fatigue

5. How much clicking, cracking or snapping do you experience in your shoulder?

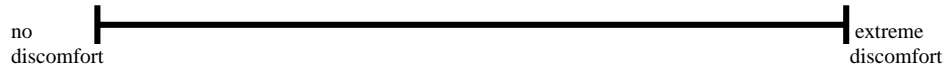
no clicking |-----| extreme clicking

Section A: Cont'd

6. How much stiffness do you experience in your shoulder?



7. How much discomfort do you experience in your neck muscles as a result of your shoulder?



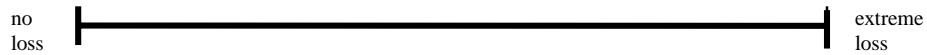
8. How much feeling of instability or looseness do you experience in your shoulder?



9. How much do you compensate for your shoulder with other muscles?



10. How much loss of range of motion do you have in your shoulder?



SECTION B: Sports/Recreation/Work

INSTRUCTIONS TO PATIENTS

The following section concerns how your shoulder problem has affected your work, sports or recreational activities in the past week. For each question, please indicate the amount with a slash "/" across the horizontal line.

11. How much has your shoulder limited the amount you can participate in sports or recreational activities?

not limited |-----| extremely limited

12. How much has your shoulder affected your ability to perform the specific skills required for your sport or work? (If your shoulder affects both sports and work, consider the area that is most affected.)

not affected |-----| extremely affected

13. How much do you feel the need to protect your arm during activities?

not at all |-----| extreme

14. How much difficulty do you experience lifting heavy objects below shoulder level?

no difficulty |-----| extreme difficulty

SECTION C: Lifestyle

INSTRUCTIONS TO PATIENTS

The following section concerns the amount that your shoulder problem has affected or changed your lifestyle. Again, please indicate the appropriate amount for the past week with a slash "/" across the horizontal line.

15. How much fear do you have of falling on your shoulder?

no
fear |-----| extreme
fear

16. How much difficulty do you experience maintaining your desired level of fitness?

no
difficulty |-----| extreme
difficulty

17. How much difficulty do you have "roughhousing or horsing around" with family or friends?

no
difficulty |-----| extreme
difficulty

18. How much difficulty do you have sleeping because of your shoulder?

no
difficulty |-----| extreme
difficulty

SECTION D: Emotions

INSTRUCTIONS TO PATIENTS

The following questions relate to how you have felt in the past week with regard to your shoulder problem. Please indicate your answer with a slash "/" across the horizontal line.

19. How conscious are you of your shoulder?

not conscious |-----| extremely conscious

20. How concerned are you about your shoulder becoming worse?

no concern |-----| extremely concerned

21. How much frustration do you feel because of your shoulder?

no frustration |-----| extremely frustrated

THANK YOU FOR COMPLETING THE QUESTIONNAIRE

An Explanation of the Meaning of the Questions in the Western Ontario Shoulder Instability (WOSI) Index

Section A: Physical Symptoms

Question 1.

Refers to any activity requiring you to raise your arm above shoulder level. i.e. putting dishes in a cupboard, styling your hair, swimming the front crawl, painting a ceiling or throwing a ball overhand etc.

Question 2.

Refers to a dull background pain as opposed to sharp pains that are quick or sudden.

Questions 3.

Refers to a lack of strength to carry out an action using your arm.

Question 4.

Refers to your shoulder becoming tired or not being able to do something for as long a period of time.

Question 5.

Refers to the noises that occur in the shoulder with motion.

Question 6.

Refers to the feeling of the joint not wanting to move, which is often experienced in the morning upon rising, after exercise or after a period of inactivity. This does not refer to a lack of range of motion.

Question 7.

Refers to the amount of tension, pain or spasm you experience in the muscles of your neck that seem to be caused by your shoulder problem.

Question 8.

Refers to your shoulder feeling like it is coming part way or completely out of joint, slipping down or sliding in different directions.

Question 9.

Refers to using the muscles in your arm or back to compensate for your shoulder when you perform movements or activities.

Question 10.

Refers to not having full movement of your shoulder in all or any direction(s).

Section B: Sports/Recreation/Work

Question 11.

Refers to having to restrict the amount that you can participate in an activity or if you have had to stop all together.

Question 12.

Refers to any difficulty you have performing the skills that are required at work or in a sport or recreational activity.

Explanation of Questions contd

Question 13.

Refers to consciously or unconsciously protecting your arm by keeping it close to your body, shielding it or wearing a brace.

Question 14.

This does not refer to lifting objects above your head but lifting something heavy below shoulder level eg. a bag of groceries, equipment at work, books, bowling ball.

Section C: Lifestyle

Question 15.

Refers to the fear of falling on your shoulder or onto your outstretched hand on that side.

Question 16.

Refers to the fitness level you maintained before your shoulder became a problem. Includes a decrease in cardiovascular fitness, strength level, or muscle tone.

Question 17.

Refers to any type of rough or vigorous play activity that you would normally engage in with your family or friends.

Question 18.

Refers to having to change your sleeping position, waking up during the night, trouble getting to sleep or waking up feeling unrested due to your shoulder.

Section D: Emotions

Question 19.

Refers to always being aware of your shoulder or taking it into consideration before doing anything.

Question 20.

Refers to being concerned about your shoulder becoming worse instead of better or staying the same.

Question 21.

Refers to feeling frustrated because of your inability to do things you used to do or that you want to do but can't because of your shoulder.

SCORING OF THE WESTERN ONTARIO SHOULDER INSTABILITY (WOSI) INDEX

1. Measure the distance from the left side of the line and calculate the score out of 100 (recorded to the nearest 0.5 mm.). Write it into the space provided for that question.
2. You can calculate a total score for each domain (Physical Symptoms/1000; Sports/Recreation/Work/400; Lifestyle/400; Emotions/400) or the total score for the domains can be summed for an aggregate score out of 2100.
3. Some find it more meaningful to report scores out of 100 i.e. a percentage of normal score. Since the worst possible score is 2100, the aggregate score is subtracted from 2100 and divided by 21.
e.g if a patient's total aggregate score = 1625; then the percentage score would be:

$$\frac{2100 - 1625}{21} = 22.6\%$$

The same applies for each domain.

Physical symptoms

PS1 _____.
PS 2 _____.
PS 3 _____.
PS 4 _____.
PS 5 _____.
PS 6 _____.
PS 7 _____.
PS 8 _____.
PS 9 _____.
PS 10 _____.
TOTAL _____.

Sports/recreation/work

S 11 _____.
S 12 _____.
S 13 _____.
S 14 _____.
TOTAL _____.

Emotions

E 19 _____.
E 20 _____.
E 21 _____.
TOTAL _____.

Lifestyle

L 15 _____.
L 16 _____.
L 17 _____.
L 18 _____.
TOTAL _____.

Summary

PS _____.
S/W _____.
L _____.
E _____.
TOTAL: _____.