A Short Version of the International Hip Outcome Tool

tion and assessment of item importance. This patient involvement and extensive international testing during the development process led to a valid and reliable instrument for use in this particular group of patients.

The iHOT-33 includes 33 questions or items, each answered by marking a visual analog scale between 2 anchor statements. This can be done on a paper form (with a 100-mm scale) or as part of a computer-based system. The total score is calculated as a simple mean of these responses ranging from 0 to 100, with 100 representing the best possible quality-of-life score.

The iHOT-33 is most likely to be used in the research setting, for example, in randomized controlled trials to compare treatment strategies in young, active patients with hip pathologies such as femoroacetabular impingement² or articular cartilage degeneration. In these studies the wide range of symptoms and

For a subsample of 80 patients, both preoperative and 3-month postoperative iHOT scores were also collected. These data were used to assess responsiveness of the shortened iHOT (i.e., the sensitivity to change after treatment). Preoperative assessment of these patients was performed on the day of surgery. The median time between the preoperative and postoperative assessments for these patients was 96 days (interquartile range, 121 to 178 days).

The shortened iHOT was validated by scatterplot against the iHOT-33 and by comparison of the adjusted R^2 value for the validation data with that re-

Four items, in order of importance, accounted for 99% of the variability in the overall mean of the 33 items: (1) Overall, how much pain do you have in

DISCUSSION

up, led to a demand for a shorter version (Multicenter Arthroscopy of the Hip Outcomes Research Network, oral communication, October 2009).

The iHOT-12 uses 12 items from the original 33. Regression analysis of a development dataset identi-

APPENDIX



QUALIT

Q4 How much trouble do you have with grindi						
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