

# The MSK-HQ FAQs

## 1. How do I apply for a licence?

The copyright to the MSK-HQ is owned and managed by the Clinical Outcomes team at Oxford University Innovation (OUI), the University of Oxford's technology transfer company. To use the MSK-HQ, you are required to complete a licence request on the website located at <https://innovation.ox.ac.uk/clinical-outcomes/>. Once the application is submitted the Clinical Outcomes team will review your request and rapidly progress to executing a copyright licence for you. At the end of the licence process you will be provided with access to a Microsoft Word file of the Official MSK-HQ. Please also visit the website for additional information and support regarding the MSK-HQ, including sample copies, a list of available languages and further information on the development and application of the MSK-HQ.

## 2. Is the measurement still used as a pilot or is it seen as ready to go to be used widely in MSK?

There is now sufficient evidence available from testing in several contexts that it can be more widely used. It will still be invaluable to learn from further applications whether there are any significant problems.

## 3. The MSK-HQ is validated for use in clinic. Are there any plans to implement the MSK-HQ in other clinical settings?

There are a group of MSK-HQ partners who have agreed to work with the developers of the instrument to test MSK-HQ out in a range of other settings. The intention is that the instrument be very broadly applicable.

## 4. I currently use the EQ-5D. How does the MSK-HQ compare to the EQ-5D?

Unlike the EQ-5D, the MSK-HQ was developed specifically to be used in musculoskeletal problems. It compares well with the performance of the EQ 5D. However, currently, it is possible to derive utilities from EQ-5D but not from MSK-HQ. Utilities are essential to health economic analyses. It may be possible in the future to do the extra work needed to derive MSK-HQ utility values.

## 5. What is normal range of scores for the MSK-HQ?

If we use the analogy of blood pressure, there is a normal level for systolic scores. That is not a helpful way of thinking about MSK-HQ scores. As more evidence accumulates of patients' scores before and after interventions, it will be possible to report what the likely pre- and post-treatment scores may be for different treatments. If one looks at how PROMs are used in the National PROMs Programme for hip and knee replacement, they are mainly used comparatively, for example scores of different providers, rather than against absolute standards.

## 6. What is the MCID (minimal clinical important difference) change in score?

The MCID change in score is 5.5. However, as it is not possible to score a half point in the MSK-HQ, the MCID is essentially 6 and over.

## 7. Is there a limit (minimum or maximum) in the licence to the number of people we can use the MSK-HQ with?

There is no limit to the number of people you can use the MSK-HQ with. When completing the online licence request form (see item 1), you will be asked about the number of subjects your proposed use will apply to. The default is 1,000. If you require more (or indeed less), simply update the online form.

## 8. Can the MSK-HQ be used in a similar mechanism to traditional PROMs i.e. the patient receives a copy pre- and post-treatment?

Yes, the MSK-HQ was designed for application in this way. In some settings, such as physiotherapy, where the length of a course of treatment can vary substantially between different providers, a standard follow-up time point is recommended. At present this standard follow-up time-point for most MSK conditions is three months following the date of the individual's first physiotherapy appointment.

## 9. Can you use the MSK-HQ to evaluate the impact of surgery?

Yes, however it is not yet standard practice to use the MSK-HQ in this way. Currently the various audiences for such evidence are more familiar with the Oxford Hip and Knee scores; however, MSK-HQ provides complementary evidence and evidence that can more directly be compared with other interventions, so for now we expect them to be used together in the evaluation of surgery.

## 10. I would like to use the MSK-HQ electronically. Am I able to create an electronic reproduction of the MSK-HQ myself that my subjects / patients can complete directly on the electronic device?

If your intention is to transcribe results from paper and pen completed MSK-HQ's to a database, then that is fine and you should proceed. The Clinical Outcomes team at Oxford University Innovations (OUI) can also grant permissions if your intention is to build an electronic version of the MSK-HQ that respondents will complete on an electronic device (e.g. PC, tablet or smartphone). However, in order to protect the measurement integrity of the MSK-HQ (and provide confidence that your electronic version is returning equivalent results to the original paper and pen completed version) the Clinical Outcomes team will expect you to adhere to the guidance when developing any electronic versions of the MSK-HQ. When submitting your online licence request (see item 1) you will be asked if you plan to develop an electronic version (ePRO) as part of the application. Do inform the Clinical Outcomes team of your plans at this stage. A guidance document and further advice on the good practice reproduction of electronic PROMs will then be provided by the Clinical Outcomes team at OUI.

The Clinical Outcomes team do reserve the right to review your electronic version before you are permitted to deploy it. This review process may be subject to fees.

## 11. Are we allowed to make changes to the MSK-HQ? I would like to add some preliminary questions for the patient / our organisation's logo / a bar code to assist in automating analysis.

Changes to the core MSK-HQ questionnaire are not allowed without the written permissions of the Authors / developers – such requests to be sent to the Clinical Outcomes team at Oxford University Innovation. We do however allow (without requiring our written permission) users to add questions and information before and after the core MSK-HQ to facilitate use with patients. Such allowed changes can include adding your institutional logo or bar codes for example.

## 12. Is there an improvement score that shows if we are being cost effective?

No. As described in question four, cost effectiveness requires utility values which have not yet been derived for the MSK-HQ.

## 13. Can the MSK-HQ be used informing surgical decision making (i.e. whether to operate)?

No PROM is currently validated for such a purpose. At this time the MSK-HQ should not be used in this way as the evidence does not currently exist to support such an application.

## 14. Can the MSK-HQ be used in a rheumatology setting?

Yes, the MSK-HQ has been validated in a rheumatology setting. You can read the research paper [here](#).

## 15. Are clinical codes available for the use and score of the MSK-HQ?

Yes, SNOMED codes are available for the use of, total and item scores of the MSK-HQ. They are:

1036661000000104 | Assessment using Arthritis Research UK MSK-HQ (musculoskeletal health questionnaire)  
1036651000000102 | MSK-HQ (Musculoskeletal Health Questionnaire) total score  
1099711000000106 | MSK-HQ (Musculoskeletal Health Questionnaire) item 1 score - pain/stiffness during the day  
1099721000000100 | MSK-HQ (Musculoskeletal Health Questionnaire) item 2 score - pain/stiffness during the night  
1099731000000103 | MSK-HQ (Musculoskeletal Health Questionnaire) item 3 score – walking  
1099741000000107 | MSK-HQ (Musculoskeletal Health Questionnaire) item 4 score - washing/dressing  
1099751000000105 | MSK-HQ (Musculoskeletal Health Questionnaire) item 5 score - physical activity levels  
1099761000000108 | MSK-HQ (Musculoskeletal Health Questionnaire) item 6 score - work/daily routine  
1099771000000101 | MSK-HQ (Musculoskeletal Health Questionnaire) item 7 score - social activities and hobbies  
1099781000000104 | MSK-HQ (Musculoskeletal Health Questionnaire) item 8 score - needing help  
1099791000000102 | MSK-HQ (Musculoskeletal Health Questionnaire) item 9 score – sleep  
1099801000000103 | MSK-HQ (Musculoskeletal Health Questionnaire) item 10 score - fatigue or low energy  
1099811000000101 | MSK-HQ (Musculoskeletal Health Questionnaire) item 11 score - emotional well being  
1099821000000107 | MSK-HQ (Musculoskeletal Health Questionnaire) item 12 score - understanding of your condition and any current treatment  
1099831000000109 | MSK-HQ (Musculoskeletal Health Questionnaire) item 13 score - confidence in being able to manage your symptoms  
1099841000000100 | MSK-HQ (Musculoskeletal Health Questionnaire) item 14 score - overall impact  
1099851000000102 | MSK-HQ (Musculoskeletal Health Questionnaire) - physical activity levels - in the past week how many days have you done a total of 30 minutes or more of physical activity

## 16. Can you confirm the correct information how to score the MSK-HQ?

All of the questions (1 to 14) in the MSK-HQ are laid out in the same way, with a small number to the right of each response option box. This associated number, corresponding to the chosen (ticked) response, is to be used to score the MSK-HQ. In order to calculate the total MSK-HQ score simply sum the individual item response scores to give the overall result of the MSK-HQ for the respondent. The MSK-HQ is scored on a range of 0-56, with a higher score indicating better MSK-HQ health status.

The final item Physical Activity levels is not scored and therefore does not form part of the overall MSK-HQ score.

The respondent should be encouraged to fully complete the questionnaire (without missing items) so that full assessment can be made. There is a lot of evidence available indicating that the questionnaire is easy to complete and should not therefore have large amounts of missing data.

## 17. Can the MSK-HQ be used to risk stratify patients with musculoskeletal conditions?

The STarT Back Screening Tool is currently the only validated PROM for such a purpose. Research is underway to examine and compare the predictive abilities of the MSK-HQ and the STarT Back Screening Tool and will report its findings in due course.

## 18. How should the MSK-HQ be used if an individual has an MSK condition in more than one site on their body?

The questionnaire asks respondents to focus on the MSK problem(s) that have led to them seeking help from services. In answering, respondents seem to have no difficulty in choosing whether to focus on a single site or to think more broadly about their MSK health.