The aim of this study was to serve as a follow-up evaluation of patient reported VAS pain scores in an outpatient clinical setting.

Methods

- Retrospective cohort of 201 consecutive nonoperative foot and ankle patients treated by a single surgeon
- Patients were asked to rate pain intensity by a nurse followed by the surgeon using a horizontal VAS, 0 “no pain” to 10 "worst pain”
- Differences in reported pain levels were compared with data from the previous cohort of 201 consecutive operative foot and ankle patients

Results

- The mean VAS score reported to the nurse was 3.2 whereas the mean VAS score reported to the surgeon was 4.2 (p<.001)
- The mean difference in VAS scores reported for operative patients was 2.9, whereas the mean difference for nonoperative patients was 1.0 (p < .001)

Conclusions

- The current study found that first-encounter patients presenting to an outpatient clinic with nonoperative foot and ankle pain overemphasized their pain to the treating physician
- Our previous study demonstrated that operative patients reported higher pain scores to the treating physician
- The results of these two studies coincide, illustrating that patients overemphasize their pain to the treating surgeon regardless of operative status
- Taken together, these two studies illustrate the limitations of using the VAS pain scale
- Surgeons and other healthcare professionals need to be aware of these inconsistencies when deciding patients’ course of treatment, and in measuring the efficacy of different treatments or operative procedures.

References