



## Letter to the Editor

**Re: “The impact of ankle osteoarthritis. The difference of opinion between patient and orthopedic surgeon” [Foot Ankle Surg. 20 (2014) 241–247]**



We read with great interest the article by Wittenveen et al. on the impact of ankle osteoarthritis [1]. The presented study was thoroughly performed on this important and interesting topic. In the conclusions they requested a validated patient reported outcome measure (PROM) for ankle OA patients. We find it remarkable that the authors claim that such a PROM does not exist. Three papers concerning the Self-reported Foot and Ankle score (SEFAS) has been published by our group [2–4] and one based on the New Zealand Joint Registry [5]. At least two of these four papers were available when the paper by Witteveen was accepted in May 2014.

In our first study published 2012 we found that SEFAS has good psychometric properties in patients with inflammatory arthritis and osteoarthritis in the ankle [2]. This study was presented by M. Cöster at the 9th International Congress of the European Foot and Ankle Society in Noodwijk, Netherlands in September 2012.

In the following study we likewise found good psychometric properties when we expanded our validation process to include also other diagnoses and regions of the foot [3].

We have in our studies compared SEFAS with the established generic scores SF-36 and EQ-5D, but also the foot and ankle specific score FAOS. Furthermore, in a recently published article we presented a comparison between SEFAS and AOFAS in the same patient populations. Our conclusion was that SEFAS is the score to prefer [4].

SEFAS is since 2008 used by the Swedish Ankle Registry and in a slightly different version since 2000 by the New Zealand Joint registry [5]. On the basis of these studies and publications we recommend SEFAS as a PROM when evaluating patients with ankle osteoarthritis.

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**Conflict of interest statement**

The authors disclose that there were no conflicts to declare.

**References**

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M.C. Cöster\*

M.K. Karlsson

*Departments of Orthopedics and Clinical Sciences, Lund University, Skåne University Hospital, Malmö, Sweden*

A. Henricson<sup>1</sup>

*Falu General Hospital, Falun, Sweden*

Å. Carlson

*Departments of Orthopedics and Clinical Sciences, Lund University, Skåne University Hospital, Malmö, Sweden*

\*Corresponding author at: Department of Clinical Sciences and Orthopedics, Skåne University Hospital in Malmö, S-20522 Malmö, Sweden. Tel.: +46 70 5851478; fax: +4640336200  
E-mail address: [maria.coster@med.lu.se](mailto:maria.coster@med.lu.se) (M.C. Cöster).

<sup>1</sup>Member of the board of the Swedish Ankle Registry.

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