INVESTIGATION ACTIVITY PROFILES WITH DISABILITIES OF THE ARM, SHOULDER AND HAND (DASH) QUESTIONNAIRE IN TURKISH POPULATION WITH DISTAL RADIUS FRACTURES

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Purpose:
DASH is a useful questionnaire for measuring functional disability in upper extremity disorders of Turkish patients and is used to determine functional activity profile of patients with different upper extremity injuries. The aim of the study is to investigate activity profile with DASH questionnaire thereby determining the distribution of items in Turkish population with distal radius fractures.

Methods:
Forty five patients (32 females, 13 males) with distal radius fractures completed the Turkish version of Disability of the Arm, Shoulder and Hand (DASH) questionnaire which response options are range from 1 to 5 (1: no difficulty; 2: mild difficulty; 3: moderate difficulty; 4: severe difficulty; 5: unable). The DASH scores are between 0 and 100 in which a high DASH score indicates severe disability. Assessments were done at the first session of the patients by authors. Incomplete DASH questionnaires (more than three items missing) were excluded from the study. To determine the distribution of items and most unanswered questions, frequency analysis was done with SPSS 21 programme.

Results:
The age interval of the patients were between 21 and 65 years with the mean age of 49.17 ± 13.75 years. The mean score of DASH questionnaire was 45.84 ± 24.35 (minimum 6.89, maximum 87.03). Most unanswered items were ‘garden or yard work’ (by 10 female patients), ‘sexual activities’ (by 6 female and 2 male patients), ‘prepare a meal’ (by 4 female and 2 male patients) and ‘make a bed’ (by 1 female and 5 male patients). ‘Open a tight or new jar’ (by 44 patients), ‘do heavy household chores (e.g. wash walls, wash floors)’ (by 41 patients) and ‘carry a heavy object (over 10 lbs)’ (by 40 patients) items were considered difficult for these patients. Not at all difficult items were ‘manage transportation needs’ (by 30 patients), ‘use a knife to cut food’ (by 22 patients) and ‘sexual activities’ (by 20 patients) for these patients.

Conclusions:
Our results showed that patients with distal radius fractures have specifically difficulties in bilateral activities which require strength. On the contrary, these patients have no difficulties in activities which is not specific to the upper extremities. Unanswered items may be the reflection of cultural and physical environment. In Turkish population most males do not perform activities related home management such as making a bed. Due to the majority of females patients, we may found that unanswered activities mostly indicated by female patients. Nevertheless we think that unanswered questions -except questions which include home management activities- such as sexual activities or garden or yard work, reflect both genders in Turkish population. We believe that identifying activity profiles which are specific to patient groups guide treatment programmes.

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