

## Correspondence

### Re: Developing and Validating a Novel Tool to Enhance Functional Status Assessment: The Tennessee Functional Status Questionnaire (TFSQ)

*To the Editor:* Thank you to the authors of “Developing and Validating a Novel Tool to Enhance Functional Status Assessment: The Tennessee Functional Status Questionnaire (TFSQ)” by Vanterpool et al.<sup>1</sup> I commend the authors for developing this questionnaire and the primary care community at large, and this journal specifically, for providing a platform for this information to be dispensed so that it can be utilized by surgical specialties as well. Primary care plays a critical role in the management of surgical patients in preoperative and postoperative phases of care. Collaboration among specialties is a hallmark of positive patient outcomes.<sup>2</sup> Pre-Operative surgical assessment is used for procedure treatment planning and postoperative management whether in inpatient or ambulatory settings. More specifically, previous surgical complications along with comorbidities are factors that are always considered when the benefits versus risk assessment is made.

While the Tennessee Functional Status Questionnaire (TFSQ) provides the potential for future use in preoperative surgical assessment along with current modalities, 1 aspect should be clarified further. The article designated that the acute care portion of the questionnaire had asked about recent ED visits, hospitalizations, or surgeries. The questionnaire asked, “In the past 60 days, have you gone to the emergency department (ER)/hospital or had a surgery?” While this is accurately categorized, the distinction of these events is left to assumption by the clinician. There are many factors that account for postoperative surgical complications.<sup>2</sup> All these factors can lead to emergency department visits and inpatient stays for management of these complications.

In future studies involving the TFSQ, it may be helpful to provide more distinction in the questions asked to patients regarding this aspect. For example, a patient

reporting to the ED coincidentally because of a toothache status post cholecystectomy is vastly different from a patient reporting to the ED because of wound dehiscence status post cholecystectomy. Because of no distinction, the above scenarios would be classified together. This would lead to the same metabolic equivalents (METs) used in calculating functional status. They would be considered equal in both scenarios even though that would typically not be the case. From a surgeon’s perspective, this would skew the reliability as an assessment tool for surgical outcomes risk which is essentially where the TFSQ would be of great use in surgical specialties. This questionnaire could provide an efficient chairside assessment to help surgical clinicians in assessing surgical patients in elective or emergent situations. There are many future opportunities and collaborations for this assessment tool to which this reader eagerly looks forward.

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*To see this article online, please go to: <http://jabfm.org/content/36/6/1098.full>*

### References

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2. Dharap SB, Barbaniya P, Navgale S. Incidence and risk factors of postoperative complications in general surgery patients. *Cureus* 2022;14:e30975. Published 2022 Nov 1.

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