

**Research Summary – Abruzzese Scale – Skin Health**

Author Year Research Design Setting (country)	Demographics and Injury Characteristics of Sample	Validity	Reliability	Responsiveness Interpretability
<p><a href="#">Salzberg et al.</a> 1999</p> <p>Retrospective medical record review</p> <p>5 trauma centers in the New York City area: Bronx Municipal Hospital Center (n=62) Lincoln Medical and Mental Health Centre (n=23) St. Vincent’s Hospital and Medical Center (n=31) Our Lady of Mercy Medical Center (n=3)</p>	<p>N=226 (188M, 38F) Mean age 33.2±15.2yrs (range 1-83yrs)</p> <p>Acute, traumatic SCI patients admitted between June 1986 and October 1994 to one of five trauma centres in the New York area. Levels C4- S1.</p>	<p><b>Spearman’s correlation coefficient.</b></p> <p>There were significant (P≤.001) correlations between the stage of the first pressure ulcer and all of the scales: SCIPUS-A (r=0.488), SCIPUS (r=0.343), Braden (r=-0.353), Gosnell (r=0.254), Abruzzese (r=0.241) and Norton (r=-0.192; P=.004).</p> <p>There were significant correlations between the number of ulcers developed and all of the scales: SCIPUS-A (r=0.519), SCIPUS (r=0.339), Braden (r=- 0.431), Gosnell (r=0.297), Abruzzese</p>		

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<p>Westchester Medical Center (n=107)</p>		<p>(<math>r=0.212</math>) and Norton (<math>r=-0.197</math>; <math>P=.003</math>).                      Authors did not mention if a negative correlation value was expected for the Norton scale or not.</p> <p><b>**</b>This study focused on pressure ulcers that developed within the first 30 days post-admission. Pressure ulcers developing after this timeframe were not included.</p> <p>The SCIPUS-A (71%) was the most accurate in predicting pressure ulcer development, followed by the SCIPUS (65.9%), Braden (62.3%), Gosnell (62.2%), Abruzzese (60.1%) and Norton (60.8%) scales.</p>		

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		The Abruzzese scale had a sensitivity of 21.8% and a specificity of 84.6%.		