

## Reviewer's comment concerning "Development of the AOSpine patient reported outcome spine trauma (AOSpine PROST): a universal disease-specific outcome instrument for individuals with traumatic spinal column injury" (by S. Sadiqi, et al. (2017) Eur Spine J;)

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As medical professionals we must be able to anticipate short- and long-term outcomes of the treatment we have chosen. This is particularly pertinent for spine injuries where the patient was presumably healthy before the accident. The expectation of the AOSpine PROST is to offer a foolproof instrument to achieve this goal, however, this ambitious project is confronted by human reality. They accept several limitations of the development process for their outcome instrument especially tested on 25 Dutch eligible patients. Questions had to be explained to some patients and the responses to questions about general function of daily living or energy level motivation were estimated on an average score. Painkillers were not used as an item; analyses as test–retest reliability were not performed in this pilot study. The average time of cognitive interview was 14.4 mn (range 8–20). The real value of this instrument needs to carry a more consistent message before rushing to publication.

Standardized questionnaires used for everyone in any situation failed to integrate the individual factor, which is an essential component of Evidence Based Medicine [1]. Life after trauma (surgery or not) can be different for many reasons unrelated to the fracture and its treatment. How to compare a work injury, attempted suicide and a

recreational accident? At the time of the questionnaire pain and deformities related to the fracture may be modified by the health condition and other potential problems. Questions and answers concerning pain may be confusing while a patient describes pain or discomfort, which may not be directly correlated to the spine trauma but rather to another source of pain felt when question is answered.

It is impossible to consider all variations in a patient population and, also, in physician's varied practices. In real life, when facing spine trauma contact face to face with the patient is crucial to understand the patient's situation. If a universal outcome instrument is necessary to estimate the result of the treatment, it must take into account the individual anatomical and psychological identity, which cannot fit into a conforming generalization.

**Compliance with ethical standards**

**Conflict of interest** None.

### Reference

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