Author's response to reviews

Title: Low back pain status in elite and semi-elite Australian football codes: a cross-sectional survey of football (soccer), Australian-Rules, rugby league, rugby union and non-athletic controls

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Response to reviewer’s comments

We agree with the reviewer in that we have not reported the point prevalence for current low back pain, which would be of benefit to the reader. As the reviewer has suggested based on the results of question in table 3: “when did your current episode of LBP commence?” we calculated the point prevalence and have added this to the results section. The added section reads: “Using this data, the point prevalence of LBP for the elite group was 68.6%, 56.7% for the semi-elite group and 54.7% for the non-athletes”. Additionally for table 3 alongside the raw data we have included percentages for all questions which should help with presentation of the results.

It is also important to note that the definition of pain provided by the International Association for the Study of Pain (IASP) is "an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage”. Accordingly, there are many components to what is described and interpreted as pain and such interpretations can be quite different for different individuals.

In our study we used a number of the different outcome measures of pain on the basis that no one questionnaire really describes all components appropriately. It was our aim to determine the prevalence, intensity, quality and frequency of LBP. Table 1 reports the results of the Quadruple Visual Analogue Scale which is a measure of severity. It also reports the results of the sensory and affective aspect of pain from the McGill Pain Questionnaire. Although the reviewer suggests that these questions should only be relevant to those reporting a current episode of LBP (i.e. those with a point prevalence of LBP), it should be noted that because people report that they do not have a current episode of LBP in the question asked, they may have reported some low grade pain on the QVAS for example or various complaints for the sensory or affective components of pain (e.g. tightness, weakness etc). This again is because what a person describes as pain is different for each individual. Traditional descriptions of point prevalence of LBP do not include all components of the pain definition. Similarly the results for table 2 are stand alone because they refer to the overall pain intensity.

To help clarify this issue we have added to the methods section: “all questions were to be answered by all participants regardless of whether they reported a current onset of low back pain”. Additionally we have also reported response rates in tables to clarify this further.

Although we did use different outcome measures to measure the different components of pain, it should be noted that the results for each aspect of the questionnaire were consistent with their findings and trends in that elite athletes were more likely to report more frequent and more severe LBP.