Author's response to reviews

Title: Validity of the Walter Reed Visual Assessment Scale to measure subjective perception of spine deformity in patients with idiopathic scoliosis.

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Author’s response to reviews: see over
Reviewer 1. Figures legends were accidentally missed. Now they have been added. Following your suggestions, first line in results section has been moved to method section.

Reviewer 2. We have included some new references including one from the SOSORT Consensus related to the importance of cosmetic evaluation. With reference to the title, using “preliminary” would emphasize that this paper is the first step in our research on the WRVAS, which wanted to evaluate the basic properties of the questionnaire. But, according to your suggestions we accept to modify the title.

Reviewer 3.

1) The research was done with consecutive patients so we did not select patients depending on his age. But fortunately, there were 40 patients younger than 18 and 30 older than 19 years. The internal consistency was similar in both groups. So, according to our results, the instrument is valid both for adolescents (> 10 years) and young adults (< 40 years). We have added this data to the manuscript and a comment on the discussion.

2) We wrote in the final paragraph of the discussion that the focus of this paper is “limited to the internal consistency and construct validity of the instrument”. “A complete validation procedure would include an analysis of other crucial properties such as reliability and sensitivity to change in the patient’s status. Another limitation is derived from the lack of stratification by curve patterns. The finding of different scores among the different curve patterns (thoracic/lumbar) would improve the validity of the WRVAS”. So, we absolutely agree with you in the importance of curve pattern on cosmetic perception. The future research must evaluate the differences between curve patterns. I can announce that this research is currently on the way. But patients in the current paper were not stratified by curve pattern so we cannot address your question. We also agree that an analysis on the changes in questionnaire scores with different treatment schedules will be of enormous interest but it is beyond the scope of this paper.

3) The SRS-22 version we used in this study is the last published by Asher et al, where question 18 was modified; this change improved internal consistency both in adults and adolescents. Therefore, we consider the SRS-22 is a valid questionnaire for both groups of age. We have added the reference of Asher’s paper.

4) The WRVAS is a scale to measure cosmetic impact. It is logical to compare it with other instruments, which include similar dimensions. SRS-22 questionnaire is the only instrument available including a self-image scale. Therefore, we think it is the most appropriate questionnaire to compare the WRVAS. It could be of interest to compare the WRVAS with other generic health-related-quality of life questionnaires such as the SF-36. Nevertheless, as the group from Kansas City has shown, the SRS-22 image scale has a mild correlation with the SF-36 scales. We have added a reference and a comment on the paper by Lai et al.