Reviewer's report

Title: Validation of the Short Form Health Survey Version 2 and the Walter Reed Visual Assessment Scale on a sample of adults with scoliosis: an Australian perspective.

Version: 1 Date: 18 July 2007

Reviewer: Theodoros B. Grivas

Reviewer's report:

General
This article is assessing two useful clinical instruments for validation of patients self assessment of deformity, the Short Form 36 Health Survey Version 2 and the Walter Reed Visual Assessment Scale, in adult scoliotics.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

In the abstract there is no comment on SF 36 v2 although the aim of the paper is to assess both instruments not only WRVAS.

In the initial section of the paper, which must be named background according to the instructions, the authors mention that … To date, body image assessment in self report questionnaires has been limited to written questions about perceptions of attractiveness in clothing or bathing suits, and satisfaction with the body or back [5][7][8][9]. While these questions may address important concerns for some patients, they do not capture which aspects of deformity are the most distressing for patients. …..

However there are some recent reports on related studies on conservative treatment of adolescent scoliotics addressing a variety of aspects of the deformity distressing the patient.

See the papers:


Validity of the Walter Reed Visual Assessment Scale to measure subjective perception of spine deformity in patients with idiopathic scoliosis. Sonia Pineda, Juan Bago, Carmen Gilperez, Jose M Climent. Scoliosis 2006, 1:18 (8 November 2006)

Moreover, at the same section of the paper where …. However, patients with non surgically treated thoracic curvatures did not have a better self image than patients with other types of non surgically treated curvatures. … is written, the above mentioned papers are relevant to the issue discussed and it would be good for them to be included and discussed for the elaboration of the introduction on the current international research on the issue.

In the section of the paper Material and Methods:
As far as the material is concerned, it is written
... The total sample included 13 males and 63 females. ...
There is a lack of information on the type of patients’ scoliosis in the study, the onset of this scoliosis, (adolescent or adult onset scoliosis), and the distribution of these types in the studied group of males and females. The discrimination of these types might have an impact on the HRQL of these patients, taking into account the responsiveness to change over time. One further major limiting factor of the study is the lack of information on the treatment the patients received (even though this is shortly addressed in the discussion section) or if they were left with no treatment at all. The lack of study of clinical validity and responsiveness to change are also included in the limitations of the study, which represent two useful aspects of the assessment of the various similar instruments.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

In Table 1 and in the text (page 8) the name Cronbach is misspelled as Chronbach. 

Finally the authors must be compliant with the instructions for authors regarding the layout of literature.

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Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions
Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.