

LETTERS

TO THE EDITOR:

Linton SJ, Nicholas M, MacDonald S. Development of a short form of the Örebro Musculoskeletal Pain Screening Questionnaire. *Spine (Phila Pa 1976)* 2011;36:1891-5.

We read the article by Linton *et al*, proposing the ÖMSPQ-10 (-short) and applaud the goal of pursuing a more usable short-form instrument. However, several methodological limitations arise. The retrospective analysis included only patients with “back pain.” This weakens the intention to “strengthen generality” for musculoskeletal patient populations. We are unsure why “coping” was excluded on the grounds of “low predictive ability”; yet, distress was included, as Westman *et al*¹ reported “coping” was more predictive than “distress.” We noted the new cut-off of more than 14 days’ sick leave. This seemed contrary to the original ÖMSPQ intention of identifying long-term absenteeism (>28 d) in musculoskeletal and not only low back pain patients. It seemed unusual that no criterion tool, for example, 10 random items, was considered. On comparing random 10-item sets in published data,² the proposed ÖMSPQ-10 achieved $r = 0.92$, whereas random criterions achieved $r = 0.93-0.94$. This suggests that other items may better represent each subscale, possibly by reconsidering “sleep” (4) and “recovery-pain” (7), which showed low factor loading.^{1,2} Potentially, a 12-item scale representing all 6 original constructs² may improve correlation and predictive capability.³ The ÖMSPQ-10’s focuses on low back pain items predicting work and pain outcome. Perhaps a broader consideration of musculoskeletal items predicting problem and function outcomes may improve generality.^{2,3} This article is welcomed, but further research is needed to provide a short-form tool for musculoskeletal not just low back pain application.

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2. Gabel CP, Melloh M, Yelland M, et al. Predictive ability of a Modified Örebro Musculoskeletal Pain Questionnaire in an acute low back pain working population. *Eur Spine J* 2011;20:449-57.
3. Gabel CP. A short form questionnaire (ÖMSQ-12) improves screening through factor structure, psychometric and practical characteristics without loss of predictive performance. Australian Physiotherapy Association Biannual Conference. Sydney: J Physiother. 2009:S15.

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