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Patient Reported Outcome Measures in Chronic Low Back Pain for Assessment of Physical Disability

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Brief Review

Disability caused by Low Back Pain (LBP) is a condition that affects all individuals in all societies and is the most common cause of physical disability in the working age population [1]. In publications in the literature it is obviously clear that there is no change in the pathology of LBP; however, our understanding and management has changed. Restoration of normal function and improving the quality of life has become the main objective in the management of low back pain problems. However, because of the long progression of LBP and rapid clinical change, follow-up of patients with chronic low back pain is difficult. In scientific studies, there is no gold-standard measurement tool in the evaluation of physical disability of patients with LBP. One of the most important reasons for this is that a large number of outcome measures developed for LBP offer confusing options [2].

In the interpretation of treatment outcomes in clinical practice and scientific studies, it is very important to use the measurement tools in self-management and self-evaluate. Patient-Reported Outcome Measure (PROMs) is commonly used in clinical practice, in clinical research and large epidemiologic studies. These patient-based scales provide subjective data that shows the perceived results of treatment by the patient or provide information about the current state of the patient. Also, this standardized set of clinical outcome measures would make it easier to compare the results of clinical studies of similar treatments [3].

In the literature, it is seen that that Roland Morris Disability Questionnaire (RMDQ) and Oswestry Disability Index (ODI) are frequently used as PROMs in order to evaluate physical disability in LBP [4,5]. RMDQ includes 24 items, which are scored 0 (No) or 1 (Yes) by the patients regarding daily life functioning. ODI consists of 10 items addressing different aspects of function and each item scored from 0 to 5. However, the increase in the number of pages and the presence of long items in the PROMs significantly reduce the rate of filling the forms and complicates the reliability of the results. In particular, the low literacy rate in underdeveloped and developing societies decreases the rate of use of these PROMs [6]. For this reason, questionnaires with very clear, understandable and short items should be preferred more frequently.

When examining the questionnaires developed for the evaluation of physical disability in chronic low back pain, it was seen that BPFS might be more suitable for practical use. BPFS includes 12 items assessing loss of function in low back pain [7]. However, the items are quite brief, clear and understandable statements. In a study, it was shown that BPFS was more successful in determining the change in clinical status of the patient than RMDQ, which is the most frequently used questionnaire in the assessment of loss of function in LBP. Therefore, in our study, BPFS Turkish validation was performed and it was found to have high reliability and validity [8]. In our study, it was found that BPFS had high correlation with RMDA and ODI [9]. Considering these advantages and confusion in the literature, it can be said that BPFS is a very useful, valid and reliable measurement tool for assessing function loss in patients with LBP. In conclusion, The BPFS is more appropriate for evaluating loss of function in chronic low back pain.

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