Oswestry Disability Index

To The Editor: I welcome the publication of the 5-year follow-up of the ProDisc FDA investigational device exemption (IDE) study (Zigler JE, Delamarter RB: Five-year results of the prospective, randomized, multicenter, Food and Drug Administration investigational device exemption study of the ProDisc-L total disc replacement versus circumferential arthrodesis for the treatment of single-level degenerative disc disease. Clinical article. J Neurosurg Spine 17:493–501, December 2012; Zigler JE, Glenn J, Delamarter RB: Five-year adjacent-level degenerative changes in patients with single-level disease treated using lumbar total disc replacement with ProDisc-L versus circumferential fusion. Clinical article. J Neurosurg Spine 17:504–511, December 2012). What I do not welcome is the use of the term "Oswestry Disability Index" (ODI) in relation to the outcome measure used in this study. "ODI" is used without any references at all in the paper on adjacent-level changes, nor are there any references in that paper to the main 5-year outcome paper, which precedes it, so the reader may be forgiven for believing that the outcome measure used was a fully validated version of the ODI.

This is not the case, as was made clear following the report of the 2-year results of the ProDisc study. This fact is well known to the authors, who have chosen to conceal the details of the questionnaire they used from the readers of the second of the 5-year outcome papers (the paper on adjacent-level degenerative changes). However, I accept that the ODI reference is to the Hudson-Cook chapter as cited by Zigler and Delamarter in the first of the two 5-year results papers published in the Journal of Neurosurgery: Spine. Hudson-Cook et al. called their questionnaire "A revised Oswestry disability questionnaire." This title or reference was never adopted in Zigler's original publications, so that it was only by diligent research that I was able to identify the actual questionnaire they had used. I suspect, but cannot prove, that the ProDisc investigators used the text of the Hudson-Cook et al. questionnaire found in our publication, where we made clear the inadequacies of this chiropractic revision, as we called it, which they chose to ignore. In the correspondence following their 2007 publication, Zigler claimed "The differences between the various ODI versions are subtle and, we think, inconsequential." This is patently not the case: The questionnaire they used is compared directly with ODI version 2.1a in Fig. 1. Differences in conception are shown in red type, and sections with major differences in wording are highlighted in yellow. As far as I can identify, the Hudson-Cook/Chiropractic/Zigler questionnaire has never been used in any other large-scale study of spinal disorders, let alone an FDA-IDE study.

Any reader can see that this questionnaire is extremely different in wording and conception from ODI 2.1a, the current version of ODI, which is directly descended from the original. A Rasch analysis conducted by Davidson confirmed that the Zigler questionnaire behaves very differently from other validated ODI versions, with their "Changing Degree of Pain" item measuring a different underlying construct. To my knowledge, this is the only report in a peer-reviewed journal examining the validity of this questionnaire. The Hudson-Cook et al. questionnaire was only reviewed by the editors of the textbook in which their paper was published; perhaps Zigler can offer alternative evidence that the questionnaire they used had external peer review or indeed any validation at all?

It is therefore not surprising that the "ODI scores" presented in these papers are so different from the results of many other large well-designed studies of chronic back pain populations that used a validated version of the ODI as an outcome measure. Moreover, the use of the term ODI is inappropriate for this Hudson-Cook et al. version and probably in breach of copyright of the original publication.

I suggest that the reasons the authors persist in using the term "ODI" are because a validated version of this outcome measure is required by the FDA for the IDE study; comparative studies with other surgical interventions for back pain are essential for understanding this study, and for their commercial sponsors. The authors of at least 1 systematic review have identified that the ProDisc IDE study did not use a validated version of the ODI.

The ODI has an international reputation and is widely used in back pain research as a primary outcome measure. It is used to compare the results of well-designed studies. By originally concealing the nature of the instrument used in their study, Zigler and colleagues have damaged the reputation of the ODI and adversely affected our capacity to understand the benefits of their intervention.

The honorable action would be for the authors to withdraw their papers and represent their findings without reference to Oswestry or the ODI at all.

Jeremy C. T. Fairbank, M.D., F.R.C.S.
Oxford University Hospitals NHS Trust
Nuffield Orthopaedic Centre
Oxford, United Kingdom
Fig. 1. Comparison of the questionnaire used by Zigler and colleagues (left) and the Oswestry Disability Index v2.1a (right). Differences in conception are indicated by red type, and sections with major differences in wording are highlighted in yellow. Note that Section 8 (present in ODI v2.1a and highlighted in this image) is absent from the questionnaire on the left. The questionnaire on the left is from Hudson-Cook et al. Used here with permission from Manchester University Press.

Could you please consider this questionnaire? It is designed to give us information as to how your back / leg trouble has affected your ability to manage in everyday life.

Please answer every section. Mark only box only in each section that most closely describes you today.

Section 1 - Pain intensity
I have no pain at the moment.

The pain is very mild at the moment.
The pain is moderate at the moment.
The pain is very severe at the moment.
The pain is extreme at the moment.

Section 2 - Personal care
I can look after myself normally without causing extra pain.
I can look after myself normally but it is very painful.

It is painful to look after myself and I am slow and careful.

I need some help but manage most of my personal care.
I need help every day in most aspects of self-care.

I do not get dressed, wash with difficulty and stay in bed.

Section 3 - Lifting
I can lift heavy weights without extra pain.
I can lift heavy weights but I give extra pain.

Pain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently positioned, e.g. on a table.

Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.

I can lift only very light weights.

I cannot lift or carry anything at all.

Section 4 - Walking
Pain does not prevent me walking any distance.

Pain prevents me walking more than 1 mile.

Pain prevents me walking more than 1 mile a little.

Pain prevents me walking more than 100 yards.

I can only walk using a stick or crutches.

I am in bed most of the time and have to crawl to the toilet.

Section 5 - Sitting
I can sit for as long as I like.

I can sit in my favourite chair as long as I like.

Pain prevents me from sitting for more than 1 hour.

Pain prevents me from sitting for more than 10 minutes.

Pain prevents me from sitting at all.

Section 6 - Standing
I can stand as long as I want without extra pain.

I can stand as long as I want but it gives me extra pain.

Pain prevents me from standing for more than 1 hour.

Pain prevents me from standing for more than 12 hours.

Pain prevents me from standing for more than 10 minutes.

Pain prevents me from standing at all.

Section 7 - Sleeping
My sleep is never disturbed by pain.

My sleep is occasionally disturbed by pain.

Because of pain I have lost less than 4 hours sleep.

Because of pain I have lost less than 6 hours sleep.

Because of pain I have lost less than 2 hours sleep.

Pain prevents me from sleeping at all.

Section 6 - Life (of applicable)

My sex life is normal and causes no extra pain.

My sex life is normal but I cause some extra pain.

My sex life is nearly normal but is very painful.

My sex life is severely restricted by pain.

My sex life is nearly absent because of pain.

Pain prevents any sex at all.

Section 9 - Social life

My social life is normal and causes me no extra pain.

My social life is normal but increases the degree of pain.

Pain has no significant effect on my social life apart from limiting my more energetic activities, e.g. sport, etc.

Pain has restricted social life to my home.

I have no social life because of pain.

Section 10 - Traveling
I can travel anywhere without pain.

I can travel anywhere but it gives extra pain.

Pain is bad but I manage journeys over two hours.

Pain restricts my journeys to less than one hour.

Pain restricts my journeys to under 20 minutes.

Pain prevents me from travelling except to receive treatment.