

LETTERS

TO THE EDITOR

The authors of “McKenzie Lumbar Classification: Inter-rater Agreement by Physical Therapists With Different Levels of Formal McKenzie Postgraduate Training” published in *Spine* deserve greatest respect.¹ Running a reliability study with 1600 patients is an impressive task. The results mirror very well daily clinical practice, but emphasizing the problem of poor reliability may lead to inadequate conclusions.

The provisional classification on day 1 is a snapshot. Classification by multiple sessions has shown superiority regarding final diagnosis and prognosis compared with a single session-based classification.² The fact that clinicians categorize differently in the first session would only be clinically relevant and disappointing if they would not adjust their classification because of the clinical presentation at certain points in time. If MDT-trained clinicians change the treatment strategy according to the responses on trial treatments, this will lead to significantly improved long-term results.³ In clinical research, the term “reliability” commonly refers to particular variables that are determined in the initial

evaluation—“statistical reliability.” But in daily clinical practice, it is more important what is happening during the course of treatment. How reliably do clinicians handle their patients? Do they draw the same conclusions from symptomatic, mechanical, and functional responses? This may account as “clinical reliability.”

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References

1. Werneke MW, Deutscher D, Hart DL, et al. McKenzie lumbar classification: inter-rater agreement by physical therapists with different levels of formal McKenzie postgraduate training. *Spine (Phila Pa 1976)* 2014;39:E182–90.
2. Werneke M, Hart DL. Discriminant validity and relative precision for classifying patients with nonspecific neck and back pain by anatomic pain patterns. *Spine* 2003;28:161–66.
3. Audrey L, Stephen M, Fung T. Specific directional exercises for patients with low back pain: a case series. *Physiother Can* 2008;60:307–17.

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