

Pain, disability don't predict function in spinal stenosis

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Image courtesy of Blausen Medical

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(HealthDay) -- For patients with lumbar spinal stenosis (LSS), subjective measures of pain and disability have limited ability to predict real-life ambulatory performance, according to a study published in the July 1 issue of *Spine*.

Rob Pryce, of the University of Manitoba in Winnipeg, Canada, and colleagues conducted a cross-sectional study involving 33 patients with LSS to determine whether there is a relationship between performance measures and subjective reports of pain. Patient physical activity and ambulation were measured over a seven-day period using accelerometry. Pain, disability, and health were assessed using the Oswestry Disability

Index; the Roland-Morris Disability Questionnaire; Disabilities of the Arm, Shoulder, and Hand; and the Short Form [Health Survey](#) (SF-36).

The researchers found that the physical function subscale of the SF-36 had the best overall correlation with physical activity and ambulation, compared with pain and disability (average $r = 0.53$ versus 0.32 and -0.45 , respectively). In four single-variable models for performance, pain was not selected as a predictor. In five of eight models, the non-pathology-specific outcome (Disabilities of Arm, Shoulder, and Hand) improved prediction of performance.

"This study has established that self-reported disability has limited explanatory ability for performance measures such as total [physical activity](#) and bout duration of ambulatory behavior in LSS," the authors write. "Although strongly related to disability, the current pain intensity and perceived pain interference with function provided little to no added prediction of performance measures."

More information: [Abstract](#)
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