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DEFINING THE CLINICAL SYNDROME OF LUMBAR SPINAL STENOSIS: AN INTERNATIONAL DELPHI STUDY

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INTRODUCTION: Lumbar spinal stenosis (LSS) is a poorly defined clinical syndrome. Criteria for defining a syndrome should be informed by the experience of expert clinicians. The objective of this Delphi study is to reach a consensus among international experts on which factors are most important in diagnosis of LSS.

METHODS: In Phase 1 (Delphi Items) a multidisciplinary team of 12 experts in LSS compiled a list of 14 clinical questions considered to be important in diagnosis of LSS. A consensus meeting of the 18 members of the International Taskforce on the Diagnosis and Management of LSS confirmed these 14 items. An innovative on-line survey was developed that permits specialists to express the value they place on these items, the logical order in which they consider the items, and the level of certainty ascertained from the questions. In Phase 2 (Delphi Study), Round 1, this survey was distributed to all ISSLS members. Following Round 1 completion, an inperson meeting of 9 members of the International Taskforce on Diagnosis and Management of LSS was conducted as a Focus Group Meeting at ISSLS 2013 (Round 2).

RESULTS: 68 individuals from 16 different countries participated in Round 2. The most commonly selected factors were “leg pain while walking”, “flex forward while walking to relieve symptoms”, “sit down or bend forward to relieve pain”, “normal foot pulses”, “relief with rest”, and “lower extremity weakness”. Statistically significant (0.05) change in certainty ceased after 6 questions at 81% certainty. In Round 2 a consensus was reached on a final list of 10 survey items. The final version is presently being distributed to a wider group of experts, with the goal of obtaining 200 responses.

DISCUSSION: This question set will provide one pragmatic criterion for defining LSS that is based on expert opinion, and can be used in both clinical and research settings. Results of the final two rounds of the Delphi study are forthcoming.