



## THE RESPONSIVENESS OF THE ROLAND MORRIS DISABILITY QUESTIONNAIRE IS NOT INFLUENCED BY THE LEVEL OF KINESIOPHOBIA AT THE BASELINE

E. Cruz, R.N. Fernandes

*Physiotherapy, School of Health Care - Polytechnic Institute of Setúbal, Setubal, Portugal*

**Background and aims:** Minimal clinically important difference (MCID) has been defined as the minimal change in the score that is meaningful for patients. No data on the influence of kinesiophobia on MCID is available. This study aimed to determine if MCID values were different in the subset of patients with chronic low back pain (CLBP) who reported high and low levels of kinesiophobia at the baseline.

**Methods:** A prospective cohort study of 93 CLBP patients undergoing a multimodal physiotherapy treatment. At baseline participants completed the portuguese versions of the Roland and Morris Disability Questionnaire (RMDQ-PT) and the Tampa Scale of Kinesiophobia (TSK-13-PT). Six weeks later, all the participants completed the RMDQ-PT and a 7 points Global Transition Scale. Receiver operative characteristic curve analysis was used to determine the ability to detect change in activity limitation. The effect of kinesiophobia baseline scores on the data was subsequently re-analyzed on sub-groups of the full cohort according to the median level of kinesiophobia at the baseline.

**Results:** The RMDQ-PT showed superior discriminative abilities in patients with higher levels of kinesiophobia (area under the curve ranging from 0.69 to 0.55 in the case of TSK-13-PT > 32, and TSK-13-PT < 32). The MCID obtained for RMDQ-PT in the whole cohort (1.5) remained constant for patients with high (63.2% sensitivity, 81.8% specificity) and low (60.4% sensitivity, 81.8% specificity) levels of kinesiophobia at baseline.

**Conclusions:** RMDQ-PT ability to detect change in activity limitation in patients with CLBP was not affected by kinesiophobia baseline scores.