Translation, adaptation and validation of the Moroccan version of the Quebec Back Pain Disability Scale

I. Beneddouche a, S. Rostom b, R. Bahiri c, A. Boudali d, M. Mawani e, M. Hajjaj-Hassouni f, N. Srifi f, N. Lazrak f, F. Allali g, D. Badri h, N. Mawani i, M. Mengat j, D. Boukhari k, A. Boudali l, N. Mawani m, M. Hajjaj-Hassouni n, N. Srifi o, F. Allali p, N. Lazrak q, N. Mawani r, M. Mengat s, D. Boukhari t, A. Boudali u, N. Mawani v, M. Hajjaj-Hassouni w, N. Srifi x, F. Allali y, N. Lazrak z, N. Mawani {, M. Mengat |, D. Boukhari } and M. Mawani ~

Hôpital El Ayachi, CHU Rabat-Salé, Université Mohammed V, Sousse, rue de la plage, 11000 Salé, Morocco

*Corresponding author.

Keywords: Low-back pain; Quebec back pain disability scale; Moroccan version; Translation, validation

Objectives.—To translate and cross-culturally adapt the Moroccan version of the Quebec Back Pain Disability Scale (QPDS) and to investigate its reliability and validity in Moroccan patients with low back pain (LBP).

Methods.—The QPDS was translated by use of the forward and backward translation procedure. After pretest, it was validated in 64 Moroccan patients with LBP. Reliability was evaluated using internal consistency, the intraclass correlation coefficient (ICC) and the Bland and Altman method. Validity was measured by correlating the scores of the Moroccan-QPDS with the Moroccan version of the Roland Morris Disability Questionnaire (RMDQ), Visual Analog Scale (VAS) for Pain, Disability VAS, Schober test and the fingertip-floor measurement by means of the Spearman rank correlation coefficient.

Results.—Reliability was excellent with an ICC of 0.96 (IC 95%; 0.93–0.97). The internal consistency was high with a Crohnbach-α of 0.979. The Bland and Altman method showed homogenous distribution of the differences, with no systematic trend. The correlation between QPDS and RMDQ was very good (r = 0.664; P < 0.001). There was no correlation between QPDS and the other variables.

Discussion.—The Moroccan version of QPDS has good psychometric properties. It can be used for the assessment of disability in Moroccan-speaking patients with LBP and also in Maghreb patients with LBP.


P099–EN

Spinal pain and post poliomyelitis syndrome

Z. Boukara a, M. Bedjaoui a, O. Bensaber b, S. Ammor b, A. Talbi b, S. Tou b, A. Lahmer b

a Physical therapy and readaptation, CHU Sidi Bel-Abbes, 22000 Sidi Bel-Abbes, Algeria

b Service of epidemiology, CHU Sidi Bel-Abbes, Algeria

*Corresponding author.

Keywords: Pain of rachis; Biometric factors; Post poliomyelitis factors

Introduction.—The incidence of post-polio syndrome is not well known, as well as the prognostic factors. We believe that 30–65% of old poliomyelitis patients are concerned. Spinal pain is quite frequent and disabling for these patients. To better assist these patients, we have attempted to understand the relationships existing between spinal pain and socio biometric factors.

Materials and methods.—45 patients presenting with spinal pain related to poliomyelitis were recruited and followed in the PRM outpatient consultations. The results of the physical examination and complementary explorations were recorded. Variables examined including VAS, fatigue Borg scale, weight, height, and social variables were collected for the period 2009–2011. The objective was to search for significant correlations between spinal pain and biometric factors.