4. BÖLÜM

OMURGA HASTALIKLARI İLE İLGİLİ SKORLAMA SİSTEMLERİ

Serkan Bayram[1]

Kas-iskelet sistemi ile ilgili semptomu olan hastaların tedavi öncesi ve sonrası klinik durumunun değerlendirildiği, hastalık veya anatomik bölgeye özel olarak oluşturulan ve günlük pratikte sık kullanılan birçok skorlama sistemleri mevcuttur. Omurga kaynaklı patolojiler, hastaların hayat kalitesini ciddi anlamda etkileyen ve bel ağrısı özelinde düşünülünce çok sık görülen klinik bulgulardır. Omurga kaynaklı patolojisi olan hastalarda tedavinin temel amacı ağrı ve fonksiyon bozukluğunun azaltılarak yaşam kalitesinin iyileştirilmesidir. Tedavi kalitesinin değerlendirilmesi, hasta tarafından klinik durumu özetleyen geri bildirimlerin kullanıldığı veriler doğrultusunda olmalıdır. Son yıllarda omurga hastalıklarının tedavi sonuçlarının klinik ve fonksiyonel açıdan değerlendirilmesi için birçok skorlama sistemleri geliştirilmiş ve geçerlilikleri uluslararası omurga dernekleri tarafından onaylanmıştır. Skorlama sistemleri ile hastaların tedavi sonuçları değerlendirmenin yanında ameliyat öncesi değerler ile kıyaslama yapılarak uygulanan tedavinin elde edilen sonuç ile ilişkilisi ve hastanın tercih edilen tedavi yöntemine uygun olup olmadığı da değerlendirilerek skor derecesine göre tedavi metodu seçilebilir. Bu bölümde, ortopedi ve travmatoloji pratiğinde, omurga hastalıkları özelinde sık gereksinim duyacağınız, yeterli geçerlilik ve güvenilirlik seviyelerine sahip olduğu kanıtlanmış skorlama sistemlerine yer verilmiştir.

OSWESTRY BEL AĞRISI KISITLILIK ÖLÇEĞİ

1-Ağrı şiddeti;

A) Şuan ağrı yok,

[1] Op. Dr, Ortopedi ve Travmatoloji Uzmanı, dr.serkanbayram89@gmail.com

Kaynakça

Fairbank JC, Couper J, Davies JB, O'Brien JP. The Oswestry low back pain disability questionnaire. Physiotherapy. 1980 Aug;66(8):271-3.

Fairbank JC, Pynsent PB. The Oswestry Disability Index. Spine 2000 Nov 15;25(22):2940-52

Fritz, J.M., & Irrgang, J.J. (2001). A comparison of a modified Oswestry Low Back Pain Disability Questionnaire and the Quebec Back Pain Disability Scale. Physical Therapy, 81, 776- 788.

Yakut E, Düger T, Oksüz C, et al. Validation of the Turkish version of the Oswestry Disability Index for patients with low back pain. Spine. 2004;29:581-585.

Roland MO, Morris RW. A study of the natural history of back pain. Part 1: Development of a reliable and sensitive measure of disability in low back pain. Spine 1983; 8: 141-144.

Roland M, Fairbank J. The Roland-Morris Disability Questionnaire and the Oswestry Disability Questionnaire. Spine 2000;25(24):3115-24.

Davies CC, Nitz AJ.Psychometric properties of the Roland-Morris Disability Questionnaire compared to the Oswestry Disability Index: a systematic review. Physical Therapy Reviews, Volume 14, Number 6, December 2009 , pp. 399-408

Macedo LG, Maher CG, Latimer J. Responsiveness of the 24-, 18- and 11-item versions of the Roland Morris Disability Questionnaire. Eur Spine J. 2011;20(3):458-63.

Küçükdeveci AA, Tennant A, Elhan AH, Niyazoglu H. Validation of the Turkish Version of the Roland-Morris Disability Questionnaire for Use in Low Back Pain. Spine (Phila Pa 1976) 2001 Dec 15;26(24):2738-43

Stratford PW, Binkley JM, Riddle DL. Development and initial validation of the back pain functional scale. Spine. 2000;25:2095-2102.

Stratford PW, Binkley JM. A comparison study of the back pain functional scale and Roland Morris Questionnaire. North American Orthopaedic Rehabilitation Research Network. J Rheumatol. 2000;27:1928-1936

Koç M, Bayar K. Turkish version of the Back Pain Functional Scale: validity and reliabilitystudy Journal of Exercise Therapy and Rehabilitation. 2017;4(2):82-89.

Vernon H, Mior S. The neck disability index: a study of reliability and validity. J Manipulative Physiol Ther. 1991;14(7):409–415.

Vernon H. The neck disability index: state of the art 1991-2008. J Manipulative Physiol Ther. 2008;31:491–502

Riddle DL, Stratford PW. Use of generic versus region specific functional status measures on patients with cervical spine disorders. Physical Therapy, 1998;78:951-963.

Stratford PW, Riddle DL, Binkley JM et al (1999) Using the neck disability index to make decisions concerning individual patients Physiotherapy Canada, 2,107-112

Kesiktas N, Ozcan E, Vernon H. Clinimetric properties of the Turkish translation of a modified neck disability index. BMC Musculoskelet Disord. 2012 Feb 21;13:25.

Aslan E, Karaduman A, Yakut Y, Aras B, Simsek IE, Yagly N. The cultural adaptation, reliability and validity of neck disability index in patients with neck pain: a turkish version study. Spine. 2008;33(11):E362–E365.

Young IA, Cleland JA, Michener LA, Brown C. Reliability, Construct Validity, and Responsiveness of the Neck Disability Index, Patient-Specific Functional Scale, and Numeric Pain Rating Scale in Patients with Cervical Radiculopathy, American Journal of Physical Medicine & Rehabilitation, 2010; ;89(10):831-839.

Haher TR, Gorup JM, Shin TM, Homel P, Merola AA, Grogan DP, Pugh L, Lowe TG, Murray M. Results of the Scoliosis Research Society instrument for evaluation of surgical outcome in adolescent idiopathic scoliosis. A multicenter study of 244 patients. Spine (Phila Pa 1976). 1999;24(14):1435–40.

Asher MA, Min Lai S, Burton DC. Further development and validation of the Scoliosis Research Society (SRS) outcomes instrument. Spine (Phila Pa 1976). 2000;25(18):2381–6.

Asher M, Min Lai S, Burton D, Manna B. The reliability and concurrent validity of the scoliosis research society-22 patient questionnaire for idiopathic scoliosis. Spine (Philadelphia, Pa 1976). 2003;28(1):63–9.

Asher M, Min Lai S, Burton D, Manna B. Discrimination validity of the scoliosis research society-22 patient questionnaire: relationship to idiopathic scoliosis curve pattern and curve size. Spine (Philadelphia, Pa 1976). 2003;28(1):74–8.

Asher MA, Lai SM, Glattes RC, Burton DC, Alanay A, Bago J. Refinement of the SRS-22 health-related quality of life questionnaire function domain. Spine (Phila Pa 1976). 2006;31(5):593–7.

Alanay A, Cil A, Berk H, Acaroglu RE, Yazici M, Akcali O, Kosay C, Genc Y,Surat A, Reliability and validity of adapted Turkish Version of Scoliosis Research Society-22 (SRS-22) questionnaire. Spine, 2005. 30 (21): p. 2464-8.

SRS Outcomes . Available at: http://www.srs.org . Accessed May 30, 2009

Japanese Orthopaedic Association. Japanese Orthopaedic Association scoring system for cervical spondylotic myelopathy (in Japanese). Nippon Seikeigeka Gakkai Zasshi 1976;50:18–19.

Hirabayashi K, Miyakawa J, Satomi K, Maruyama T, Wakano K. Operative results and postoperative progression of ossification among patients with ossification of cervical posterior longitudinal ligament. Spine 1981;6:354–364.

Yonenobu K, Abumi K, Nagata K, Taketomi E, Ueyama K. Interobserver and intraobserver reliability of the japanese orthopaedic association scoring system for evaluation of cervical compression myelopathy. Spine (Phila Pa 1976). 2001; 26:1890–4.

Fujiwara A, Kobayashi N, Saiki K, Kitagawa T, Tamai K, Saotome K. Association of the Japanese Orthopaedic Association score with the Oswestry Disability Index, Roland-Morris Disability Questionnaire, and short-form 36. Spine (Phila Pa 1976), 2003, 28: 1601–1607.

Benzel EC, Lancon J, Kesterson L, Hadden T (1991) Cervicallaminectomy and dentate ligament section for cervical spondy-lotic myelopathy. J Spinal Disord 4(3):286–295.

Fukui M, Chiba K, Kawakami M, Kikuchi S, Konno S, Miyamoto M, Seichi A, Shimamura T, Shirado O, Taguchi T, Takahashi K, Takeshita K, Tani T, Toyama Y, Wada E, Yonenobu K, Tanaka T, Hirota Y, Subcommittee on Low Back Pain and Cervical Myelopathy Evaluation of the Clinical Outcome Committee of the Japanese Orthopaedic Association. J Orthop Sci. 2007 May; 12(3):227-40.