

Reply to the Letter to the Editor concerning “Cross-Cultural Adaptation and Validation of the Arabic Version of the Intermittent and Constant Osteoarthritis Pain Questionnaire”

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Dear Dr. Ahmed Farag,

We really appreciate your opinion and your suggestions, and I'd like to reply to the points that you mentioned.

First: In the translation, adaptation, and validation process, we used a clear and user-friendly guideline [1], which was mentioned clearly in the paper. It is not the one that you reference. Nonetheless, all the instructions were translated into Arabic. If you want the the full version that the participants used to answer the questions you can email me directly or you can find it in the ResearchGate website. Due to the policy of the Sports Medicine International Open journal, I couldn't attach the AR-ICOAP in the main Article. The policy allows to attach the figures/files that written in English language

Second: It is mentioned that we deviated from the original ICOAP by changing and unifying all the answers of the ICOAP. The original ICOAP for each subscale for the knee/hip consists of 11 items for each subscale. In the original scale, 10 items are already unified as follows: Not at all, mildly, moderately, severely, and extremely. We basically followed the answers of the original ICOAP. However, item 7 was unified to the other items based on the recommendation of one of the Arabic translators (forward process).

Furthermore, cultural adaptation attempts to render the meaning of the questionnaire based on common words that are used. We obtained permission from Dr. Gillian Hawker to translate and adapt the scale based on our culture. Although Dr. Hawker did request we have a rheumatologist translate the scale, we used an orthopedic

surgeon. Dr. Hawker approved this change and asked that we specifically mention this fact in the paper. Also, many studies adapt the translation based on commonly used words in the specific culture. A Turkish study [2] translated and adapted the Harris Hip score into Turkish. The English version used the word “block” to define walking distance. The Turkish authors changed the measurement into “minutes” because that is how this would normally be expressed in the Turkish culture.

As to the third point, none of the participants understood that the items were asking about the nature of the pain per se. The context of the question made it very clear that the severity of the pain was meant. Also, a pilot study was done before giving the questionnaire to the participants, and no one reported that we were asking about the effect of the nature of the pain.

Fourth, I think you suggested a literal translation while ours is context one.

You state that “Critical appraisal of the ICOAP-AR reveals that its content

validity is not established because of significant flaws in the translation and cross-cultural adaptation process, which render it inequivalent to the original ICOAP and, consequently, invalid and inappropriate for assessing osteoarthritis pain in the Arab population in its current state.”

This research was based on statistical methods and results, and we did use constructive validity to correlate the AR-ICOAP with the KOOS Score. There was a correlation between the Arabic ICOAP and the Arabic KOOS that verifies the relevance of the questions ((Cohen & Swerdlik, 2005).

Lastly, if you review the results section again you will see that the AR-ICOAP is valid

and reliable, and correlated with the AR-KOOS (constructive validity) based on numbers and statistics.

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