Answer to the Letter to the Editor of G. Supp concerning manuscript “Centralization in patients with sciatica: are pain responses to repeated movement and positioning associated with outcome or types of disc lesions?” by Hanne B. Albert et al. Eur Spine J, 2011 Sept 23 [Epub ahead of print]

Hanne B. Albert

Published online: 2 February 2012
© Springer-Verlag 2012

We thank you for your Letter to the Editor and would like to reply to the comments:

1. The patients were examined once at baseline by the blinded examiner and classified at that time point. We agree with the comments in the Letter to the Editor that it is most likely that the peripheralizers later became centralizers. The theory that the classification can change over time is expressed in the paper.

2. The Letter to the Editor mentions, that in the original paper we state, “The overwhelming majority of patients with a rather high risk for surgery can be treated with advice and a physical intervention even if only sham exercises are performed. But the symptom guided approach had better results”. We agree on this.

3. We strongly object to being accused of making deliberate confusion about centralization, by adding the group “unstable centralization”. This whole project mirrors the reality in the everyday clinic, and it was necessary to make this group to be able to guide the patients in the intervention groups. This paper is written by clinicians for clinicians, and as Robin McKenzie himself remarks in his comments, unstable centralization is a well-known group in the clinical setting.

In the Letter to the Editor the authors claim that “unstable centralization” is a “wishy-washy” category. Nothing could be more wrong. Read the meticulous description in the paper, the unstable centralization is just as precise and thorough described as the rest of the groups.

The authors of the Letter to the Editor may not like the term, and in their opinion it is an unnecessary extension to the previous research, but that does not make it “wishy-washy”.

It is also rather depressing that as soon as a result does not fit the beliefs of some of the people in the MDT group, the results can be disregarded because “the main examiner had no formal McKenzie education”. This is not an information that we sweep under the carpet as the Letter to the Editor claim, it is described open and honestly. A long and meticulous training period of the examination procedures was undertaken by the blinded examiner and the treating physiotherapists to standardize the examination procedures. This training was done by the President of the Danish MDT group, who has a formal Diploma training in MDT. This examination procedure can be learned by experienced clinicians without being dusted by the “magic fairy dust” which is sprinkled over you by the formal McKenzie training. In the study, the examination procedure was supported by two patients’ drawings registering pain location and intensity before and after the actual examination.

4. We agree with the comment of Robin McKenzie that the classification and treatment always depends on the patient and not on the structure, and we think that this paper had given valuable new information to this discussion.

H. B. Albert (✉)
The Research Department, Spine Centre of Southern Denmark,
Østre Høghvej 55, 5500 Middelfart, Denmark
e-mail: hanne.birgit.albert@slb.regionyddanmark.dk