c) Association is not causation, and does not imply directionality. Results from this study do not rule out that more severe and lasting symptoms (including gait and balance impairments) lead to higher scores for TSK and DS, and not the opposite. In fact, this has been shown for other psychological constructs,2 and a previous study from the same research group has found that psychological distress improves when nonpsychological treatments succeed at improving physical symptoms.2,3

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References

TO THE EDITOR:
Letter to the Editor Concerning the Article: The Determination of the Efficacy of Neural Therapy in Conservative Treatment-resistant Patients With Chronic Low Back Pain

Yilmaz1 investigated the efficacy of neural therapy (NT) compared with Trigger point injection (TPI) for pain intensity and disability in patients with chronic low back pain (CLBP) at 1, 3, and 6 months. The author concluded that NT was superior for pain and disability at all timepoints. We would like to comment on the most relevant shortcomings.

The protocol was not previously registered. It is difficult to make informed decisions if publication bias and selective reporting was not ruled out.2 The Declaration of Helsinki states that “Every clinical trial must be registered in a publicly accessible database before recruitment of the first subject.”3 The TPI group received a single intervention whereas the NT group received five sessions of injections per week for an unknown period. Blinding (therapist and patients) was not reported. The appropriate design should have been a double-blind study (participant and physician) with the same amount of treatment delivered to both placebo group and NT group during the intervention period. There is no information about loss of follow-up or adverse events. The small sample size (25 per group) increases the risk of type I error. For these reasons, Yilmaz study results are not a confirmation of NT efficacy.

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References

TO THE EDITOR:
Commentary on Greven et al “Telemedicine in the Evaluation and Management of Neurosurgical Spine Patients”

In response to the paper by Greven et al1; the authors examined patient satisfaction with telemedicine in spine surgery. Importantly, they addressed patients’ willingness to proceed with surgery based on evaluation...