

Response to: Evaluating the Reproducibility of the Walking Test for Intermittent Claudication Associated with Lumbar Spinal Stenosis

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Thank you for reading our paper. "Evaluating the reproducibility of the walking test for intermittent claudication associated with lumbar spinal stenosis [1]."

(1) This participants of this study with symptoms of both lower extremities and only those with cauda equina or mixed symptoms. Although not presented in the paper, the evaluation of root pain in individual cases showed that 19 cases improved, while 51 cases remained unchanged or worsened. Given the small number of improved cases and the intraclass correlation coefficient for pain Visual Analog Scale (VAS) of 0.67, we believe that a 4-week period is not necessarily an inappropriate period to evaluate reproducibility.

As for differences in reproducibility by symptom type in the lumbar spinal stenosis (LSS), the intraclass correlation coefficients for leg pain VAS, leg numbness VAS, and walking distance are around 0.7, as shown in the results. Overall, we consider that there is no difference in reproducibility depending on the type of symptoms.

(2) Certainly, if we could objectively evaluate the gait

posture, we would be able to evaluate the reproducibility in more detail.

(3) As shown in Table 1 of our paper [1], only three of 70 patients (4.3%) were receiving medication for LSS at the time of baseline. These three patients stopped active drug treatment during the study and all patients were on vitamin B12 medication only. This does not appear to have affected the overall results.

(4) In the present study, we did not evaluate detailed changes in physical findings before and after the gait test as in previous reports [2].

Conflict of Interest

No potential conflict of interest relevant to this article was reported.

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