Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

that remote delivery may present technological barriers, it might also allow the intervention to reach a population that could not feasibly participate in the in-person program. In addition, the convenience of remote delivery could facilitate longer term participation and maintenance of the resulting benefits.

We applaud Miller et al for their research focused on filling a need for patients with chronic pain, multimorbidity, and barriers to health care access. We look forward to further work on the important topic of SMS in chronic pain management and hope that telemedicine applications will have a role for expanding the audience for SMS interventions.

Erika T. Yih, MD
Department of Physical Medicine and Rehabilitation
Harvard Medical School and Spaulding Rehabilitation Hospital
Boston, MA

Julie K. Silver, MD
Department of Physical Medicine and Rehabilitation
Harvard Medical School
Massachusetts General Hospital
Brigham and Women's Hospital
and Spaulding Rehabilitation Hospital
Boston, MA

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Virtual Self-Management Has Potential Benefits and Challenges: A Response to a Letter to the Editor

We thank Drs Silver and Yih for their interest in our trial, "Chronic Pain Self-Management Support With Pain Science Education and Exercise (COMMENCE) for People With Chronic Pain and Multiple Comorbidities: A Randomized Controlled Trial,"[1] and for their shared recognition of the importance of identifying effective self-management supports for people living with pain who experience multimorbidity and barriers to accessing health care.

We fully agree with the authors' suggestion that digital self-management supports provide an important opportunity to overcome geographic and transportation barriers to participation that are common for people living with pain.[2,3] Incorporating the unique elements of COMMENCE, such as tailored of exercises and cognitive-behavioral approaches, in a digital self-management support may pose additional challenges in comparison with more standardized self-management supports. However, we agree that this is a worthy pursuit and suggest that research on the feasibility, barriers, and facilitators of incorporating these elements within online self-management programs is an important next step. We have begun to incorporate some of these elements in digital self-management supports (www.iamable.ca) and look forward to contributing to a growing body of literature evaluating digital self-management supports by evaluating a digital self-management support that incorporates some of the unique aspects of COMMENCE in the near future. We hope other readers may join this call to action.

We would also like to share a potential challenge with offering digital self-management supports. The context created by the coronavirus disease 2019 pandemic has led to a rapid shift to delivering care virtually, including attempts to deliver COMMENCE online. We are hearing from our clinical community about some of the successes and challenges associated with this shift. Certainly, we have heard examples of how virtual interventions have helped overcome transportation barriers and reduced the risk of transmission of coronavirus disease 2019. However, we are also hearing concerns that offering digital self-management, rather than in-person self-management, may be further contributing to inequities in care for people who lack the technical skills to access digital platforms, people who have lower health literacy, and people without adequate financial resources to afford a computer or smart phone. As we continue along the path toward effective digital chronic pain self-management supports to increase the reach of these interventions, we need to identify strategies to address the multiple barriers that contribute to inequitable access, so we do not end up exacerbating other inequities in access to care while we address geographic and transportation barriers.

Thank you again to Drs Silver and Yih for the thoughtful letter and to the editor for the opportunity to contribute to this important conversation.

Jordan Miller, PhD
School of Rehabilitation Therapy
Queen's University
Kingston, Ontario, Canada.

Joy C. MacDermid, PhD
School of Physical Therapy
Western University
London, Ontario, Canada

Royal Society of Canada
Ottawa, Ontario, Canada.

David M. Walton, PhD
School of Physical Therapy
Western University
London, Ontario, Canada.

Julie Richardson, PhD
School of Rehabilitation Science
McMaster University
Hamilton, Ontario, Canada.

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"Poststroke Postural Sway Improved by Botulinum Toxin: A Multicenter Randomized Double-blind Controlled Trial"

We read the article by Kerzoncuf et al[1] with great interest. We appreciate the authors' efforts to assess the effects of injecting botulinum toxin type A (BTX-A) into the lower limb muscles of people with hemiparesis post stroke. However, we have 2 concerns that may alter their conclusion.

First, the authors did not compare BTX-A and saline directly. Such comparisons against a baseline within randomized groups can be misleading.[2] They reported that after BTX-A injection, the sway area improved in the BTX-A group but not in the placebo group. To estimate the efficacy of BTX-A, they should perform a Mann-Whitney *U* test to compare the placebo group and the BTX-A group. In addition, there were no comments provided to explain the significant increase in sway area before and after the intervention in the placebo group.

Second, the authors measured the Modified Ashworth Scale in the secondary outcome, but in table 4 they assessed the Ashworth Score. To be consistent, the authors should modify both the measurements to the correct scale.

Yoshitaka Wada, MD
Department of Rehabilitation Medicine
Showa University Fujigaoka Rehabilitation Hospital
Yokohama
Kanagawa, Japan

Systematic Review Workshop Peer Support Group (SRWS-PSG)
Osaka, Japan.

Akihiro Shiroshita, MD
Systematic Review Workshop Peer Support Group (SRWS-PSG)
Osaka, Japan

Department of Pulmonology
Kameda Medical Center
Kamogawa, Chiba, Japan.

Yasushi Tsujimoto, MD, MPH
Systematic Review Workshop Peer Support Group (SRWS-PSG)
Osaka, Japan

Department of Nephrology and Dialysis
Kyoritsu Hospital
Kawanishi, Japan

Healthcare Epidemiology
School of Public Health in the Graduate School of Medicine
Kyoto University
Kyoto, Japan.

Disclosures: none.

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Poststroke Postural Sway Improved by Botulinum Toxin: A Multicenter Randomized Double-blind Controlled Trial

We have read this letter with great interest and thank the authors for their comments. With regard to the effects of botulinum toxin injections, we systematically observed a decrease in the sway area in the treatment group, whereas the sway area increased in the placebo group. These clear-cut results are of considerable clinical relevance, as previous authors have pointed out.[1,2] The sway area generally increases in patients with stroke, resulting in postural instability and the risk of falling. The decrease in the sway area observed here can be taken to reflect the occurrence of an improvement in balance control in the patients with stroke who received botulinum injections. We confirm that the specific score used here was the Modified Ashworth Score.

Laurent Bensoussan, MD, PhD
Aix Marseille University
Pôle de Médecine Physique et de Réadaptation
Marseille, France.

Marjorie Kerzoncuf, MD
Aix Marseille University
Inst Neurosci Timone, APHM, CHU Timone
Physical and Rehabilitation Medicine Department
Marseille, France.

Jean-Michel Viton, MD, PhD
Aix Marseille University
Inst Neurosci Timone, APHM, CHU Timone
Physical and Rehabilitation Medicine Department
Marseille, France.

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