



Letters to the Editor

Letter to the Editor on “American Orthopedic Foot and Ankle Society Hallux Metatarsophalangeal-Interphalangeal Joint Scale: A Cross-Cultural Adaptation and Validation Study in the Persian Language”



I read the recent article with great interest entitled “American Orthopedic Foot and Ankle Society Hallux Metatarsophalangeal-Interphalangeal Joint Scale: A Cross-Cultural Adaptation and Validation Study in the Persian Language” by Mahdaviazad et al (1). The authors of the study purposed to demonstrate the cross-cultural adaptation, reliability and validity of the Persian version of the American Orthopedic Foot and Ankle Society Hallux Metatarsophalangeal-Interphalangeal Joint Scale (AOFAS hallux MTP-IP) in patients with hallux deformities. While I believe the publication provides essential contribution to the literature, there are some methodological concerns that I would like to address which may affect the results of the study.

First, the authors of the study stated that they preferred the translation procedures recommended by Beaton et al. One of the phases specified in this guideline is pretesting with a pilot study for comprehensibility. Mahdaviazad et al carried out the pretest with only 10 randomly selected patients. However, referenced guidelines suggested performing the pilot study with at least 30 to 40 patients (2). Since the importance of cultural adaptation and acceptability in version studies is known, it will be beneficial to increase the number of cases in the pilot study to the minimum number recommended in the guidelines. In addition, presenting more information about the socio-demographic status of the sample (e.g., resident, marital status) might be more effective in terms of adaptation.

Second, in the methodology section of the manuscript, Mahdaviazad et al defined the inclusion criteria of the study. One of them was the age of patients who were >20 years. In some cases, age-based cut-off values are clinically significant, but this criterion has not been revealed for this study.

Third, the authors analyzed the questionnaire in construct validity for convergent and discriminant validity in its own items and subscales. However, in the comparison with SF-36 within the scope of construct

validity, the high coefficient of similar subscores should be considered within the scope of “convergent” and dissimilar subscales should be considered within the scope of “discriminant” validity (3). The correlation coefficients between the AOFAS hallux MTP-IP score with SF-36’s dissimilar scores “Role: emotion (RE) (0.42)” and similar “Physical function (PF) (0.43),” also “Role: physical (RP) (0.47)” were very close. A more detailed interpretation of construct validity from this point of view will provide detailed information.

I would welcome the comments of the authors to address these issues, which will further provide additional information about their study.

References

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