

## Letter to the Editor

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### Reply to R Jaeger *et al*

We absolutely agree with the comments raised by Schwab *et al* that there is a strong need to improve the methodology using clinical scores to assess the relevance of new therapeutical approaches in SCI patients. The authors suggest that summed (ordinal) score results should be confirmed or improved by the alternative use of absolute (linear) numbers. Specifically, they propose that numerical changes of '>2 points' of individual motor segments should be considered to indicate relevant changes of the clinical status. We emphasise on this issue by combining sensory – motor scores (neural deficit) with functional outcome measures. These outcome measures are directed to rate the quality and capacity of complex functions, such as ambulatory capacity (WISCI, 6 min walking test) and activities reflecting self-independence (SCIM). Such a combined analysis is suggested to be of advantage for two

important reasons: (1) a comparable significant improvement of the neural deficit and functional outcome measures should be a strong indicator for clinically relevant changes, and (2) the improvement of the functional outcome is the primary target of rehabilitation purposes and reflects complex interactions within the sensory – motor systems. The improvement of complex functions is most likely to be achieved by neuronal interactions at several levels within the nervous system. Probably, these changes can hardly be assessed by the analysis of isolated motor and sensory scores.

Therefore, we assume that a comprehensive clinical protocol monitoring recovery in human SCI will be most efficient for the assessment of new therapeutical approaches.

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