Editorial Note on: Response to the letter of Professor Vafa Rahimi-Movaghar titled 'Self-report versus sensory-motor examination of anus in spinal cord injured patients'

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We thank Professor Rahimi-Movaghar for his letter titled 'Self-report versus sensory-motor examination of anus in spinal cord injured patients' regarding our study.¹ We are willing to concede that our questionnaire has deficits and may not be appropriate in certain cultures. We would be very happy if Professor Rahimi-Movaghar progressed our work and devised a questionnaire that phrases the questions in a more culturally appropriate and neutral way. Importantly, the questionnaire was not designed to provide the same level of information as can be achieved from a full S4-5 motor and sensory examination. It was only designed to provide the essential information about S4-5 motor and sensory function required to classify a patient's AIS lesion. Hence, Professor Rahimi-Movaghar is correct when he notes that the questionnaire does not discriminate between the following types of sensation: left and right, partial and full, deep and superficial. Professor Rahimi-Movaghar is also correct to question the external validity of the study with the exclusion of 82/116 patients. However, most patients were excluded because we could not contact them before their appointments (17), their injuries were less than 1 year prior (20) (an exclusion criterion) or they declined to be involved (21). We believe that the high number of patients unwilling to participate in this study reflects their unhappiness about the intrusive and unpleasant nature of rectal examinations. It is for this precise reason that the international community needs to be looking for better solutions to the classification of SCI especially for community-based research projects, and the alike where a small amount of error is probably inconsequential. It is not reasonable to expect people with SCI to endure rectal examinations unnecessarily or solely so researchers can meet the expectations of journals (and journals' reviewers) for publication. A full neurological and rectal examination is clearly important in some circumstances and for some types of research, however, at times it may be reasonable to rely on self-report; the focus of our paper.

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¹ Harvey LA, Weber G, Heriseanu R, Bowden JL. The diagnostic accuracy of self-report for determining S4-5 sensory and motor function in people with spinal cord injury. *Spinal Cord* 2012; **50**: 119–122.