

Letter to the Editor

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Dear Editor,

We are in reply to the study of Kersnovske et al. [1]. The authors have clearly described the process and outcome of a validation study by means of a questionnaire survey among experts in the field of functional capacity evaluations (FCEs). In our opinion, however, the study comprises a limitation, which has not been addressed in the discussion section of the paper, but which may be important for the interpretation of the results. The limitation concerns the use of experts for the purpose of validation.

The authors described that experts were selected on the basis of knowledge in the area under investigation and experience. Experience was operationally defined in number of years. As skeptical readers we tend to think: 'they know about FCEs and may have done this for a while, but what makes them experts in the field?' Are the 'experts' truly experts? Should experts not be people with outstanding knowledge and experience, operationally defined for example in number of FCEs done? Additionally, how should the results of this study be generalized? Do the results represent OTs in general, OTs trained in FCEs, Australian OTs, Australian GAPP FCE trained OTs, or 'the FCE field'? It would be worth a follow-up study to determine whether differences exist between the expert opinions of the current group and another group of experts with different operational definitions of 'experts'.

Regardless of the above, and perhaps more important, is the question to what extent the opinions of the experts represent the truth. As an example, the experts considered medium to heavy lifting to be potentially unsafe. It remains unanswered whether the experts are correct. While we now know that this sample of experts consider medium to heavy lifting to be potentially unsafe, we still do not know whether it really is unsafe. The authors, however, interpret the results so that FCE design should consider these experts' opinions without discussing whether the experts may be right or wrong. The evidence of the contributory role of (heavy) lifting in low back pain has not been overwhelming, yet it continues to be a strong belief of many professionals. Could the results of this study also be interpreted as an underwriting of the hypothesis that professionals contribute to fear avoidance beliefs of patients with chronic nonspecific pain [2]?

Our main point of concern with the validation process described by the authors is not the use of experts, but the interpretation of their shared opinions. We would be very interested to hear the authors' reply on the question of how we should value the shared opinions of 'experts' in the validation process of FCEs?

References

- [1] S. Kersnovske, L. Gibson and J. Strong, Item validity of the physical demands from the Dictionary of Occupational Titles for functional capacity evaluation of clients with chronic back pain, *Work* **24** (2005), 157–169.
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