used as future potential therapeutic targets for the management of brain hypoxia.

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References


Reply to the comments of Manoj H. (Letter to the editor, Funct Neurol 2006;21:229)

Sir,
We were interested to read recently H. Manoj’s comments (1) on our paper published last year in Functional Neurology (2) relating to the measurement of functional disability after instrumented stabilization in lumbar degenerative spondylolisthesis. We appreciate these arguments and agree with Dr Manoj: if we use a cut-off of 10 points in ODI score reduction in order to verify the clinical improvement after surgery we will, realistically, obtain an higher percentage of “patients improved after surgery”. This is what is reported in literature, as Dr Manoj pointed out.
In our opinion and experience, however, we think that a 10% improvement in ODI scores does not justify the claim of a “real clinical improvement”. Moreover, we adopted the 20-point cut-off in ODI score, which represents 20% of the total score, in order to ensure uniformity with data reported about the RM scale. In fact, in the RM scale the improvement is considered significant for a 5-point reduction (over 24 items): this represents about 20%, in line with the cut-off we used for the ODI score.
Thus, we think that more selective criteria are needed to verify whether a surgical attempt may be considered useful for the patient and that the cut-off reported in literature may be useful for the evaluation of medical, but not surgical, treatments.

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