

Methodological quality of a systematic review on physical therapy for temporomandibular disorders: influence of hand search and quality scales—reply to a letter to the author

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I like the appreciation of Palys, Berger and Alperson for our efforts comparing and contrasting four quality assessment lists for evaluating trial quality. We stated that quality assessment is complex and can be done by various methods. In reality there are a lot of other lists, including the Chalmers list—mentioned by Palys—to evaluate trial quality. However, in our study, the choice for the Delphi, Jadad, and Megens and Harris quality assessment lists were made because they were often used in the field of PT and the risk of bias list is recommended by the Cochrane Collaboration. One of the aims in our study was to analyse the effect of four (of many other) different lists on the quality assessment of RCTs regarding PT for TMD and therefore we compared the overall quality scores. Since the different lists included different items, we were interested in the observed differences. In contrast to Paly's interpretation, we never asked ourselves which one was the best.

The analogy between quality assessment and the inspection of the 100 wooden planks of a walking bridge is interesting and I agree that the safety of the bridge is only guaranteed by the inspection of all 100 planks. In our study, we indicated that the different criteria lists focus on different

methodological aspects and it is unworkable to assess all these different aspects (planks). Moreover, we pointed to the difficulty to justify the different weights of the items involved. Fortunately, the impact of missing a methodological aspect is much lower than missing a plank.

Indeed, like Paly mentioned, low scores are corresponding with the objective of the lists to uncover problems of the trials. In this context, the significant lower Delphi score must not be interpreted as the worst list.

I agree with Paly that no list can be considered as universally the best, unless it contains 100 % of all the methodological items. In our study, it was not the aim to discuss the methodological quality substantively but to compare the existing quality scales applied on PT trials for TMD.

Of course, I share the same opinion that the evaluation of trial quality should be undertaken in a scientific manner for the good of the patients.

Conflict of interest The author declares that they have no conflict of interest.

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