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Implicit body perception at the Pelvic Girdle with the two-point estimation task: a reliability study

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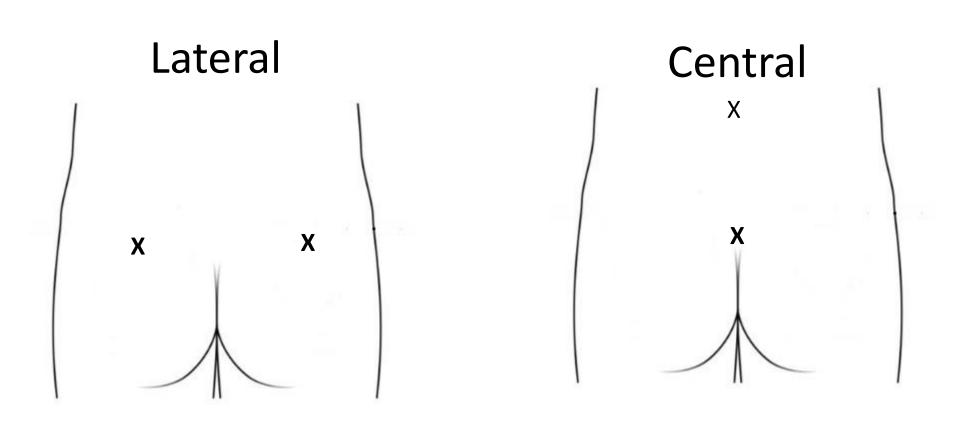
Implicit body perception at the pelvic girdle with the two-point estimation task: a reliability study.

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Background

- Body perception disturbance is evidenced in low back pain, using a two-point estimation (2PE) task.
- 2PE involves estimating the distance between two points on a digital calliper.
- Previous research has only investigated 2PE in a population with unilateral low back pain, not included a pain-free control group or examined the measure at the pelvic girdle.

2PE assessment regions



Calliper points placed either side of the "x"

Aims

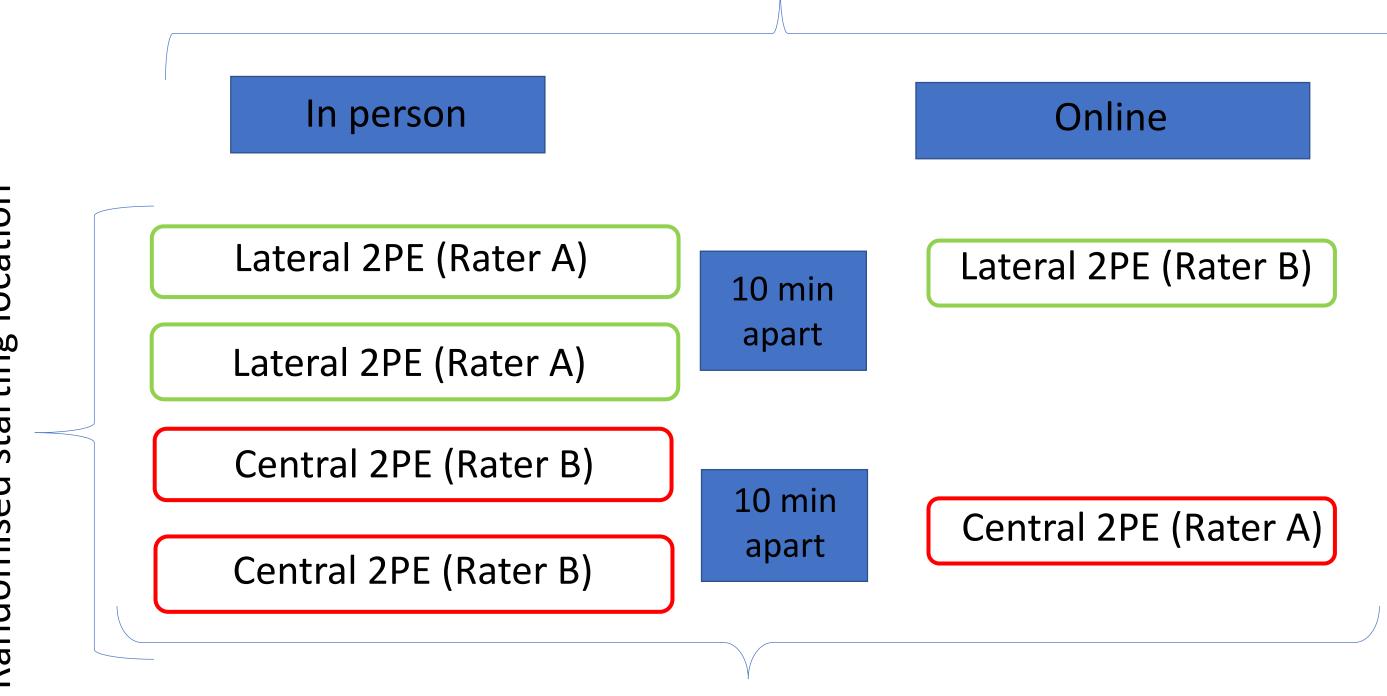
- Design a 2PE testing protocol suitable for assessing pain crossing the midline.
- Investigate regional 2PE reliability.
- Compare left and right side and lumbar and pelvic regions.

Methods

- Population: women >18 years old,
- Exclusion criteria: currently pregnant, surgical history at the low back or pelvis, self-reported pain in low back, hip or pelvic region currently or within the last month.
- Central measure designed and protocolised at the lower back and pelvic girdle.
- Repeated 2PE measurement assessment (two points 120.00mm apart) at two in person and two online sessions.
- Lateral measure: 8 repeated measure (4 on the left and 4 on the right at the pelvic girdle).
- Central measure: 8 repeated measure (4 at pelvic girdle, 4 at the lumbar spine).

Randomised location of 1st appointment

Testing schedule



Online (max 10 days after first session)

Lateral 2PE (Rater A)

Lateral 2PE (Rater B)

In person (max 14 days

after first session)

Central 2PE (Rater B)

Central 2PE (Rater A)

Session separated by max 7 days

Results

- 22 women (mean age 40.5 +/-13.3) participated.
- Mean of two repeated measures stabilised the reliability.

Regional differences

- No difference between the left and right lateral measures (p=.198).
- 2PE scores were greater for the lumbar compared to the pelvic region (p<0.005).

Intra Rater Reliability

- Good intra-rater reliability
 - Lateral ICC = 0.71 95%CI [0.49-0.87]
 - Central ICC = 0.80 95%CI [0.59-0.91]

Intra-Rater lateral ICC's 95% CI 1 0.55 (0.15 - 0.79) 2 0.71 (0.41 - 0.87) 3 0.68 (0.36 - 0.85) 4 0.71 (0.42 - 0.87) Intra-Rater central Pelvic girdle ICC's 95% CI 1 0.74 (0.47 - 0.86) 2 0.80 (0.58 - 0.91) 3 0.82 (0.62 - 0.92) 4 0.87 (0.72 - 0.94)

Inter Rater Reliability

- Poor to good Inter rater reliability
 - Lateral ICC = 0.48 95%CI [0.58-0.75]
- Central ICC = 0.65 95%CI [0.33-0.84]

Inter-Rater lateral			
	IC	C's	95% CI
1	0.	29	(-0.13 - 0.63)
2	0.4	48	(0.58 - 0.74)
3	0.4	45	(0.54 - 0.73)
4	0.4	47	(0.72 - 0.74)
	'		
Inter-Rater Central			
Pelvic gird	le	ICC'	's 95% CI
	1	0.74	(0.47 - 0.86)
	2	0.80	(0.58 - 0.91)
	3	0.82	(0.62 - 0.92)
	4	0.87	(0.72 - 0.94)
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Conclusion

Differences in 2PE between regions may reflect somatosensory representation differences and may have implications for pain perception.

