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Letter to the Editor

Response to letter to the editor regarding "The effects of combined sternocleidomastoid muscle stretching and massage on pain, disability, endurance, kinesiophobia, and range of motion in individuals with chronic neck pain: A randomized, single blind-study"

Dear Editor,

We have received and gladly read the letter entitled "***Letter to the editor, "The effects of combined sternocleidomastoid muscle stretching and massage on pain, disability, endurance, kinesiophobia, and range of motion in individuals with chronic neck pain: A randomized, single blind-study"***" related to our recently published study. We hope that the following response will reduce the concerns raised in the letter.

In our article, we haccet that both the evaluator physiotherapist and the participants were blind to the group allocations and to the content of the treatment program to be applied. However, this study is not suitable for a double-blind study since the person who planned the study, made the statistical analysis, and reported the study was also the person who treated the patients in the study. Portney GL (2015) stated that the terminology used to describe blinding is inconsistent and the design can be misunderstood. Also, rather than using "single" or "double-blind" as a descriptor, the guidelines recommend being specific about whether participants, caregivers, outcome measurers, or other study participants were blinded to the group assignment (Moher et al., 2010; Portney GL, 2015).

We used the power unit of ultrasound used in our article as wt/cm^2. In the letter to the editor written for our article, it was requested to be written as W/cm^2. However, when the literature is examined, we see that the ultrasound power unit is used both as W/cm^2 and wt/cm^2. We can say that the watt/cm^2 unit is used more widely, especially in publications originating from Turkey. Moreover, since it is understood that both the use of W/cm^2 and the use of wt/cm^2 express the power of ultrasound, we do not see the need for any change (Ay et al., 2011; Buyukturan et al., 2018; Khmelev et al., 2011; Rekha et al., 2015; Shah and Dongre, 2014; Ünal et al., 2016; Youssef et al., 2021).

There is no such thing as you criticize in Table 1. Table 1 mentions the description of cervical range of motion measurements obtained by goniometer.

Thank you for your comment. The work of Lee et al. (2003), which you cited, is an evidence level 5 brief report. Lee et al. (2003) may have given s the minimal clinically important difference (MCID) value of 30 mm in their study, but as mentioned in the limitations of this study, they mentioned the MCID of a general Visual Analogue Scale (VAS) value in a heterogeneous group. Lee et al. (2003) also stated that mcid values were between 13 and 19 mm in previous studies, and they found a greater value in their own study. In our study, which we used as a source, it gave the MCID value for neck pain. We think that the MCID value we used for VAS in our study and the results we interpreted according to this value are not wrong (Todd and Funk, 1996; Kelley, 1998; Wells et al., 1993; Lee et al., 2003).

Declaration of competing interest

None.

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