

Cross-cultural Adaptation of the Pelvic Girdle Questionnaire for the French-Canadian Population

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ABSTRACT

Objective: The Pelvic Girdle Questionnaire (PGQ) is the only condition-specific tool assessing activity limitations and symptoms for those with pelvic girdle pain (PGP). It is simple to administer and can be used in research and clinical settings during pregnancy and postpartum periods; however, there currently is no version for the French-Canadian population. The aim of this study was to translate and culturally adapt the PGQ for the French-Canadian population.

Methods: The French-Canadian translation and adaptation of the PGQ was completed following a 4-stage approach: (1) forward translation, (2) synthesis, (3) expert committee review, and (4) testing of the prefinal version of the questionnaire. The testing stage was conducted with a cohort of 34 women, aged 18 to 45 years, who experienced PGP over the span of pregnancy or during the first year postpartum.

Results: The global understanding of the PGP concept was rated as either "Fair" (41.2%) or "Good" (32.4%) by the majority of participants, which led to the consensual decision to add an illustration of the pelvic girdle region to the final version of the French-Canadian PGQ. Only 1 item ("Has your leg/have your legs given way?") was reported as unclear by 12 participants (35.3%). The expert committee unanimously agreed to add a brief explanation of the term "given way" to the final version to ensure proper understanding of the question.

Conclusions: The current study yielded a satisfactory French-Canadian translation of the PGQ. (*J Manipulative Physiol Ther* 2016;39:494-499)

Key Indexing Terms: *Pelvic Girdle Pain; Pregnancy; Postpartum Period; Surveys and Questionnaires; Disability Evaluation*

INTRODUCTION

Often confused with low back pain, pelvic girdle pain (PGP) is considered to be a different phenomenon with its own distinct etiology and treatments. Thus, even if back

pain and PGP occur simultaneously, PGP can be an isolated condition,¹ and if the distinction between these 2 conditions is not made, clinical management may be compromised or inappropriate.² Reported PGP prevalence varies widely as a result of differences in nomenclature, classification of PGP subtypes, and diagnostic procedures used. However, PGP prevalence has been estimated from 20% to 26% during pregnancy.^{1,3}

According to the 2008 European guidelines, PGP is mostly "experienced between the posterior iliac crest and the gluteal fold, particularly in the vicinity of the [sacroiliac joint]. The pain may radiate in the posterior thigh and can also occur in conjunction with/or separately in the symphysis."¹ Pelvic girdle pain can be divided into 5 subtypes: (1) symphysiolysis, (2) 1-sided sacroiliac joint syndrome, (3) double-sided sacroiliac joint syndrome, (4) pelvic girdle syndrome (affecting all 3 pelvic joints), and (5) a miscellaneous group (referring to inconsistent objective findings of daily pain in 1 pelvic joint).^{1,4-7} The etiology of PGP remains unclear, but deficient pelvic girdle stabilizing mechanisms resulting from mechanical or motor control

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impairment, in combination with pregnancy-related hormonal factors, may play a role in its development.^{6,8} Onset of PGP is often observed early in pregnancy, with 40% of women experiencing PGP reporting symptoms by the fifth month of pregnancy,³ and pain intensity peaks between the 24th and 36th week.⁹ Pelvic girdle pain spontaneously resolves within 3 months' postpartum for 93% of women,⁹ and severe persistent complaints are reported by 3%.¹⁰

The impact of PGP on quality of life is considerable; women experiencing PGP commonly report lack of sleep,¹¹ difficulty doing housework, psychological stress, problems engaging in social activities,^{12,13} decreased work and study capacity, and a disturbed sexual life.¹² Some women express concerns over their ability to endure possible subsequent pregnancies without effective treatment for PGP.¹² Moreover, 32% to 41% of sick-listed women during pregnancy attribute their situation to PGP.^{11,14} In fact, PGP has been reported to be one of the largest contributors to sick leave during pregnancy in Norway,¹⁴ highlighting its significant economic burden for society.

Because of its specific characteristics, relatively high prevalence,^{1,3} impact on quality of life,¹¹⁻¹³ and related economic burden for society,^{11,14} PGP should be given specific attention. To ensure proper clinical management of PGP, reliable and valid tools are needed, not only to diagnose the condition but also to assess its impact on women's activity limitations and symptoms. The Pelvic Girdle Questionnaire (PGQ) is the only condition-specific tool for PGP that can be used in research and clinical settings during both pregnancy and postpartum periods.¹⁵ Developed in 2011, the PGQ is designed to assess activity limitations and symptoms in individuals with PGP.¹⁵ The PGQ is a simple and convenient tool¹⁵ consisting of a 25-item questionnaire that includes a 20-item activity subscale and a 5-item symptoms subscale. Each item is scored on a Likert-type scale ranging from 0 to 3, where 0 is "not at all" and 3 is "to a large extent" (items 1-20 and 23-25) or where 0 is "none" and 3 is "considerable" (items 21 and 22). Validation of the original Norwegian PGQ has indicated good internal consistency, test-retest reliability, and construct and discriminant validity when used in a sample of pregnant and postpartum women with PGP.¹⁶ The questionnaire, however, is available only in Norwegian and English and thus is not usable for French-speaking people.

To use questionnaires in a different cultural setting, items must not only be well translated but also culturally adapted. Translating and culturally adapting a health-related quality-of-life measurement tool, rather than creating a new one, has several benefits, including time and cost savings and the ability to provide a common measure for international studies.¹⁷ The process of cross-cultural adaptation, as proposed by Beaton et al,¹⁸ when properly conducted leads to equivalency between source and target culture and allows for maintenance of the content validity of

the instrument. The cross-cultural adaptation process includes both a translation and an adaptation of the questionnaire. When translated and culturally adapted, the questionnaire undergoes testing for content validity, which is the final step of the process. After the cross-cultural adaptation process, further analysis of the retention of the questionnaire's psychometric properties is recommended and is sometimes conducted in subsequent studies. Thus, the aim of this study was to translate and culturally adapt the PGQ for the French-Canadian population.

METHODS

Study Design

This cross-cultural adaptation of the PGQ was conducted at the Université du Québec à Trois-Rivières. The cross-cultural adaptation process used in this study was based on the "Guidelines for the Process of Cross-cultural Adaptation of Self-report Measures" proposed by Beaton et al.¹⁸ However, following the recommendation provided by Epstein et al,¹⁹ no back-translation was performed because of its lack of added value compared with the use of expert committee review only. Therefore, the process involved 4 different stages: (1) forward translation, (2) synthesis, (3) expert committee review, and (4) testing of the prefinal version of the questionnaire. These 4 stages are depicted in Figure 1.

Forward Translation. Forward translation of the instrument from English to French was performed independently by 2 bilingual translators whose mother tongue was French. The first translator (S-M.R.) had a scientific background regarding PGP, and the second translator (G.C.) had neither medical nor clinical background related to the specific topic of the study.

Synthesis. After forward translation, these 2 translators met to reach consensus and came up with a synthesized version of the translated questionnaire in the presence of an independent observer (M-P.G.).

Expert Committee Review. An expert committee comprising a professional translator (S.R.), a scientist familiar with the cultural adaptation process (M.D.), a health care professional (A-A.M.), and the 2 translators who previously performed the forward translation (S-M.R. and G.C.) revised the 3 different PGQ translations. In addition, the author of the original version of the PGQ was contacted by e-mail to provide further insights regarding specific items of the English version. During the consolidation of the prefinal version of the PGQ, the expert committee paid attention to semantic equivalence (to ensure that the words conveyed the same meaning), idiomatic equivalence (to develop an equivalent expression), experiential equivalence (to replace the questionnaire item with a similar item for experiences of daily life that are not experienced in the targeted culture), and conceptual equivalence (for words holding different conceptual meaning between cultures).¹⁸

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