# French translation and validation of the Keele STarT MSK Tool

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# Introduction

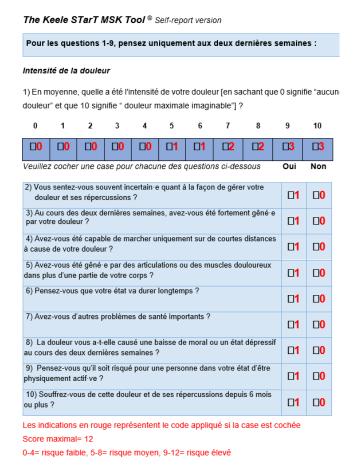
The Keele STarT MSK Tool (**TKSMT**) is a 10-item questionnaire developed to **classify patients** suffering from **one of the five most common types of musculoskeletal pain into 3 sub-groups of risk of chronic pain** (i.e. low risk, medium risk and high risk)<sup>1</sup>. The objective of the present study was to translate the questionnaire **into French** (TKSMT-F) and to evaluate its main psychometric properties.

### **Method**

The translation and intercultural adaptation of the questionnaire were carried out using a **5-step recommended process**. The following **psychometric properties** were investigated: floor and ceiling effects, construct validity, internal consistency and test-retest reliability including Standard Error of Measurement (SEM) and Smallest Detectable Change (SDC).

# Results

A total **101** patients suffering from musculoskeletal pain participated in the study (mean age of 32±14.5 years, 62% of women). A Cronbach's alpha of 0.57 was found revealing a **moderate internal** consistency. Nevertheless, all items demonstrated to be significantly correlated with the total score (range of correlations r=0.2 for item7 to r=0.78 for item1). We also found **good construct validity** with a significant correlation of r=0.78 between the TKSMT-F and the ÖMPSQ-short. **Test-retest** reliability was excellent (ICC 0.97). A SEM of 0.42 and a SDC of ±1.17 were measured. **No floor nor ceiling effects were observed.** 



French version of the Keele STarT MSK Tool

# **Conclusion**

A **validated French version** of the Keele STarT MSK Tool is now available and can be used by health practitioners to stratify patients as being at low, medium or high risk of persistent musculoskeletal pain.

References:

1 Campbell P, Hill JC, Protheroe J, et al. Keele aches and pains study protocol: Validity, acceptability, and feasibility of the keele start msk tool for subgrouping musculoskeletal patients in primary care. J Pain Res. 2016;9:807-818







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