

Research Paper



Validity, Reliability, and Cross-cultural Adaptation of the Persian (Farsi) Version of Profile Fitness Mapping Back Questionnaire

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ABSTRACT

Purpose: Many available questionnaires fail to distinguish between the severity of symptoms and functional limitations caused by low back pain (LBP) in different areas. Therefore, it is difficult to determine which symptoms and functional limitations are associated with existing low back pain. The lack of a specific questionnaire for functional symptoms and constraints related to back pain in the Persian language in Iran has made it necessary to develop new and reliable tools in this field. Therefore, this research aims to localize and validate the Persian version of this questionnaire.

Methods: The questionnaire was finalized after necessary corrections using the translation-re-translation method. Two methods, content validity index (CVI) and content validity ratio (CVR), were used to ensure content validity. The internal consistency test (Cronbach's α) reliability and test re-test reliability were evaluated.

Results: The CVI results indicated that all questions scored above 0.79 in communication, clarity, simplicity, and ambiguity. The questionnaire demonstrated a high level of content validity with an average CVI (S-CUI/Ave) of 0.93. Statistical analysis revealed high internal consistency for the symptoms (26 questions, Cronbach's $\alpha=0.91$) and functional limitations (29 questions, Cronbach's $\alpha=0.95$) section of the questionnaire.

Conclusion: After conducting the questionnaire, it is possible to identify people with varying levels of pain and functional limitations associated with chronic low back pain. It can help determine the progression of symptoms and limitations.

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Highlights

- The state of pain and the level of functional ability of people with back pain are crucial indicators in research and providing them with better care, which can be measured through valid questionnaires.
- The main advantages of the profile fitness mapping back questionnaire are to determine and distinguish the pain index and functional limitations, the pain intensity and frequency are measured and the final result is expressed as a percentage, which has a simple interpretation.
- In addition to the validity and reliability of the final questionnaire presented in this research, it has also been culturally adapted to the common social behaviors and lifestyles of the people of Iran and Persian speakers.

Plain Language Summary

Back pain is a common health issue impacting many individuals each year. Having a reliable tool to assess pain levels and functional ability of those experiencing back pain can greatly assist specialists in providing better services and evaluating interventions. The profile fitness mapping back questionnaire is an effective and updated tool, providing valuable information and indicators. To ensure validity, questionnaires should be in a simple and understandable language for respondents. It is crucial to consider the cultural and biological differences of the population when translating questionnaires. The finalized questionnaire was translated and revised by 8 experts and then evaluated for validity and reliability and yielded positive results in both aspects. For trainers, therapists, and researchers working with individuals experiencing back pain, the Persian (Farsi) version of the profile fitness mapping back questionnaire can be utilized to assess pain and functional disability.

Introduction

Low back pain (LBP) is a common condition that causes discomfort and imposes a heavy treatment burden on medical services and society [1]. Evaluating and documenting a person's pain, other symptoms caused by back pain, and functional status is essential in understanding its impact on their lives. It is critical to have approved and valid criteria to measure pain and functional limitations in clinical evaluation and services [2, 3]. Pain is a crucial factor that, if not adequately assessed, can negatively impact health outcomes and is often wrongly associated with physical performance [4, 5]. Pain and other symptoms related to the core of the body warrant investigation. One weakness of pain assessment is the lack of information regarding the pain's frequency and duration [6]. The evidence indicates that measuring pain frequency is valid and provides dimension to pain intensity [7]. The [World Health Organization \(WHO\)](#) has developed an International classification of functioning (ICF), disability, and overall health of individuals. This system is known as the biological-psychological model of disability and categorizes health into three main areas physical, personal, and social [8]. ICF is one of the available methods for dividing questionnaire content [9]. Questionnaires designed

to evaluate the functional status of individuals with LBP typically consist of two parts, assessing pain and physical performance [3, 9]. These questionnaires fall under the ICF framework, specifically functional impairment relating to physical aspects and movement limitations. Furthermore, this category is associated with the personal aspect [3]. Some individuals who experience LBP may reduce their activity levels. Their treatment may increase activity levels and performance while relieving back pain [5]. However, some individuals may only experience increased pain while maintaining their activity level at the pre-back pain stage. Their treatment should solely aim to reduce pain while increasing limited function [9]. Therefore, the questionnaires aim to address all concerns related to symptoms and functional limitations caused by back pain during the assessment. Extracting scores from pain and physical function limitations cannot accurately represent a person's limitations because they may be better in some areas and worse in others. Therefore, scoring and evaluation cannot lead to success because the main factor cannot be accurately evaluated [10]. The validity and reliability of the profile fitness mapping (PFM) questionnaire have been compared and checked with four specialized questionnaires, including the Aberdeen LBP disability scale, the Waddell disability index, the low back outcome score [11], and the Roland-Morris disability questionnaire [12], as well as a general

questionnaire, the short form health survey SF [13]. The results indicate that the PFM questionnaire has high validity and reliability, mainly when used with these four specialized questionnaires. The final result of each index is expressed as a percentage, with 100% representing the best possible state.

It is essential to consider the placement of specific questionnaires to determine whether pain or movement limitation is the dominant problem. This study aims to assess the extent of symptoms and functional limitations in people, including their severity and duration. When conducting research in the Middle East, especially in Iran, it is essential to consider the diverse lifestyles and bio-cultural differences present in the region. This involves comprehending the social behaviors and religious customs concerning cleanliness and hygiene. Hence, it is crucial to meticulously revise and customize international questionnaires to harmonize with the particular norms and practices of the host country. Thus this study aims to evaluate the reliability and validity of a new questionnaire for mapping physical fitness in the lower back area and also, and cultural adaptation has been considered. The intended recipients of this questionnaire are individuals who suffer from chronic back pain.

Materials and Methods

Questionnaire translation process

The PFM questionnaire in the lower back area was translated from English to Persian using the guidelines recommended by the international quality of life assessment group [14]. In the first stage, two native Persian speakers separately translated the original English questionnaire into Persian. After arguing about differences in a meeting, they then agreed on a unified version. Two Persian bilingual translators translated the same version to English and corrected any errors (if needed). The final version was piloted among 53 Persian-speaking individuals with chronic back pain to identify complex or incomprehensible items or answers.

Two methods were used to determine content validity, content validity ratio (CVR) and content validity index (CVI). Eight experts in corrective exercise and sports injuries, who were university teachers, were asked to choose one of three options to determine the CVR, necessary, helpful but not necessary, and necessary for each question or item. According to Lawshe's table [15, 16], if the score obtained for each question is more significant than 0.75 (based on evaluations from eight experts), it suggests that the question is essential to include in the tool with an ac-

ceptable level of significance. Eight experts were asked to evaluate each question's CVI, relevance, clarity, simplicity, and ambiguity using a 4-point Likert scale. One way to assess the relationship between two items is to use a scale of 1 to 4. The options are no relation, somewhat related, good relation, and very high relation. CVI was calculated as the percentage of items with agreeable points (ranks 3 and 4) among total voters. The CVI score required for item acceptance was higher than 0.79 [17].

Research inclusion and exclusion criteria

Fifty-three people with a history of chronic back pain completed the questionnaire at Arvand Physiotherapy Clinic in Tehran City, Iran. The inclusion criteria included individuals who were diagnosed with chronic back pain by a physician and underwent physical and orthopedic examinations and were considered eligible for the study. The study focused specifically on individuals who experienced pain exclusively in their lower back [18] and had experienced this pain for over a year, when at rest or stretching their back. The exclusion criteria included various conditions, including rheumatoid arthritis, cancer, connective tissue diseases, infectious diseases, lumbar disc conditions, spinal canal stenosis, and vertebral dislocation [19]. After applying the selection criteria, 58 individuals were chosen to assess the questionnaire's validity and reliability.

Test re-test reliability of the Persian profile fitness mapping (PFM) questionnaire

The PFM back pain questionnaire is a sensitive and reliable tool for recording the pain and movement limitations of people with chronic back pain [20]. This questionnaire is based on 26 key questions of the symptom scale, 29 key questions of functional limitation (Appendix), and a score that differentiates between the severity, duration of pain, and functional limitation of people with LBP. Fifty-eight participants were asked to complete questionnaires to assess the test's reliability. Out of the 58 questionnaires that were given to athletes, 53 were returned, giving a response rate of 93%. As the back pain questionnaire is designed for individuals with chronic back pain, the research participants were purposefully and homogeneously selected. Participants were selected via convenience sampling and provided written consent to participate. The participants completed the questionnaire once again after two weeks. The people who did not complete the questionnaire at the appointed time were reminded by phone. Those who still needed to complete the second questionnaire (re-test) were removed from the review process.

Symptom scale

The PFM symptom scale consists of 27 questions and measures the severity and duration of symptoms. The symptoms are assessed in two aspects, intensity and time. Therefore, each question in this section has a two-part answer. Each of the 27 questions in the survey is assigned a numerical value ranging from 1 to 6 based on the duration of symptoms and 7 to 12 based on the severity of symptoms. The total score of scale determines ranges for the duration of symptoms and the severity of symptoms between 27 to 162 and 189 to 324, respectively. For each question, the numerical values of the answers range from 1 to 12. The scale is as follows: 1 represents “never,” 2 for “rarely,” 3 for “very little,” 4 for “sometimes,” 5 for “often,” 6 for “always” or “most of the time” of the symptoms, 7 for “not at all” or “none,” 8 for “little” or “weakly,” 9 for “moderately low” or “moderately weak,” 10 is “moderately high,” 11 is “high,” and 12 is “very high” and “intolerable” for the severity of symptoms. Higher scores indicate greater injury severity [3].

Functional limitation scale

The 28-question PFM functional limitation scale was used to evaluate functional limitations in daily activities caused by chronic back pain. The answer to each of these 28 questions is assigned a numerical value between 1 and 6, and the sum of these values determines the person’s functional limitation score between 28 and 168. The answers to the questions are rated based on a six-point scale to provide a comprehensive evaluation. The scale ranges from 1 to 6, with 1 indicating that the response is very good and there are no issues to report, 2 representing a good response, and a score of 3 indicating a pretty good response. A rating of 4 suggests that the response was inadequate, while a score of 5 indicates a poor response. Finally, a score of 6 indicates that the response was feeble. The higher the points obtained, the more functional limitations caused by chronic back pain in performing daily activities [3].

Statistical test

SPSS software, version 24 (IBM Corp, Armonk, NY) was used to analyze data. Tests to evaluate people in clinical settings should be highly reliable and acceptable [21]. With a statistical power of 80%, an expected reliability of 90%, and a significance level of 0.05, the necessary sample size for the research included 49 participants. Then, Cronbach’s α was used to evaluate the internal consistency of the questions. In such a way, zero indicates no internal homogeneity, and one indicates

complete internal homogeneity. Since this questionnaire allows people to specify the type of their health problem in terms of different degrees of severity, time of pain, and functional limitation, people may choose a different option for the first time than the re-test or vice versa. Data on test re-test reliability is referred to Table 1.

Results

Translating and localizing the questionnaire

No significant differences were found between the English-translated questionnaire and the original. Only minor differences in synonyms were detected in some cases. For instance, ‘emptying the bowls’ was translated as ‘defecation.’ Due to confusion regarding “dryness” in question 1, replace “dryness and stiffness” and, in question 4, replace “tension” with “tension and tightness.” According to the values obtained from the content ratio analysis, question 9’s significance level was lower than the minimum (CVR value of 0.50), therefore it was removed from the final form of the translation. The obtained numbers for other questionnaire questions had an acceptable significance level (0.75-1). It is worth mentioning that the questionnaire’s average CVI (S-CVI/Ave) was 0.93. Statistical analysis revealed that the symptom scale and functional limitation questionnaire had high internal consistency, with Cronbach’s α values of 0.91 and 0.95, respectively. Table 2 shows the impact of removing items on the internal consistency and correlation of the modified total item for the symptom scale.

In contrast, Table 3 presents the same functional limitation. The reliability test aims to distinguish fundamental differences in scores from random measurement errors [22]. Hence, Table 3 displays the reliability of all questions during the test re-test for each question.

Discussion

Our study was conducted to translate and cross-cultural adapt the questionnaire on physical fitness mapping in Persian and assess its reliability and validity. During a review study, Wallwork et al. showed that people with acute and sub-acute pain in the lower back may recover after six weeks. However, there may be continuous pain and limited movement in the back. Hence, people who have 12 weeks or more have moderate to high persistent back pain, and functional limitations and pain, therefore identifying these people should be a priority for interventions [23]. Pierobon and Darlow, reported that the back pain questionnaire is valuable for the general population, people with certain diseases, and even athletes

Table 1. Reliability of test re-test scores of frequency and severity of symptoms scale and functional limitation scale

Questions	ICC		
	Functional Limitation	Symptom Intensity	Symptom Frequency
Question 1	0.946	0.878	0.906
Question 2	0.955	0.927	0.983
Question 3	0.949	0.850	0.929
Question 4	0.952	0.876	0.898
Question 5	0.910	0.879	0.961
Question 6	0.933	0.918	0.978
Question 7	0.960	0.954	0.932
Question 8	0.925	0.960	0.942
Question 9	0.977	0.962	0.970
Question 10	0.966	0.942	0.964
Question 11	0.951	0.906	0.974
Question 12	0.970	0.965	0.982
Question 13	0.946	0.929	0.962
Question 14	0.945	0.913	0.974
Question 15	0.940	0.938	0.957
Question 16	0.936	0.918	0.971
Question 17	0.939	0.918	0.972
Question 18	0.914	0.918	0.978
Question 19	0.953	0.970	0.978
Question 20	0.950	0.930	0.975
Question 21	0.905	0.926	0.828
Question 22	0.960	0.908	0.897
Question 23	0.955	0.937	0.952
Question 24	0.960	0.893	0.958
Question 25	0.921	0.917	0.972
Question 26	0.877	0.845	0.977
Question 27	0.947	---	---
Question 28	0.893	---	---
Question 29	0.821	---	---

Table 2. Modified item-total correlation and the effect of removing items on the internal consistency of the symptom scale

Frequency and Intensity of Questions		Cronbach's α if Item Deleted	Corrected Item-total Correlation	Scale Average if Item Deleted	Scale Variance if Item Deleted
Question 1	Frequency	0.826	0.171	292.94	324.439
	Intensity	0.826	0.010	288.21	332.129
Question 2	Frequency	0.826	0.116	292.17	324.990
	Intensity	0.827	0.058	288.15	330.284
Question 3	Frequency	0.814	0.566	294.02	305.019
	Intensity	0.820	0.476	288.49	320.447
Question 4	Frequency	0.826	0.125	293.13	329.001
	Intensity	0.830	-0.113	288.11	335.795
Question 5	Frequency	0.820	0.395	293.09	315.202
	Intensity	0.830	-0.039	288.02	333.673
Question 6	Frequency	0.812	0.636	293.57	300.827
	Intensity	0.825	0.179	288.09	326.702
Question 7	Frequency	0.830	-0.018	292.55	332.714
	Intensity	0.835	-0.249	287.58	342.401
Question 8	Frequency	0.821	0.349	293.08	316.725
	Intensity	0.826	0.149	288.15	326.054
Question 9	Frequency	0.813	0.660	293.79	305.783
	Intensity	0.828	0.046	287.87	330.540
Question 10	Frequency	0.812	0.661	294.17	302.644
	Intensity	0.824	0.270	288.47	326.027
Question 11	Frequency	0.812	0.661	294.15	301.708
	Intensity	0.823	0.272	288.26	325.775
Question 12	Frequency	0.823	0.293	292.74	315.775
	Intensity	0.826	0.143	287.68	326.222
Question 13	Frequency	0.823	0.272	293.06	320.862
	Intensity	0.825	0.182	288.23	327.755
Question 14	Frequency	0.820	0.391	293.62	315.624
	Intensity	0.825	0.164	288.08	327.763
Question 15	Frequency	0.813	0.704	293.38	305.816
	Intensity	0.823	0.267	287.98	325.250
Question 16	Frequency	0.823	0.264	292.28	318.861
	Intensity	0.832	-0.041	287.47	333.369

Frequency and Intensity of Questions		Cronbach's α if Item Deleted	Corrected Item-total Correlation	Scale Average if Item Deleted	Scale Variance if Item Deleted
Question 17	Frequency	0.820	0.390	292.47	313.716
	Intensity	0.837	-0.192	286.57	341.481
Question 18	Frequency	0.817	0.465	293.08	309.687
	Intensity	0.824	0.203	287.87	325.771
Question 19	Frequency	0.816	0.541	293038	309.932
	Intensity	0.827	0.126	288.11	326.718
Question 20	Frequency	0.824	0.244	292.09	322.933
	Intensity	0.825	0.198	287.75	325.112
Question 21	Frequency	0.824	0.233	292.58	320.747
	Intensity	0.831	-0.101	287.15	336.015
Question 22	Frequency	0.826	0.143	293.06	327.247
	Intensity	0.832	-0.205	287.87	339.232
Question 23	Frequency	0.818	0.486	293.47	315.216
	Intensity	0.825	0.169	287.77	327.179
Question 24	Frequency	0.814	0.622	293.96	306.729
	Intensity	0.822	0.389	288.57	324.327
Question 25	Frequency	0.814	0.592	294.21	305.629
	Intensity	0.823	0.360	288.66	325.036
Question 26	Frequency	0.813	0.714	294.11	305.756
	Intensity	0.822	0.370	288.47	323.985

PHYSICAL TREATMENTS

with back pain. It can also be used for clinical evaluations [24]. O'Hagan et al. surveyed 313 people. They concluded that using the back pain questionnaire has led to more people's satisfaction, and their treatment and recovery process has increased significantly [25]. Fifty-three people participated in this research; 31 were men, and 22 were women.

The PFM questionnaire is the first to cover pain intensity and frequency symptoms simultaneously as a functional limitation and provides the ability to record and distinguish between these concepts among people. According to experts, question 9 of the symptom scale questionnaire, "have you had a cramping feeling in the back?" due to the similarity to the previous questions in the questionnaire and the same general meaning and concept, this question was not considered necessary in the questionnaire, and this question was removed from

the final form. Therefore, the final version of the Persian PFM symptom scale questionnaire with 26 questions was presented. Also, in the functional limitation scale, the question "How do you sit on the toilet stone despite back pain?" was added according to experts' opinions to receive more comprehensive information about people's essential needs. Therefore, the final second part of the Persian questionnaire on the functional limitation scale in the lumbar region was presented with 29 questions.

In this research, several factors can affect the test-retest reliability. One of these factors is the time interval between the test and the re-test, which was determined to be ten days in the current research. A time interval between 2 and 14 days between the test and re-test is recommended [26]. Shorter time intervals increase reliability because participants remember the answers more quickly. On the other hand, long time intervals provide

Table 3. Modified item-total correlation and the effect of removing items on the internal consistency of the functional limitation scale

Questions	Cronbach's α if item Deleted	Corrected Item-Total Correlation	Scale Average if Item Deleted	Scale Variance if Item Deleted
Question 1	0.907	0.536	70.94	216.554
Question 2	0.903	0.699	70.96	211.268
Question 3	0.906	0.572	70.68	218.337
Question 4	0.905	0.640	70.72	216.476
Question 5	0.909	0.406	70.68	221.414
Question 6	0.914	0.071	69.62	231.893
Question 7	0.919	0.395	70.09	222.433
Question 8	0.903	0.743	71.06	210.439
Question 9	0.902	0.756	71.19	206.464
Question 10	0.905	0.616	70.70	213.522
Question 11	0.907	0.484	71.04	220.268
Question 12	0.908	0.447	70.51	219.255
Question 13	0.907	0.489	70.85	216.979
Question 14	0.906	0.568	70.70	218.407
Question 15	0.906	0.580	70.87	218.155
Question 16	0.908	0.438	71.08	222.956
Question 17	0.914	0.105	69.96	230.845
Question 18	0.906	0.575	70.58	218.132
Question 19	0.909	0.407	70.30	223.753
Question 20	0.910	0.340	70.53	223.908
Question 21	0.911	0.262	70.51	225.793
Question 22	0.905	0.619	71.34	212.595
Question 23	0.908	0.434	70.34	222.190
Question 24	0.907	0.531	70.45	216.306
Question 25	0.907	0.538	70.64	216.350
Question 26	0.910	0.356	70.53	223.946
Question 27	0.905	0.646	70.89	215.256
Question 28	0.908	0.467	70.58	221.017
Question 29	0.910	0.340	70.53	223.908

the possibility of changes in the intensity and frequency of back pain and functional limitation, thus causing the reliability of the questionnaire to be estimated as lower than its actual value. The statistical test showed good to excellent reliability between the test re-test scores in the two scales of symptoms and functional limitations, which are presented in Table 3. Also, the lack of significant difference between the test re-test scores confirms this questionnaire's desirable and acceptable reliability.

Some participants in this study changed their scores during the test re-test. It indicates the fluctuation between the time intervals according to the person's activity and performance. Also, a more suitable method for recording this back pain has not been provided until now. However, despite limitations in determining the type of problem, the present method records the consequences well to a large extent. The questionnaire has good internal consistency, similar to the original English version. Based on Tables 2 and 3, removing items does not improve the overall Cronbach's α . It indicates that each question contributes equally to the measured factor. The effectiveness of this method of collecting data largely relies on the number of people who respond to it. In the current study, the average response rate of people answered the PFM questionnaire was 93%, which is desirable and high. This high response rate helps to reduce the possibility of response bias during the test re-test [24]. While the high rate is currently being maintained, it may not be sustainable in the long run. However, motivating people to participate could help address this issue. On average, people took 7 minutes (5.8-5.6) to complete the questionnaire.

This questionnaire has limitations. Information on back pain should be narrower based on people's reports and definitions. Many cases of reported back pain may only occur after physical activity. The solution to this problem is immediately confirming issues reported by people with medical evaluation, increasing research difficulty and costs.

The accuracy of the questionnaire is contingent on individuals providing truthful responses. However, some may feel hesitant to report symptoms or motor disabilities as they fear it could negatively impact their ability to carry out the daily activities that they enjoy. In such cases, the authenticity of the responses may be questioned. People should be assured that their answers will be used confidentially and only for research to reduce risk. Each questionnaire can include this explanation in a note or writing. Another limitation of using the PFM questionnaire is that only information about the lumbar region

is recorded, and the type of injury or its exact diagnosis is not determined. Of course, this information is accessible based on clinical assessment, and it seems people cannot provide it accurately. However, in future studies, the degree of agreement between the results of people's self-assessments and the doctor's diagnosis of the type of problem should be investigated.

A practical tool for monitoring health has been translated and published to prevent the emergence of different versions and allow for comparison of research findings conducted in various countries. The PFM questionnaire has been translated into Persian using standard methods, and cultural contexts have been considered. Its validity and reliability have been confirmed for use among Persian-speaking people. In future studies, the PFM questionnaire can be administered electronically via mobile apps, saving time and streamlining data collection and processing. Based on the current research results, the physical fitness mapping questionnaire for the lower back region has introduced a new method for accurately recording the types of back pain problems people face. This method is reliable and valid in monitoring and recording the symptoms and functional limitations caused by back pain.

Ethical Considerations

Compliance with ethical guidelines

All ethical considerations regarding research and the protection of individuals' privacy have been strictly adhered to in the conduct of this study for the article.

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Authors' contributions

All authors equally contribute to preparing all parts of the research.

Conflict of interest

The authors declared no conflict of interest.

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Appendix

Persian (Farsi) version of profile fitness mapping back questionnaire

پرسشنامه ارزیابی نیمرخ آمادگی عملکردی ناحیه کمر		
شدت بروز علائم (تا ۷)	دوره بروز علائم (تا ۱۶)	
با توجه به راهنمای سمت چپ در ستون اول اعداد ۱ تا ۶ و در ستون دوم اعداد ۷ تا ۱۲ را وارد نمایید سوالات بخش اول : مقیاس علائم کمر درد		
<input type="checkbox"/>	<input type="checkbox"/>	۱ آیا احساس خشکی یا سفتی در کمر داشته‌اید؟
<input type="checkbox"/>	<input type="checkbox"/>	۲ آیا احساس درد و ناراحتی در کمر داشته‌اید؟
<input type="checkbox"/>	<input type="checkbox"/>	۳ آیا تجربه تورم در کمر داشته‌اید؟
<input type="checkbox"/>	<input type="checkbox"/>	۴ آیا احساس کشش و تنش در کمر داشته‌اید؟
<input type="checkbox"/>	<input type="checkbox"/>	۵ آیا تجربه شنیدن صدای ترق در کمر داشته‌اید؟
<input type="checkbox"/>	<input type="checkbox"/>	۶ آیا تجربه بی‌حسی و کرختی در پاها داشته‌اید؟
<input type="checkbox"/>	<input type="checkbox"/>	۷ آیا تجربه خستگی (کوفتگی) در کمر داشته‌اید؟
<input type="checkbox"/>	<input type="checkbox"/>	۸ آیا احساس ضعف در کمر داشته‌اید؟
<input type="checkbox"/>	<input type="checkbox"/>	۹ آیا احساس از دست دادن ناگهانی کنترل کمر داشته‌اید؟
<input type="checkbox"/>	<input type="checkbox"/>	۱۰ آیا تجربه اختلالات ادراری داشته‌اید؟
<input type="checkbox"/>	<input type="checkbox"/>	۱۱ آیا تجربه اختلالات اجابت مزاج داشته‌اید؟
<input type="checkbox"/>	<input type="checkbox"/>	۱۲ آیا تجربه مشکلات معده داشته‌اید؟
<input type="checkbox"/>	<input type="checkbox"/>	۱۳ آیا تجربه کجی ناحیه کمر داشته‌اید؟
<input type="checkbox"/>	<input type="checkbox"/>	۱۴؟ دیلمت‌نشاد (ن‌تفر هار ماگنه) ن‌دیگنله برجتا یا
<input type="checkbox"/>	<input type="checkbox"/>	۱۵ آیا احساس از دست دادن تعادل داشته‌اید؟
<input type="checkbox"/>	<input type="checkbox"/>	۱۶ آیا تجربه زودرنجی و یا زودجوشی داشته‌اید؟
<input type="checkbox"/>	<input type="checkbox"/>	۱۷ آیا احساس استرس داشته‌اید؟
<input type="checkbox"/>	<input type="checkbox"/>	۱۸ آیا احساس افسردگی داشته‌اید؟
<input type="checkbox"/>	<input type="checkbox"/>	۱۹ آیا تجربه بی‌قراری در پاها داشته‌اید؟
<input type="checkbox"/>	<input type="checkbox"/>	۲۰ آیا احساس اضطراب و دل‌شوره داشته‌اید؟
<input type="checkbox"/>	<input type="checkbox"/>	۲۱ آیا تجربه کمردرد در هنگام فعالیت داشته‌اید؟
<input type="checkbox"/>	<input type="checkbox"/>	۲۲ آیا تجربه کمردرد در هنگام استراحت داشته‌اید؟
<input type="checkbox"/>	<input type="checkbox"/>	۲۳ آیا کمردرد روی خواب شما تاثیر گذاشته است؟
<input type="checkbox"/>	<input type="checkbox"/>	۲۴ آیا کمردرد روی حالات خلقی و روانی شما تاثیر گذاشته است؟
<input type="checkbox"/>	<input type="checkbox"/>	۲۵ آیا کمردرد روی روابط جنسی شما تاثیر گذاشته است؟
<input type="checkbox"/>	<input type="checkbox"/>	۲۶ آیا به دلیل کمردرد از کمربند طبی، شکم‌بند طبی و یا عصا استفاده کرده‌اید؟ (اگر از هر یک از این وسایل استفاده می‌کنید زیر آن خط بکشید)

Persian (Farsi) version of profile fitness mapping back questionnaire

پرسشنامه ارزیابی نیمرخ آمادگی عملکردی ناحیه کمر		
نحوه عملکرد (تا ۱۶)	با توجه به راهنمای سمت چپ در ستون مربوط اعداد ۱ تا ۶ را وارد نمایید	سوالات بخش دوم : مقیاس محدودیت عملکردی
<input type="checkbox"/>	۱	با وجود کمردرد چگونه می‌ایستید؟
<input type="checkbox"/>	۲	با وجود کمردرد چگونه راه می‌روید؟
<input type="checkbox"/>	۳	با وجود کمردرد چگونه می‌نشینید؟
<input type="checkbox"/>	۴	با وجود کمردرد چگونه دراز می‌کشید؟
<input type="checkbox"/>	۵	با وجود کمردرد چگونه می‌دوید؟
<input type="checkbox"/>	۶	با وجود کمردرد چگونه اجسام را حمل می‌کنید؟
<input type="checkbox"/>	۷	با وجود کمردرد چگونه اجسام را بلند می‌کنید؟
<input type="checkbox"/>	۸	با وجود کمردرد چگونه اجسام را پرتاب می‌کنید؟
<input type="checkbox"/>	۹	با وجود کمردرد چگونه لباس خود را می‌پوشید و درمی‌آوردید؟
<input type="checkbox"/>	۱۰	با وجود کمردرد چگونه جوراب خود را می‌پوشید و درمی‌آوردید؟
شویه کنترل موارد زیر را بر اساس نمره ۱ تا ۶ مشخص کنید	۱۱	با وجود کمردرد چگونه به جلو خم می‌شوید؟
۱. بسیار خوب، بدون مشکل، بسیار رضایت‌بخش، بسیار خوشایند	۱۲	با وجود کمردرد چگونه به عقب خم می‌شوید؟
۲. خوب، آسان، رضایت‌بخش، خوشایند	۱۳	با وجود کمردرد چگونه به پهلو راست خم می‌شوید؟
۳. نسبتاً خوب، نسبتاً آسان، نسبتاً رضایت‌بخش، نسبتاً خوشایند	۱۴	با وجود کمردرد چگونه به پهلو چپ خم می‌شوید؟
۴. نسبتاً بد، نسبتاً سخت، نسبتاً ناراضی کننده	۱۵	با وجود کمردرد چگونه به راست می‌چرخید؟
۵. بد، سخت، ناراضی کننده، ناخوشایند	۱۶	با وجود کمردرد چگونه به چپ می‌چرخید؟
۶. بسیار بد، بسیار سخت، غیرممکن، بسیار ناراضی کننده، بسیار ناخوشایند	۱۷	با وجود کمردرد چگونه از پله بالا می‌روید؟
	۱۸	با وجود کمردرد چگونه از پله پایین می‌روید؟
	۱۹	با وجود کمردرد چگونه چمباتمه می‌زنید؟
	۲۰	با وجود کمردرد چگونه با هر دو پا می‌پرید؟
	۲۱	با وجود کمردرد چگونه در حالت درازکش پای راست را بالا می‌آوردید؟
	۲۲	با وجود کمردرد چگونه در حالت درازکش پای چپ را بالا می‌آوردید؟
	۲۳	با وجود کمردرد چگونه در حالت نشسته پای راست را بالا می‌آوردید؟
	۲۴	با وجود کمردرد چگونه در حالت نشسته پای چپ را بالا می‌آوردید؟
	۲۵	با وجود کمردرد شغلان را چطور کنترل و مدیریت می‌کنید؟
	۲۶	به وضعیت کلی کمر خود چه نمره‌ای می‌دهید؟
	۲۷	به وضعیت سلامتی عمومی خود چه نمره‌ای می‌دهید؟
	۲۸	درباره‌ی امکان بازگشتن به شغل و حرفه خود چه نظری دارید؟
	۲۹	با وجود کمردرد چگونه روی سنگ توالی می‌نشینید؟