Clarification of these clinical facts is important to prevent misdiagnosis, which may result in serious neurologic deterioration, especially due to concomitant spinal cord disease.

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In Reply We appreciate the opportunity to comment on these thoughtful responses to our Review^1 article. Dr Ferreira and colleagues point to the absence of a placebo-controlled trial of decompression for lumbar spinal stenosis. We concur and note that these authors are currently conducting such a trial, which should help distinguish between the direct effects and contextual effects of decompressive surgery on surgical outcomes.\(^2\) However, because clinicians do not perform sham treatments, they will continue to rely on trials that assess the efficacy of surgical decompression compared with nonoperative therapy to guide therapeutic decisions. This evidence base has limitations, as Ferreira and colleagues point out, underscoring the need for thoughtful shared decision-making discussions between physicians and their patients with lumbar spinal stenosis.

Dr Orhurhu and colleagues note that a randomized clinical trial documented the efficacy of minimally invasive lumbar decompression compared with epidural steroid injections for patients with spinal stenosis. Indeed, a range of minimally invasive approaches to decompression and alternatives to decompression have been developed, as we noted in our Review.^1 We could not cover each of these approaches individually and encourage readers to examine the MiDAS ENCORE trial^2 cited by Orhurhu and colleagues and other alternatives to traditional decompression.

Dr Alpert points out that loss of position sense is rare in lumbar spinal stenosis. We appreciate the correction. We conflated loss of proprioception with loss of vibration sense, which is more common in persons with lumbar stenosis than in age-matched controls.^4,5

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Correction

Incorrect Author Affiliation: In the Special Communication titled “Spirituality in Serious Illness and Health,” published in the July 12, 2022, issue of JAMA,\(^6\) the affiliation for Daniel P. Sulmasy, MD, PhD, should have been “Kennedy Institute of Ethics, Departments of Medicine and Philosophy and the Pellegrino Center for Clinical Bioethics, Georgetown University, Washington, DC.” This article has been corrected online.


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