Authors

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1. Introduction

In 2003, The CCA•CFCREAB-CPG committed to an ongoing process of development, dissemination, implementation, evaluation, and revision of the guidelines it is producing on behalf of the Canadian chiropractic profession. This commitment was described in the DevDIER plan.[1] In keeping with this commitment, an Evidence Monitoring Committee (EMC) tracks emerging evidence and the implications of evidence-related feedback about each guideline after its publication, and recommends to The CCA•CFCREAB-CPG appropriate action (work method details can be found on-line[2]). This update is the result of this work. This update applied the evidence rating method used in the original guideline,[3] as adapted from the Oxford Centre for Evidence-based Medicine (OCEBM) levels of evidence.[4] Accordingly, results and recommendations reported here are of Level 5 caliber unless otherwise noted.

Changes are described for the cervical pain guideline published in the Journal of the Canadian Chiropractic Association (JCCA),[3] and for the on-line technical version of the guideline (http://www.ccachiro.org/cpg).[5]

2. Noted change

The following text should be inserted into page 26 of the on-line technical version[5] of the cervical pain guideline, immediately following the paragraph entitled "Treatment, synthesis 20."

Specifically regarding female patients, Ylinen et al[500] compared instructions to perform 10 min of unsupervised stretching home-exercise (Table 4) 5 times a week, with twice-weekly treatments of:

– 10 min of mobilization of cervical vertebrae based on "8 osteopathic ... techniques" and including a degree of gross cROM,
– 15 min of deep massage using longitudinal and transverse techniques over the cervical and upper thoracic regions,
– 5 min of passive stretching of the cervical and upper thoracic regions.

After 4 weeks, the mobilization-massage-passive-stretching treatment was better than the unsupervised stretching treatment for "neck and shoulder" pain, disability indexes and stiffness {L-2b}. However, both treatments had the same effect on neck pain and several related outcomes (e.g., neck numbness, headache, impairment in work) {L-2b}. Results suggested that both groups were improved for all outcomes at 4 weeks {L-4}.

The results of a crossover mechanism incorporated into the study suggested that 4 weeks of the mobilization-massage-passive-stretching followed by 8 weeks of the unsupervised stretching, totaling 12 weeks of treatment, was the same as the reverse combination for all outcomes at 12 weeks {L-2b}. Both groups improved until week 4 {L-4}, and these improvements were likely maintained at week 12 {L-5}. These results suggest that for those first exposed to the mobilization-massage-passive-stretching treatment, unsupervised stretching is all that is required to maintain benefits {L-5}.[GDC]

The following text should be inserted into page 171 of the JCCA-published cervical pain guideline[3] before the title of "No additional benefit from magnets in necklaces." The text should also be inserted into the on-line technical version[5] of the guideline immediately following the above paragraphs.

Immediate and medium-term benefit from a mobilization-based multi-modal treatment. A medium course of unsupervised stretching 5 times a week improves pain immediately after the end of treatment {L-4}.[500] The same course of twice-weekly mobilization, massage and passive-stretching improves pain better than the unsupervised

stretching in the immediate term {L-2b}. A medium course of unsupervised stretching appears to maintain the benefits of a prior medium course of mobilization, massage and passive-stretching {L-5}.[GDC]

Treatment recommendation: Based on the benefits from a medium-course of unsupervised stretching or mobilization, massage and passive-stretching, we **recommend** a medium-course of mobilization, massage and passive-stretching to improve pain immediately after the end of treatment. Further, **we recommend** a subsequent medium course of daily unsupervised stretching to maintain benefits.

If the mobilization, massage and passive-stretching is not an option, **we recommend** a medium course of daily unsupervised stretching to improve pain immediately after the end of treatment. Further, if a patient is ending a medium course of daily unsupervised stretching, we **recommend** a subsequent medium-course of mobilization, massage and passive-stretching to additionally improve pain through the treatment period.

The following text should be inserted into Table 4 of the on-line technical version[5] of the cervical pain guideline:

Study reference No. 500: Unsupervised stretching home-exercise

Stretching towards lateral flexion (for the upper part of the trapezius), ipsilateral flexion and rotation (for the scalene), and flexion (for the extensor muscles), holding each movement for 30 s – each exercise repeated 3 times. Additionally, a neck straightening exercise performed by retruding (thrusting back) the head 5 times for 3 s to 5 s.

The following text should be inserted into the reference list of the JCCA-published cervical pain guideline[3] and the on-line technical version[5] of the guideline.

500 Ylinen J, Kautiainen H, Wirén K, Häkkinen A. Stretching exercises vs manual therapy in treatment of chronic neck pain: a randomized, controlled cross-over trial. J Rehabil Med 2007;39(2):126–32.

3. Rationale

The evidence disclosed herein addresses mobilization, massage and stretching modalities differently than the guideline presently does in its relevant text sections (Immediate benefit from mobilization; Medium- and long-term benefit from exercise with multi-modal treatments; Short-, medium- and long-term benefit from home exercise with or without education or ultrasound; Immediate, medium- and long-term benefit from multi-modal treatments). Further, the GDC deemed that the evidence disclosed herein clearly supported a new recommendation about a specific multi-modal treatment.

4. References

1 The Canadian Chiropractic Association and the Canadian Federation of Chiropractic Regulatory Boards Clinical Practice Guideline Development Initiative (The CCA•CFCRB-CPG) development, dissemination, implementation, evaluation, and revision (DevDIER) plan. J Can Chiropr Assoc 2003;48(1):56–72.

2 Anderson-Peacock E, Blouin JS, Bryans R, Danis N, Furlan A, Marcoux H, Potter B, Ruegg R, White E; Guidelines Development Committee (GDC), The Canadian Chiropractic Association and the Canadian Federation of Chiropractic Regulatory Boards, Clinical Practice Guidelines Development Initiative (The CCA•CFCRB-CPG). Report from an Evidence Monitoring Committee of The CCA and CFCRB Clinical Practice Guideline Initiative. 2006 [cited 2007 Nov 1]. Available from: http://www.ccachiro.org/Client/cca/cca.nsf/web/Activity%20Update?OpenDocument

3 Anderson-Peacock E, Blouin JS, Bryans R, Danis N, Furlan A, Marcoux H, Potter B, Ruegg R, Gross Stein J, White E; Guidelines Development Committee (GDC), The Canadian Chiropractic Association and the Canadian Federation of Chiropractic Regulatory Boards, Clinical Practice Guidelines Development Initiative (The CCA•CFCRB-CPG). Chiropractic clinical practice guideline: evidence-based treatment of adult neck pain not due to whiplash. J Can Chiropr Assoc 2005;49(3):158–209.

4 Oxford Centre for Evidence-based Medicine. Oxford Centre for Evidence-based Medicine Levels of Evidence (May 2001). Oxford (UK); 2001 [cited 2007 May 10]. Available from: http://www.cebm.net/levels_of_evidence.asp

5 Anderson-Peacock E, Blouin JS, Bryans R, Danis N, Furlan A, Marcoux H, Potter B, Ruegg R, Gross Stein J, White E; Guidelines Development Committee (GDC), The Canadian Chiropractic Association and the Canadian Federation of Chiropractic Regulatory Boards, Clinical Practice Guidelines Development Initiative (The CCA•CFCRB-CPG). Chiropractic clinical practice guideline: evidence-based treatment of adult neck pain not due to whiplash (technical version). [cited 2007 Nov 1]. Available from: http://www.ccachiro.org/Client/cca/cca.nsf/object/Technical_Version/$file/cervical+pain+technical+version.pdf