Appendix 2 (as supplied by authors): Ideal diagnostic test accuracy flow chart for the Canadian C-

Spine Rule and NEXUS

Selection of a representative sample:

A consecutive series or a random sample of patients with cervical symptoms after blunt trauma should be selected. Information about inclusion (e.g. blunt trauma, adult) and exclusion criteria (e.g. GSC* <15, acute paralysis) as well as setting should be provided.

Index test (Canadian C-Spine Rule or NEXUS):

The index test needs to be administered to all participants prior to and interpreted blind of the reference standard. To ensure the generalisability of the index test it is necessary to reporting the demographic and clinical data available at the time the index test is interpreted and that this information is available when the test is used in practice.

Time between index test and reference standard:

The index test and reference standard should be carried out in a short enough period to ensure that the target condition has not changed between tests. For patients with cervical symptoms following blunt trauma we recommend that the reference standard is completed on the same day as the index test is completed.

Reference standard:

We recommend using a plain radiographs (minimum of 3 views) or computed tomography as the reference standard. The reference standard needs to be completely independent of the index test (i.e. no part of the index test is used by the reference standard) and interpreted blind to the findings of the index test. All (or a random sample) participants who receive the index test should receive the same reference standard.

Participant flow:

The outcome for all participants who entered the study needs to be reported, this includes uninterpretable test results (e.g. index test documentation which is incomplete) and withdrawals.

Appendix to: Michaleff ZA, Maher CG, Verhagen AP, et al. Accuracy of the Canadian C-spine rule and NEXUS to screen for clinically important cervical spine injury in patients following blunt trauma: a systematic review. CMAJ 2012.

DOI:10.1503/cmaj.120675. Copyright © 2012 Canadian Medical Association or its licensors.