JOSPT PERSPECTIVES FOR PRACTICE

Neck Pain Guidelines: Revision 2017

Using the Evidence to Guide Physical Therapist Practice

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eck pain is a common and costly condition, ranked 19th overall in global cause of disability-adjusted life years and fourth overall in years lived with disability. Pain and disability from many types of neck pain can be improved by nonsurgical interventions provided

by physical therapists. Best practice physical therapy requires an evidence-based approach, and clinical practice guidelines (CPGs), such as the revised CPG on neck pain published in the July 2017 issue of the *JOSPT*, help clinicians to stay current and translate evidence into practice.

WHAT WE KNEW

The first neck pain CPG, published in 2008,² reviewed and summarized the literature up to 2007 and made evidence-based recommendations on evaluation, diagnosis, and the use of manual therapy and exercise in the nonsurgical treatment of neck pain. It was a reference publication for orthopaedic physical therapy clinicians, instructors, and students that reviewed the best current practice of orthopaedic physical therapy for this condition.

WHAT WE DID

We worked with the International Collaboration on Neck Pain to review and summarize the literature from 2007 to 2016. We focused on systematic reviews and meta-analyses to update our knowledge on the use of manual therapy, exercise, education, and physical agents in the treatment of neck pain. In addition, we expanded the CPG to include information on screening, evaluation, diagnosis, and treatment-based classification of neck pain.

WHAT WE FOUND

Of approximately 4000 articles screened, 748 papers were reviewed. The articles were appraised for quality, which influenced the strength of the recommendations in the CPG. Data from the articles were extracted, summarized, and categorized into the acute, subacute, and chronic stages of 4 conditions commonly treated by physical therapists: (1) mobility deficits, (2) movement coordination impairments (whiplash-associated disorders), (3) headache (cervicogenic), and (4) radiating pain (radicular pain).

BOTTOM LINE FOR PRACTICE

The resulting recommendations for the 4 components of the model for examination, diagnosis, and treatment plan consist of:

- 1. Medical screening: determination of the appropriateness of physical therapy and the need for referral to and consultation with other providers
- 2. Classify condition through evaluation of clinical findings: evaluation and determination of the category of neck pain
- 3. Determination of condition stage (acute, subacute, or chronic): determination of the condition stage and consideration of other factors, such as biopsychosocial elements and tissue irritability, in deciding treatment types and dosage
- 4. Intervention strategies: the physical therapist implements the treatment plan

Components 1, 2, and 3 may be repeated throughout the episode of care to determine progress and the need for altering the treatment plan. A flow chart summarizing key elements in components 2 and 4 of the proposed model for examination, diagnosis, and treatment planning for patients with neck pain is provided on the following page.

This JOSPT Perspectives for Practice is based on the guidelines by Blanpied et al¹ and was produced by a team of JOSPT's Special Features Editorial Board and staff, led by Editor-in-Chief J. Haxby Abbott, DPT, PhD, FNZCP, using material contributed by the authors of the guidelines. The flow chart on the following page was produced by Kate Minick, DPT, OCS and Gerard P. Brennan, PT, PhD, FAPTA of Intermountain Healthcare, Rehabilitation Services, Salt Lake City. Utah.

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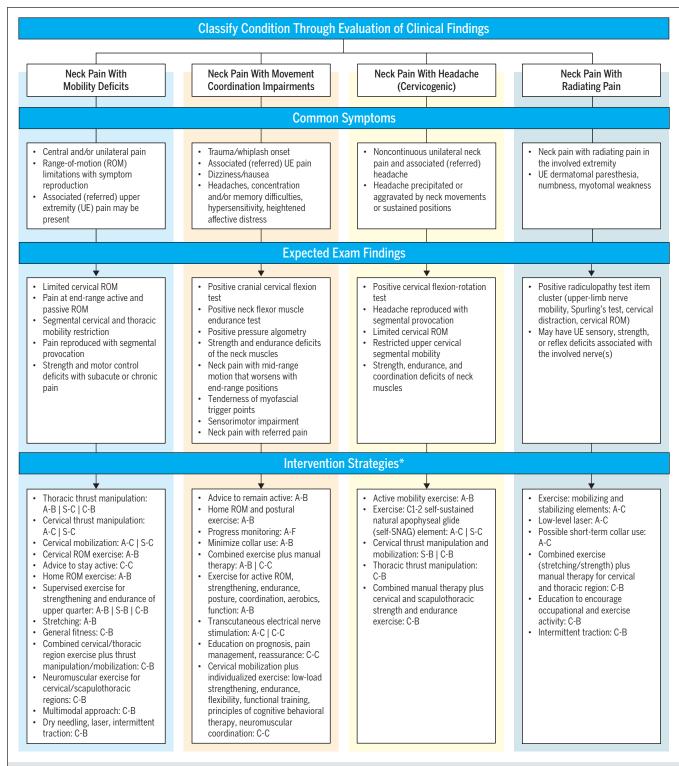
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*Intervention strategies are coded by stage (A, acute; S, subacute; C, chronic) and grade of recommendation (A-F). For example, A-B indicates that for people in the acute stage of the condition, there is grade B evidence supporting the effectiveness of the intervention. Figure produced for *JOSPT* by Kate Minick, DPT, OCS and Gerard P. Brennan, PT, PhD, FAPTA of Intermountain Healthcare, Rehabilitation Services, Salt Lake City, Utah.