

Chronic non-specific low back pain

Date of latest update: June 2005. **Date of next update:** Not given. **Patient group:** Adults (aged > 18 years) with chronic non-specific low back pain. **Intended audience:** Individuals or groups developing or updating practice guidelines, professional associations, health care providers, health promotion agencies, industry/employers, educationalists, policymakers, people with low back pain, and the general public. **Additional versions:** Nil to date. **Expert working group:** Eleven European professionals from nine countries, experts in the field of low back pain research from disciplines including anaesthesiology, psychology, physiology, rehabilitation medicine, physical medicine, physiotherapy, general practice, epidemiology, and orthopaedic surgery. **Funded by:** European Commission, Research Directorate-General, Department of Policy, Co-ordination and Strategy. **Consultation with:** Feedback was received from an additional 15 professionals representing a variety of disciplines from 12 European countries who were in the COST B13 Management Committee. COST is an intergovernmental framework for European Co-operation in the field of Scientific and Technical Research, allowing the co-ordination of nationally funded research on a European level. **Approved by:** Not documented specifically. **Location:** This publication can be accessed via the PEDro database, or directly at: http://www.backpain europe.org/web/files/WG2_Guidelines.pdf

Description: 207 page document with recommendations based on 675 studies. The guidelines include a summary, methods, definitions and epidemiology, evidence for patient assessment to diagnose and prognose chronic non-specific low back pain, and evidence for the efficacy of interventions. Types of patient assessment reviewed include evidence for diagnostic triage, case history, physical examination, imaging, and electromyography. Interventions reviewed for evidence of effect include physical treatments (eg, electrotherapy, lumbar supports, traction), exercise therapy, manual therapy (mobilisation/manipulation and massage), back schools and education, cognitive-behavioural therapy, multidisciplinary treatment, pharmacological procedures (eg, NSAIDs, muscle relaxants) and invasive procedures (eg, acupuncture, injections and nerve blocks, denervation procedures). A key section for physiotherapists is the summary (pp. 11–25), which contains a summary of the level of evidence available for each topic, concluding with recommendations. Four levels of evidence for treatment are provided throughout the document. Recommendations for each treatment were then given based on the strength of evidence for its effectiveness in combination with other known concerns such as cost effectiveness, safety, side effects and general provisos regarding the evidence itself (eg, duration of effect). These categories: 'recommend', 'consider using', 'we cannot recommend', and 'we do not recommend' are outlined in detail on p 28.

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Nonpharmacologic airway clearance therapies

Date of latest update: January, 2006. **Date of next update:** Not given. **Patient group:** Patients with impaired airway clearance. **Intended audience:** Physicians. **Additional versions:** Nil to date. **Expert working group:** An international panel of 26 experts representing 7 clinical specialties formulated recommendations. Systematic reviews of evidence were performed by the Centre for Clinical Health Policy Research, Duke University Medical Centre. **Funded by:** American College of Chest Physicians. **Consultation with:** The American College of Chest Physicians, American College of Physicians, Canadian Thoracic Society, and American Thoracic Society. **Approved by:** American Thoracic Society and Canadian Thoracic Society. **Location:** McCool FD, Rosen MJ (2006) Nonpharmacologic airway clearance therapies: ACCP evidence-based clinical practice guidelines. *Chest* 129 (1 Suppl): 250S–259S.

Description: 10page document. Ten major recommendations were formed from 69 articles and are summarised on page 257S. Treatment/management practices reviewed include chest physiotherapy (percussion, postural drainage, and vibration), manually assisted cough, forced expiratory technique (huffing), autogenic drainage, respiratory muscle training, positive expiratory pressure, devices designed to oscillate gas in the airway and mechanical cough assistive devices. The major outcomes considered in the effectiveness of these interventions included sputum characteristics, forced expiratory volume in one second, coughing efficacy, and incidence of respiratory complications. Quality of the evidence was rated in 4 categories. Evidence was rated 'good' if based on good RCTs or meta-analyses, 'fair' if based on other controlled trials or RCTs with minor flaws, 'low' if evidence was based on non-randomised, case-control or other observational studies, or 'expert opinion' if based on the consensus of panel experts in the topic field. Recommendations were graded by consensus of the panel, using the ACCP Health and Science Policy Grading System, based on the quality of evidence and net benefits of the intervention. Detailed criteria of this grading system are not in this document, but can be found in a summary of this guideline at the National Guideline Clearinghouse website: http://www.guideline.gov/summary/summary.aspx?doc_id=8676&nbr=004841&string=airway+AND+clearance

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