
The recent correspondence in the Australian Journal of Physiotherapy regarding the subject of efficacy of physiotherapy treatment confirms the opinion I have held for a number of years that quantification of manual therapy outcome measures is both irrelevant and misleading.

Although I think guidance is required in the selection of treatment techniques, I do not believe that clinical trials offer a true indication of the effectiveness of specific treatment techniques. Any practitioner who uses manual therapy techniques is aware of the number of variables that influence both the assessment procedure and the choice of treatment technique for any particular presentation. It is not possible to classify these patients (as many studies attempt to do), as the variables are infinite and undefinable. Furthermore, treatment response will vary greatly, even in patients who have an apparently identical presentation. It thus becomes perilous to employ the results of clinical trials that lack this sensitivity, as a means upon which to base treatment choices. This makes much of the research into manual therapy inapplicable.

A recent case in point has been the article by Ferreira et al (2002) and the subsequent correspondence from Edmondston (2003) and Ferreira et al (2003). To claim that spinal manipulation is ineffective in the treatment of chronic low back pain (CLBP) is incorrect. Patients with CLBP cannot be measured against each other. Their presentation, symptoms, and response to any treatment will not necessarily be similar. As CLBP symptomatology is so varied, treatment cannot be pre-planned, and if research is to be relevant to clinical practice, nor should the treatment in research be pre-planned. Edmondston (2003) raises similar concerns with the Ferreira et al article (Ferreira et al 2002) and perhaps has opened a Pandora’s box of questions for himself and other physiotherapy researchers.

As manual therapists, patients consult us to help relieve their pain or impairment. The way we go about doing this will vary between patients and between practitioners, and we all have a way of achieving success at this. The human body is unique and individual and to try to use a template for treatment is remiss. Perhaps the best guidance for those learning manual therapy is not evidence-based prescription, but instruction by those who are experienced enough to know that an entirely statistical approach will fall short.

Perhaps the question should not be asked as to how we can further classify the patient groups to fit into a certain study design but rather, how to alter the study design itself to fit our patient groups. Is statistical significance clinical significance?

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References

(Editor’s Note: Correspondence on Ferreira et al, Volume 49, Number 1, Australian Journal of Physiotherapy, is now closed.)

Need to differentiate traditional Chinese acupuncture from other forms of acupuncture. (Comment on Critically Appraised Paper, Australian Journal of Physiotherapy 49: 74.)

I am writing in reference to the synopsis of research conducted by Sze FK, Wong E, Yi X and Woo J and the commentary by Susan Hillier, in the Critically Appraised Papers section of the last issue of the Australian Journal of Physiotherapy.

While the title of the paper reflects the authors’ aim to investigate the clinical potential of some form of “acupuncture” in the treatment of post-stroke motor rehabilitation, the references to “traditional Chinese acupuncture”, in the Interventions and Conclusion of the synopsis, as well as in Dr Hillier’s commentary and, in fact, the page heading, indicate a particular form of acupuncture practice. There is no definition of what any of these authors mean by traditional Chinese acupuncture, but it is usually considered to refer to the practice of acupuncture according to the principles and theories of traditional Chinese medicine (TCM). I would not presume to attempt to summarise the complexities and subtleties of TCM here, but suffice to say that there is nothing in the synopsis of the Sze et al paper to indicate that the methodology included the following criteria (which would be widely accepted as being prerequisite elements of TCM):

i. individualised diagnosis (pattern differentiation) of