

ABSTRAKTA - Cervical: Systematic reviews (v anglickém jazyce)

Abstract Title:	Conservative management of mechanical neck pain: systematic overview and meta-analysis.
Summary:	Review of 24 RCTs: positive treatment effect for manual therapy from pooled results; for passive therapies, drug treatment and education results are contradictory and inadequate to reach conclusions.
Abstract Content:	<p>OBJECTIVE: To review the efficacy of conservative management of mechanical neck disorders. METHODS: Published and unpublished reports were identified through computerised and manual searches of bibliographical databases, reference lists from primary articles, and letters to authors, agencies, foundations, and content experts. Selection criteria were applied to blinded articles, and selected articles were scored for methodological quality. Effect sizes were calculated from raw pain scores and combined by using meta-analytic techniques when appropriate. RESULTS: Twenty four randomised clinical trials met the selection criteria and were categorised by type of intervention: nine used manual treatments; 12 physical medicine methods; four drug treatment; and three education of patients (four trials investigated more than one form of intervention). The intervention strategies were summarised separately. Pooling of studies was considered only within each category. Five of the nine trials that used manual treatment in combination with other treatments were combined. One to four weeks after treatment the pooled effect size was -0.6 (95% confidence interval -0.9 to -0.4), equivalent to an improvement of 16 (6.9 to 23.1) points on a 100 point scale. Sensitivity analyses on study quality, chronicity, and data imputation did not alter this estimate. For other interventions, studies could not be combined to arrive at pooled estimates of effect. CONCLUSIONS: There is little information available from clinical trials to support many of the treatments for mechanical neck pain. In general, conservative interventions have not been studied in enough detail to assess efficacy or effectiveness adequately.</p>
Abstract Author:	Aker PD, Gross AR, Goldsmith CH, Peloso P.
Journal:	BMJ
Biblio:	Nov 23;313(7068):1291-1296
Year Published:	1996
Category:	Cervical: Systematic reviews
Abstract Title:	Efficacy of spinal manipulation for chronic headache: a systematic review.
Summary:	Review of 9 trials suggests manipulation may have short-term efficacy, but better research is needed.
Abstract Author:	Bronfort G, Assendelft WJJ, Evans R, Has M, Bouter L:
Journal:	J Manip & Physio Therapeutics
Biblio:	24.457-466
Year Published:	2001
Category:	Cervical: Systematic reviews
Abstract Title:	Manipulation and mobilization of the cervical spine: the results of a literature survey and consensus panel.
Summary:	Review of 14 RCTs: for acute and chronic neck pain manual therapy may have some positive treatment effect, where tested exercises are as effective.
Abstract Author:	Coulter I.
Journal:	J Musculo Pain
Biblio:	4.113-123
Year Published:	1996
Category:	Cervical: Systematic reviews
Abstract Title:	Manipulation of the cervical spine: risks and benefits.
Summary:	Review of 12 RCTs: manual therapy has a positive treatment effect, with no proven difference between mobilisation and manipulation.

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Abstract Content:	<p>Manipulation of the cervical spine (MCS) is used in the treatment of people with neck pain and muscle-tension headache. The purposes of this article are to review previously reported cases in which injuries were attributed to MCS, to identify cases of injury involving treatment by physical therapists, and to describe the risks and benefits of MCS. One hundred seventy-seven published cases of injury reported in 116 articles were reviewed. The cases were published between 1925 and 1997. The most frequently reported injuries involved arterial dissection or spasm, and lesions of the brain stem. Death occurred in 32 (18%) of the cases. Physical therapists were involved in less than 2% of the cases, and no deaths have been attributed to MCS provided by physical therapists. Although the risk of injury associated with MCS appears to be small, this type of therapy has the potential to expose patients to vertebral artery damage that can be avoided with the use of mobilization (nonthrust passive movements). The literature does not demonstrate that the benefits of MCS outweigh the risks. Several recommendations for future studies and for the practice of MCS are discussed. Comment in: Phys Ther 1999 May;79(5):514, 516. Department of Physical Medicine and Rehabilitation, University of Minnesota, UMHC, Minneapolis 55455, USA. difab001@maroon.tc.umn.edu</p>
Abstract Author:	Di Fabio RP
Journal:	Phys Ther
Biblio:	Jan;79(1):50-65
Year Published:	1999
Category:	Cervical: Systematic reviews
Abstract Title:	A critical analysis of randomised clinical trials on neck pain and treatment efficacy. A review of the literature.
Summary:	Review of 27 RCTs: positive outcomes and good quality studies supporting ♦active♦ physiotherapy, manipulation, electromagnetic therapy.
Abstract Content:	<p>The efficacy of physiotherapy or chiropractic treatment for patients with neck pain was analysed by reviewing 27 randomised clinical trials published 196-1995. Three different methods were employed: systematic analyses of; methodological quality; comparison of effect size; analysis of inclusion criteria, intervention and outcome according to The Disablement Process model. The quality of most of the studies was low; only one-third scored 50 or more of a possible 100 points. Positive outcomes were noted for 18 of the investigations, and the methodological quality was high in studies using electromagnetic therapy, manipulation, or active physiotherapy. High methodological quality was also noted in studies with traction and acupuncture, however, the interventions had either no effect or a negative effect on outcome. Pooling data and calculation of effect size showed that treatments used in the studies were effective for pain, range of motion, and activities of daily living. Inclusion criteria, intervention, and outcome were based on impairment in most of the analysed investigations. Broader outcome assessments probably would have revealed relationships between treatment effect and impairment, functional limitation and disability. Department of Neuroscience and Locomotion, Faculty of Health Sciences, Linköping University, Sweden.</p>
Abstract Author:	Kjellman GV, Skargren EI, Oberg BE
Journal:	Scand J Rehabil Med
Biblio:	Sep;31(3):139-52
Year Published:	1999
Category:	Cervical: Systematic reviews
Abstract Title:	Manipulation and Mobilization of the Cervical SpineA Systematic Review of the Literature
Summary:	Review of 14 RCTs, plus other studies, favouring short-term treatment effect of manual therapy.

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Abstract Content:	<p>Study Design. Cervical spine manipulation and mobilization were reviewed in an analysis of the literature from 1966 to the present. Objectives. To assess the evidence for the efficacy, and complications of cervical spine manipulation and mobilization for the treatment of neck pain and headache. Summary of Background Data. Although recent research has demonstrated the efficacy of spinal manipulation for some patients with low back pain, little is known about its efficacy for neck pain and headache. Methods. A structured search of four computerized bibliographic data bases was performed to identify articles on the efficacy and complications of cervical spine manual therapy. Data were summarized, and randomized controlled trials were critically appraised for study quality. The confidence profile method of meta-analysis was used to estimate the effect of spinal manipulation on patients' pain status. Results- Two of three randomized controlled trials showed a short-term benefit for cervical mobilization for acute neck pain. The combination of three of the randomized controlled trials comparing spinal manipulation with other therapies for patients with subacute or chronic neck pain showed an improvement on a 100-mm visual analogue scale of pain at 3 weeks of 12.6 mm (95% confidence interval, -0.15, 25.5) for manipulation compared with muscle relaxants or usual medical care. The highest quality randomized controlled trial demonstrated that spinal manipulation provided short-term relief for patients with tension-type headache. The complications of cervical spine manipulation is estimated to be between 5 and 10 per 10 million manipulations. Conclusions. Cervical spine manipulation and mobilization probably provide at least short-term benefits for some patients with neck pain and headaches. Although the complication rate of manipulation is small, the potential for adverse outcomes must be considered because of the possibility of permanent impairment or death [Key words: headache, neck pain, spinal manipulation]</p>
Abstract Author:	Hurwitz, E.L.; Aker, P.D.; Adams, A.H.; Meeker, W.C. ;Shekelle, P.G.
Journal:	Spine
Biblio:	21:1746-1760
Year Published:	1996
Category:	Cervical: Systematic reviews
Abstract Title:	A critical appraisal of review article on the effectiveness of conservative treatment for neck pain.
Summary:	25 review articles were included, 12 systematic reviews. Opinions varied in different reviews, regarding manipulation and traction there was inconclusive evidence.
Abstract Author:	Hoving JL, Gross AR, Gasner D et al:
Journal:	Spine
Biblio:	26.196-205
Year Published:	2001
Category:	Cervical: Systematic reviews