Review information

Authors

[Empty name][1]

[1][Empty affiliation]

Citation example: [Empty name]. NKR-nakke pico 2. Ledmobilisering vs. ingen ledmobilisering. Cochrane Database of Systematic Reviews [Year], Issue [Issue].

Characteristics of studies

Characteristics of included studies

Cleland 2005

Methods	
Participants	
Interventions	
Outcomes	
Identification	
Notes	From Gross (b) (2015)

Risk of bias table

Bias	Authors' judgement	Support for judgement
Incomplete outcome data	Low risk	From Gross (b) (2015)
Blinding of outcome assessors	High risk	From Gross (b) (2015)
Sequence Generation	Low risk	From Gross (b) (2015)
Other sources of bias	Unclear risk	

Allocation concealment	Low risk	From Gross (b) (2015)
Blinding of participants and personnel	Low risk	From Gross (b) (2015)
Selective outcome reporting	Low risk	From Gross (b) (2015)

Gonzalez-Iglesias 2009 JO

Methods	
Participants	
Interventions	
Outcomes	
Identification	
Notes	From Gross (b) (2015)

Risk of bias table

Bias	Authors' judgement	Support for judgement
Incomplete outcome data	Low risk	From Gross (b) (2015)
Blinding of outcome assessors	High risk	From Gross (b) (2015)
Sequence Generation	Low risk	From Gross (b) (2015)
Other sources of bias	Unclear risk	
Allocation concealment	Low risk	From Gross (b) (2015)
Blinding of participants and personnel	High risk	From Gross (b) (2015)
Selective outcome reporting	Unclear risk	From Gross (b) (2015)

Gonzalez-Iglesias 2009 MT

Methods	
Participants	
Interventions	
Outcomes	
Identification	
Notes	From Gross (b) (2015)

Risk of bias table

Bias	Authors' judgement	Support for judgement
Incomplete outcome data	Low risk	From Gross (b) (2015)
Blinding of outcome assessors	High risk	
Sequence Generation	Low risk	From Gross (b) (2015)
Other sources of bias	Unclear risk	
Allocation concealment	Low risk	From Gross (b) (2015)
Blinding of participants and personnel	High risk	From Gross (b) (2015)
Selective outcome reporting	Unclear risk	From Gross (b) (2015)

Hoving 2002

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention ● *no of males (%)*: 43.3 ● *mean age (SD)*: 44.6 (12.4)

	● *symptom duration weeks*: 70 % < 12 uger ● *symptom characteristcs*: Control ● *no of males (%)*: 64 (43.7) ● *mean age (SD)*: 45.9 (10.5) ● *symptom duration weeks*: 81.3 % < 12 uger ● *symptom characteristcs*: **Included criteria:** The eligibility criteria were age between18 and 70 years, pain or stiffness in the neck forat least 2 weeks, neck symptoms reproducible duringphysical examination, willingness to adhere to treatmentand measurement regimens, no physical therapy ormanual therapy for neck pain during the previous 6months, no involvement in litigation, and written informedconsent. Patients with concurrent headaches,nonradicular pain in the upper extremities, and lowback pain were not excluded, but neck pain had to bethe main symptom for all patients. **Excluded criteria:** patients whose history, signs, and symptomssuggested a potential nonbenign cause (including previoussurgery of the neck) or evidence of a specific pathologiccondition, such as malignancy, neurologic disease,fracture, herniated disc, or systemic rheumatic disease **Pretreatment:**
Interventions	**Intervention Characteristics** Intervention ● *description*: manual therapy (defined as the use of passive movements included “hands-on” muscular mobilization techniquesarticular mobilization techniques ● *duration (weeks)*: 6 ● *number of treatments (total)*: max 6 Control ● *description*: Each patient in this group received standardizedcare from his or her general practitioner, including adviceon prognosis, advice on psychosocial issues, adviceon self-care (heat application, home exercises), advice onergonomics (for example, size of pillow, work position),and encouragement to await further recovery. The treatmentprotocol was similar to the practice guidelines forlow back pain issued by the Dutch College of GeneralPractitioners (28). Patients received an educationalbooklet containing ergonomic advice and exercises (29).Medication, including paracetamol or nonsteroidal antiinflammatorydrugs, was prescribed on a time-contingentbasis if necessary. ● *duration (weeks)*: 6

	● *number of treatments (total)*: 3
Outcomes	*smerte (pain) end of treatment* ● **Outcome type**: ContinuousOutcome *Smerte (pain) (Follow - up - 4-12 weeks)* ● **Outcome type**: ContinuousOutcome *Funktionsevne (level of function) Follow-up (4-12 weeks)* ● **Outcome type**: ContinuousOutcome *Forbrug af smertestillende medicin (Use of medicin) (Follow-up 4-12 weeks)* ● **Outcome type**: DichotomousOutcome *Tilbage til arbejde (Return to work) (Follow-up 4-12 weeks)* ● **Outcome type**: DichotomousOutcome *Sygefravær - dage (Sickleave) (Follow-up 4-12 weeks)* ● **Outcome type**: ContinuousOutcome *Livskvalitet (QoL) (Follow-up 4-12 weeks)* ● **Outcome type**: ContinuousOutcome *Frafald* ● **Outcome type**: DichotomousOutcome *Skade på a.vertebralis (Injury on a.vertebralis)* ● **Outcome type**: DichotomousOutcome
Identification	**Sponsorship source:** Netherlands Organization for Scientific Research(904-66-068) and the Fund for Investigative Medicine of the HealthInsurance Council (OG95-008). **Country:** Holland **Setting:** Patients with nonspecific neck pain referred to one of four research centers by general practitioners **Comments:** **Authors name:** Hoving J L, Koes B W, et al **Institution:** From Institute for Research in Extramural Medicine, Vrije Universiteit Medical Centre, Amsterdam, the Netherlands; Cabrini Medical Centre, Malvern, and Monash University, Melbourne, Victoria, Australia; Erasmus

	University Rotterdam, Rotterdam, the Netherl **Email:** Jan.Hoving@med.monash.edu.au. **Address:** Cabrini Medical Centre, Suite 41, 183 Wattletree Road, Malvern, 3144 Victoria, Australia;
Notes	*Tina Metodekonsulent Povlsen* on 27/01/2016 19:51 **Interventions** The median number of visits was 6 (interquartilerange, 5 to 6) in the manual therapy group, 9 (interquartilerange, 7 to 12) in the physical therapy group,and 2 (interquartile range, 1 to 4) in the continued caregroup. *Nkr45 Nakkesmerter* on 28/01/2016 01:37 **Outcomes** "improvement og average pain" efter 7 uger, Intention to treatPain follow -up er efter 13 uger NDI er anvendt efter 7 uger13 ugers opfølgning er fra Hoving 2006NDI efter 13 uger: I: 7.2 (6.7), C: 6.5 (7.1) *Nkr45 Nakkesmerter* on 28/01/2016 03:58 **Identification** Hoving 2002 er primært studie, og Hoving 2006 indgår med data efter 13 uger

Risk of bias table

Bias	Authors' judgement	Support for judgement
Incomplete outcome data	Low risk	
Blinding of outcome assessors	High risk	Two research assistants who were experienced physical therapists and were blinded to treatment allocation performed physical examinations at baseline and follow-up.
Sequence Generation	Low risk	a computer-generated random-sequence table.
Other sources of bias	Low risk	Apparently no other bias
Allocation concealment	Low risk	A researcher who was not involved in the project prepared opaque, sequentially numbered sealed envelopes that contained folded cards indicating one of the three interventions.

Blinding of participants and personnel	Unclear risk	Not described
Selective outcome reporting	Low risk	

Pikula 1999

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Thoracic manipulation ● *no of males (%)*: 4 (33.3) ● *mean age (SD)*: 39.5 (5.92) ● *symptom duration weeks*: < 2 weeks ● *symptom characteristcs*: placebo manipulation ● *no of males (%)*: 3 (25.0) ● *mean age (SD)*: 44.2 (6.98) ● *symptom duration weeks*: < 2 weeks ● *symptom characteristcs*: **Included criteria:** unilateral neck pain and stiffness for less than two weeks and a self report of good general health. **Excluded criteria:** radiculitis or pain into the arm or hand, neurological deficits of the brachial plexus roots, history of fracture, tumor, infection, spondylo-arthropathy, history of trauma, previous treatment by spinal manipulative therapy of the cervical spine, history of any other treatment of the cervical spine(physiotherapy, medication), previous neck surgery, workers' compensation or disability insurance issues, a condition potentially aggravated by electrical devices, i.e. heart pacemaker **Pretreatment:**
Interventions	**Intervention Characteristics** Thoracic manipulation ● *description*: unilateral cervical manipulation: lateral flexion followed by ipsilateral rotation ● *duration (weeks)*: one treatment ● *number of treatments (total)*: 1

	placebo manipulation ● *description*: detuned ultrasound ● *duration (weeks)*: one treatment (8 min.) ● *number of treatments (total)*: 1
Outcomes	*smerte (pain) end of treatment* ● **Outcome type**: ContinuousOutcome *Smerte (pain) (Follow - up - 4-12 weeks)* ● **Outcome type**: ContinuousOutcome *Funktionsevne (level of function) Follow-up (4-12 weeks)* ● **Outcome type**: ContinuousOutcome *Forbrug af smertestillende medicin (Use of medicin) (Follow-up 4-12 weeks)* ● **Outcome type**: DichotomousOutcome *Tilbage til arbejde (Return to work) (Follow-up 4-12 weeks)* ● **Outcome type**: DichotomousOutcome *Sygefravær - dage (Sickleave) (Follow-up 4-12 weeks)* ● **Outcome type**: ContinuousOutcome *Livskvalitet (QoL) (Follow-up 4-12 weeks)* ● **Outcome type**: ContinuousOutcome *Frafald* ● **Outcome type**: DichotomousOutcome *Skade på a.vertebralis (Injury on a.vertebralis)* ● **Outcome type**: DichotomousOutcome
Identification	**Sponsorship source:** Ikke oplyst **Country:** Cananda **Setting:** pilot study from a single private chiropractic office **Comments:** **Authors name:** John R Pikula

	Institution: Privat praksis **Email:** not provided **Address:** 189 Brant Avenue, Brantford Ontario N3T3J1
Notes	*Nkr45 Nakkesmerter* on 27/01/2016 05:25 **Population** intervention: spinal unilateral manipulationcomparison: detuned ultrasound

Risk of bias table

Bias	Authors' judgement	Support for judgement
Incomplete outcome data	High risk	Judgement Comment: Blandt andet ingen data om ekskluderede patienter.
Blinding of outcome assessors	Unclear risk	Judgement Comment: Not described
Sequence Generation	Low risk	Quote: "a random numbers list."
Other sources of bias	Low risk	
Allocation concealment	Unclear risk	Judgement Comment: Not described
Blinding of participants and personnel	Unclear risk	Judgement Comment: Not described
Selective outcome reporting	Low risk	Judgement Comment: Umiddelbart virker de på forhånd beskrevne data at være inkluderet

Footnotes

Characteristics of excluded studies

Allison 2002

Reason for exclusion	Wrong patient population

Björklund 2012

Reason for exclusion	Wrong setting

Bonk 2000

Reason for exclusion	Wrong patient population

Bronfort 2012

Reason for exclusion	Wrong comparator

Cleland 2007

Reason for exclusion	Wrong comparator

Conforti 2013

Reason for exclusion	Wrong patient population

Dziedzic 2005

Reason for exclusion	

Escortell Mayor 2011

Reason for exclusion	Wrong comparator

Giebel 1997

Reason for exclusion	Wrong patient population

Hemmila 2005

Reason for exclusion	Wrong patient population

Howe 1983

Reason for exclusion	Wrong patient population

Hurwitz 2005

Reason for exclusion	Wrong intervention

Hurwitz 2006

Reason for exclusion	Wrong study design

Jensen 1995

Reason for exclusion	Wrong patient population

Jull 2002

Reason for exclusion	Wrong patient population

Kjellman 2002

Reason for exclusion	Wrong intervention

KlaberMoffett 1990

Reason for exclusion	Wrong patient population

Koes 1992

Reason for exclusion	A mix of back and neck pain

Krass, 2008

Reason for exclusion	

Lin 2013

Reason for exclusion	Wrong patient population

Maiers 2007

Reason for exclusion	Wrong setting

Mansilla Ferragut 2009

Reason for exclusion	Wrong setting

Martínez Segura 2006

Reason for exclusion	Wrong comparator

Mealy 1986

Reason for exclusion	Wrong patient population

Metcalfe 2006

Reason for exclusion	Wrong setting

Moodley 2002

Reason for exclusion	Wrong comparator

Pool 2010

Reason for exclusion	Wrong comparator

Provinciali 1996

Reason for exclusion	Wrong patient population

Reid 2014

Reason for exclusion	Wrong patient population

Scholten Peeters 2003

Reason for exclusion	Wrong patient population

Sloop 1982

Reason for exclusion	Wrong patient population

Vasseljen 1995

Reason for exclusion	Wrong intervention

Walker 2013

Reason for exclusion	Wrong patient population

Whittingham 2001

Reason for exclusion	Wrong patient population

Footnotes

Characteristics of studies awaiting classification

Footnotes

Characteristics of ongoing studies

Footnotes

References to studies

Included studies

Cleland 2005

[Empty]

Gonzalez-Iglesias 2009 JO

[Empty]

Gonzalez-Iglesias 2009 MT

[Empty]

Hoving 2002

Hoving, J. L.; Vet, H. C.; Koes, B. W.; Mameren, Hv; Devillé, W. L.; Windt, D. A.; Assendelft, W. J.; Pool, J. J.; Scholten, R. J.; Korthals-de Bos, I. B.; Bouter, L. M.. Manual therapy, physical therapy, or continued care by the general practitioner for patients with neck pain: long-term results from a pragmatic randomized clinical trial. Clinical journal of pain 2006;22(4):370-7. [DOI: 10.1097/01.ajp.0000180185.79382.3f]

Hoving, Jan Lucas; Koes, Bart W; de Vet, Henrica C W; van der Windt, Danielle A W M; Assendelft, Willem J J; van Mameren, Henk; Deville, Walter L J M; Pool, Jan J M; Scholten, Rob J P M; Bouter, Lex M. Manual therapy, physical therapy, or continued care by a general practitioner for patients with neck pain. A randomized, controlled trial.. Annals of internal medicine 2002;136(10):713-22. [DOI: 200205210-00006 [pii]]

Pikula 1999

Pikula,J. R.. The effect of spinal manipulative therapy (SMT) on pain reduction and range of motion in patients with acute unilateral neck pain: a pilot study. Journal of the Canadian Chiropractic Association 1999;43(2):111-119. [DOI:]

Excluded studies

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Allison,G. T.; Nagy,B. M.; Hall,T.. A randomized clinical trial of manual therapy for cervico-brachial pain syndrome -- a pilot study.. Manual therapy 2002;7(2):95-102. [DOI: S1356689X02904534 [pii]]

Björklund 2012

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Bonk 2000

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Bronfort 2012

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Hurwitz,E. L.; Goldstein,M. S.; Morgenstern,H.; Chiang,L. -M. The impact of psychosocial factors on neck pain and disability outcomes among primary care patients: Results from the UCLA neck pain study.. Disability and rehabilitation 2006;28(21):1319-1329. [DOI:]

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Jull, G.; Trott, P.; Potter, H.; Zito, G.; Niere, K.; Shirley, D.; Emberson, J.; Marschner, I.; Richardson, C.. A randomized controlled trial of exercise and manipulative therapy for cervicogenic headache. Spine 2002;27(17):1835-1842. [DOI: http://dx.doi.org/10.1097/00007632-200209010-00004]

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Mansilla-Ferragut, P.; Fernández-de-Las Peñas, C.; Alburquerque-Sendín, F.; Cleland, J. A.; Boscá-Gandía, J. J.. Immediate effects of atlanto-occipital joint manipulation on active mouth opening and pressure pain sensitivity in women with mechanical neck pain. Journal of manipulative and physiological therapeutics 2009;32(2):101-6. [DOI: 10.1016/j.jmpt.2008.12.003]

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Moodley 2002

Moodley M; Brantingham JW. The relative effectiveness of spinal manipulation and ultrasound in mechanical pain: pilot study.. Journal of Chiropractic Medicine 2002;1(4):184-188 5p. [DOI: 10.1016/S0899-3467(07)60034-2]

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Scholten Peeters 2003

Scholten-Peeters, G. G. M.; Verhagen, A. P.; Neeleman-Van der Steen, C. W. M.; Hurkmans, J. C. A. M.; Wams, R. W. A.; Oostendorp, R. A. B.. Randomized clinical trial of conservative treatment for patients with whiplash-associated disorders: Considerations for the design and dynamic treatment protocol. J. Manip. Physiol. Ther. 2003;26(7):412-420. [DOI: 10.1016/S0161-4754(03)00092-7]

Sloop 1982

Sloop,P. R.; Smith,D. S.; Goldenberg,E.; Doré,C.. Manipulation for chronic neck pain. A double-blind controlled study. Spine 1982;7(6):532-535. [DOI:]

Vasseljen 1995

Vasseljen,O.,Jr; Johansen,B. M.; Westgaard,R. H.. The effect of pain reduction on perceived tension and EMG-recorded trapezius muscle activity in workers with shoulder and neck pain.. Scandinavian journal of rehabilitation medicine 1995;27(4):243-252. [DOI:]

Walker 2013

Walker,B. F.; Hebert,J. J.; Stomski,N. J.; Clarke,B. R.; Bowden,R. S.; Losco,B.; French,S. D.. Outcomes of usual chiropractic. The OUCH randomized controlled trial of adverse events. Spine 2013;38(20):1723-1729. [DOI: 10.1097/BRS.0b013e31829fefe4 [doi]]

Whittingham 2001

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Data and analyses

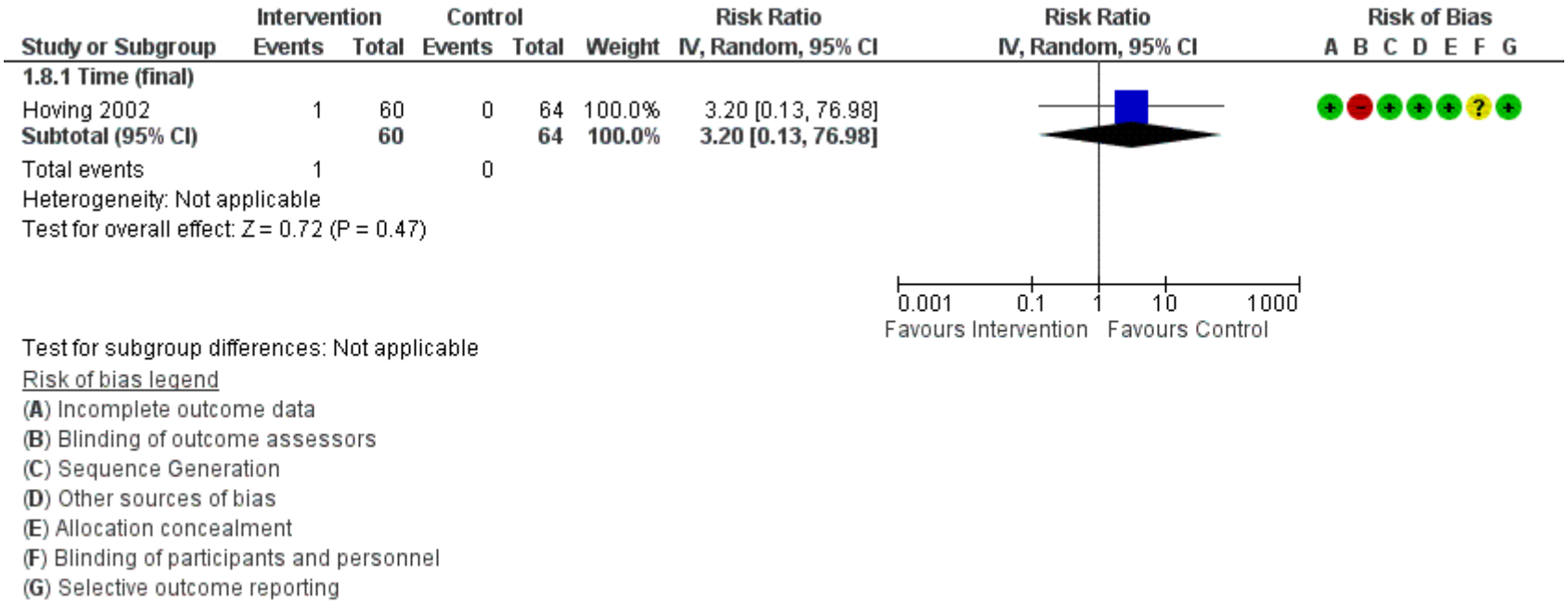
1 Intervention vs Control

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
1.1 smerte (pain) end of treatment	5		Mean Difference (IV, Random, 95% CI)	Subtotals only
1.1.1 VAS 0-10	5	274	Mean Difference (IV, Random, 95% CI)	-1.70 [-2.25, -1.15]
1.2 Smerte (pain) (Follow - up - 4-12 weeks)	2		Mean Difference (IV, Random, 95% CI)	Subtotals only
1.2.1 VAS 0-10	2	169	Mean Difference (IV, Random, 95% CI)	-1.44 [-2.78, -0.10]

1.3 Funktionsevne (level of function) Follow-up (4-12 weeks)	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.4 Sygefravær - dage (Sickleave) (Follow-up 4-12 weeks)	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.5 Livskvalitet (QoL) (Follow-up 4-12 weeks)	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.6 Forbrug af smertestillende medicin (within 48 hours) (Follow-up 4-12 weeks)	0		Risk Ratio (IV, Fixed, 95% CI)	Subtotals only
1.7 Tilbage til arbejde (Return to work) (Follow-up 4-12 weeks)	0		Risk Ratio (IV, Fixed, 95% CI)	No totals
1.8 Frafald	1		Risk Ratio (IV, Random, 95% CI)	Subtotals only
1.8.1 Time (final)	1	124	Risk Ratio (IV, Random, 95% CI)	3.20 [0.13, 76.98]
1.9 Skade på a.vertebralis (Injury on a.vertebralis)	0		Risk Ratio (IV, Fixed, 95% CI)	Subtotals only

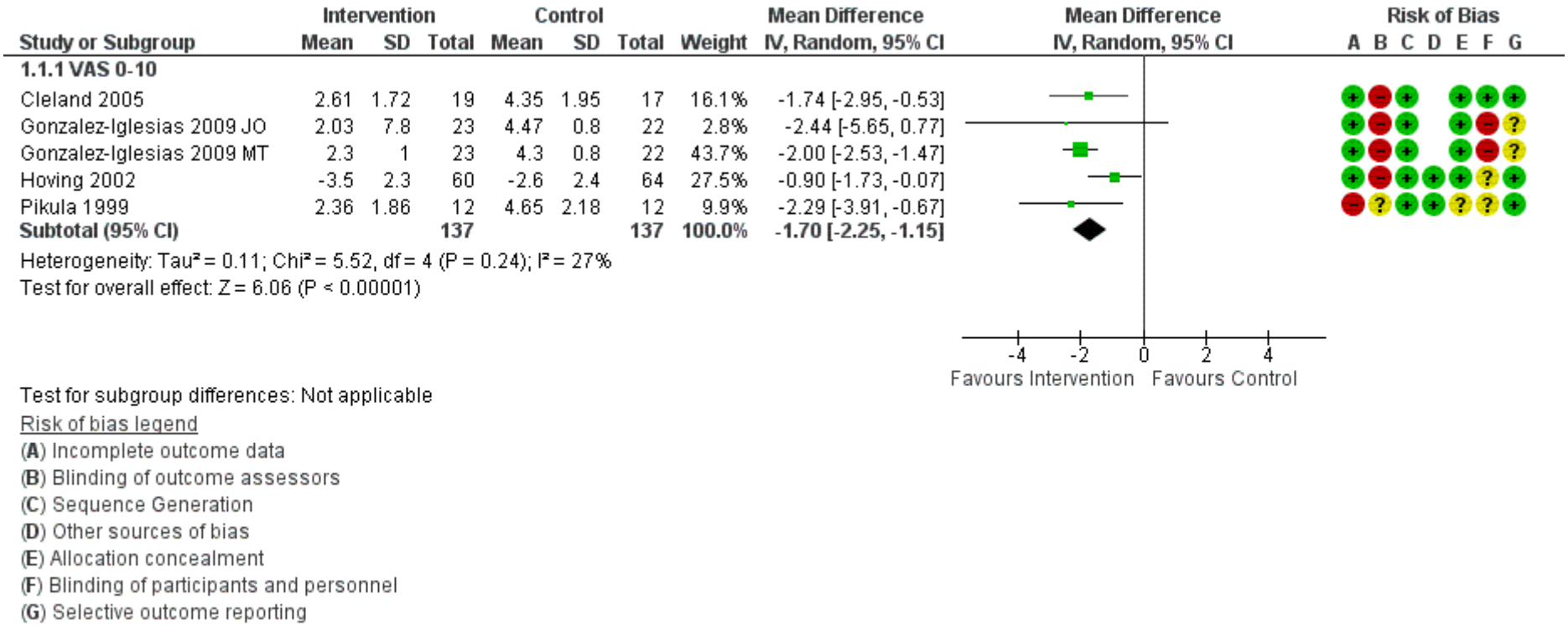
Figures

Figure 5 (Analysis 1.8)



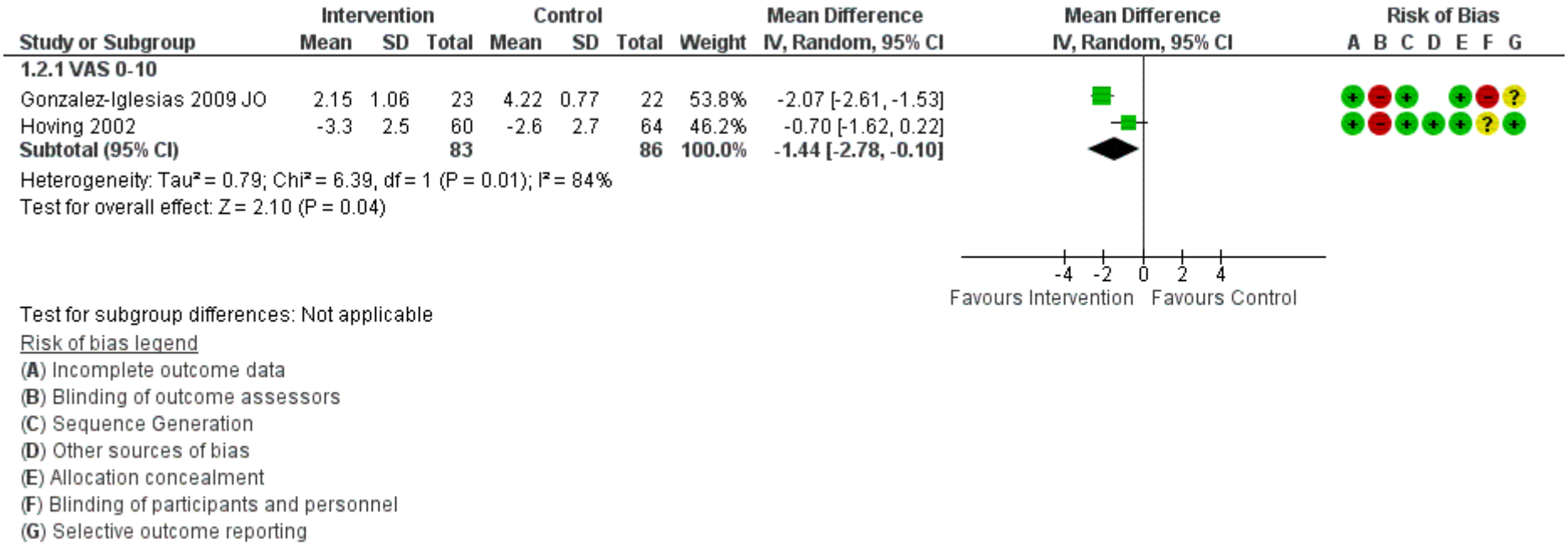
Forest plot of comparison: 1 Intervention vs Control, outcome: 1.8 Frafald.

Figure 6 (Analysis 1.1)



Forest plot of comp arison: 1 Intervention vs Control, outcome: 1.1 smerte (pain) end of treatment.

Figure 7 (Analysis 1.2)



Forest plot of comparison: 1 Intervention vs Control, outcome: 1.2 Smerte (pain) (Follow - up - 4-12 weeks).