

Table 7: Summary of Recommendations in Included Guidelines

Evidence	Strength of Evidence and Recommendations
Bussi�eres,² 2018, Canada	
<p>The authors concluded that a multimodal approach including SMT, other commonly used active interventions, self-management advice, and exercise is an effective treatment strategy for acute and chronic back pain, with or without leg pain, but the evidence on which the conclusion was based was not clearly reported.</p>	<p><i>“Recommendation: For patients with acute (0-3 months) LBP, we suggest SMT, other commonly used treatments, or a combination of SMT and commonly used treatments to decrease pain and disability in the short term, based on patient preference and practitioner experience (low quality of evidence, conditional recommendation).</i></p> <p><i>Remarks. Other commonly used treatments may include advice on posture and physical activity, and usual medical care when deemed beneficial.” (p. 9)</i></p>
Bussi�eres,³ 2016, Canada	
<p>One RCT showed that in adults with acute or subacute neck pain, multimodal care and home exercises and advice were as effective as medication in reducing pain and disability in the short term (26 weeks). However, compared with home exercise, medication was associated with a higher risk for adverse events.</p> <p>One RCT (that included patients with WAD [grades I to III], N = 507) showed that there was greater decrease in disability with multimodal care versus education.</p>	<p><i>“Recommendation: For patients with recent (0-3 months) neck pain grades I to II, we suggest either range-of-motion home exercises, medication, or multimodal manual therapy for reduction in pain and disability. (Weak recommendation, moderate quality evidence)</i></p> <p><i>Remark: Home exercises included education self-care advice, exercises, and instruction on activities of daily living. Medication included NSAIDs, acetaminophen, muscle relaxant, or a combination of these. Multimodal manual therapy included manipulation and mobilization with limited light soft tissue massage, assisted stretching, hot and cold packs, and advice to stay active or modify activity as needed.” (p. 544)</i></p> <p><i>“Recommendation: For adult patients with recent (0-3 months) WAD grades I to III, we suggest multimodal care over education alone. (Weak recommendation, moderate-quality evidence)</i></p> <p><i>Remark: Multimodal care may consist of manual therapy (joint mobilization, other soft tissue techniques), education, and exercises.” (p. 545)</i></p> <p>With respect to the multimodal care versus intramuscular ketorolac for recent NAD (grade I to III), the authors mentioned that overall, the balance between the desirable and undesirable consequences is uncertain and more research is warranted in this area before any recommendation can be made.</p>

FU = follow up; LBP = low back pain; NAD = neck pain associated disease; NSAID = non-steroidal anti-inflammatory drug; RCT = randomized clinical trial; SMT = spinal manipulation therapy; WAD = whiplash associated disease