

“Best Practices” Recommendations for Chiropractic Care for Patients with Neck Pain: a Consensus Project

Why are we doing this project? There are already several clinical practice guidelines on manual care for neck pain.

Clinical practice guidelines and best practices recommendations

Clinical Practice Guidelines (CPGs) are the “gold standard” of practice recommendations because they are based on the highest-quality research evidence. In 2011, the Institute of Medicine operationalized the definition of CPGs as follows: “Clinical practice guidelines are statements that include recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options.”^{1,p.4} Thus, CPGs are differentiated from “other forms of clinical guidance” including consensus statements and expert opinion. The committee goes on to say that “**other forms of clinical guidance may have value (because) . . . for many clinical domains, high-quality evidence is lacking or even nonexistent.**”^{1, p.5}

“Clinical guidelines are only one option for improving the quality of care...Clinical guidelines make sense when practitioners are unclear about appropriate practice and when scientific evidence can provide an answer. **They are a poor remedy in other settings.**”^{2,p.530}

When evidence is insufficient in the higher levels of the research design hierarchy on which CPG recommendations are based, practitioners, payers and the public are sometimes left without guidance, or with only very general recommendations—the map from 10,000 feet. This can impose barriers to establishing standards of care, with resulting wide variations in practice—some of which may not be in keeping with current evidence.

To ensure that the public is offered the safest and most effective interventions, how can the gaps in CPGs be bridged, until there is enough high-quality evidence to fill them?

Best practices recommendations. One way to fill this gap is use of “best practices” recommendations. For this project, we define “best practice” as follows:

“Best practice is not a specific practice per se but rather a level of agreement about research-based knowledge and an integrative process of embedding this knowledge into the organization and delivery of health care. Best practice requires a level of agreement about evidence to be integrated into practice. Best practice . . . can bridge the practice-research gap and provide a basis for researchers and clinicians to work together to translate research into meaningful practice.”³

The purpose of this project is to develop a set of recommendations for the “best practices” for chiropractic care for adult patients with neck pain, based on an assessment by experienced chiropractors of the best available evidence. **The seed statements the Delphi panelists will be asked to evaluate are the result of the Steering Committee carefully considering published CPGs; doing targeted literature searches for relevant evidence that was published after the CPGs or was from studies that were not randomized controlled trials; and making recommendations based on both the best published evidence and their clinical experience.**

Overview of Project Methods

The project was designed to make recommendations on the most beneficial approach to chiropractic care for adult patients with neck pain. It represents a “best practices” rather than a guideline approach.

The methods for developing the best practices recommendation were:

- Examination of the most current and relevant CPGs.
- Identification of gaps in the CPG(s) that represent a barrier to standardization of care and to maximum utility to practitioners.
- A literature search to identify the highest available evidence on the gap topics.
- Formulation of seed statements on a comprehensive approach to care, based on the best available evidence.
- Conduct of a consensus process with a panel comprised of a representative group of experienced practitioners, faculty and researchers.

References cited

1. Graham R MM, Wolman DM, Greenfield S, Steinberg E. *Clinical Practice Guidelines We Can Trust*. Washington DC: Institute of Medicine, National Academies Press; 2011.
2. Woolf SH, Grol R, Hutchinson A, Eccles M, Grimshaw J. Clinical guidelines: potential benefits, limitations, and harms of clinical guidelines. *BMJ*. 1999;318(7182):527-530.
3. Driever MJ. Are evidence-based practice and best practice the same? *West J Nurs Res*. 2002;24:591-597.