

THE BONE AND JOINT DECADE (2000–2010) TASK FORCE ON NECK PAIN AND ITS ASSOCIATED DISORDERS

A Clinician's Perspective

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For many years interest in neck pain has been well below the level appropriate for a topic of such relevance. Since Spitzer *et al* published their “Scientific monograph of the Quebec Task Force on Whiplash-Associated Disorders: redefining “whiplash” and its management” more than 10 years ago (*Spine* 1995;20(8 suppl):1S–73S), no major review of the topic has been published. In the meantime a number of comprehensive guidelines and systematic reviews on Low Back Pain (LBP) have been produced.

A quick PubMed search with the key words “neck pain” and “(treatment OR management)” limited to “practice guidelines,” identifies 3 papers of which only 1 (17 pages) was published in English, in a peer-reviewed journal well known to most spine specialists. In contrast, if the same search is repeated for “low back pain,” 33 practice guidelines are identified. The same search focused on “task force” retrieves 8 hits for neck pain *versus* 25 for low back pain.

As a result of this relative lack of information and consensus about what the literature on neck pain means, I personally feel much more comfortable in a majority of cases making decisions for patients reporting LBP than for neck pain sufferers. For this reason I have been very much looking forward to a summary of the available evidence for managing traumatic and nontraumatic cases of neck pain.

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The manuscript submitted does not contain information about medical device(s)/drug(s).

No funds were received in support of this work. No benefits in any form have been or will be received from a commercial party related directly or indirectly to the subject of this manuscript.

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0161-4754/\$36.00

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doi:10.1016/j.jmpt.2008.11.004

As a clinician I consider the publication of the final report of the Task Force on Neck Pain and its Associated Disorders a major event. When I first heard about this report I started thinking about what I, personally would expect to find in the contents. Like all clinicians who are confronted by neck pain sufferers, I would like to know the best way to manage such conditions, *i.e.*, what is worth including in the physical examination? What can be done by the patients themselves? Which treatments are supported by scientific evidence? *etc.*

What can actually be found in this supplement of *Spine*? Does its content match my expectations?

In summary, the reader will find the result of a tremendous amount of work produced by a 5-member administrative committee, a 12-member scientific committee, a research librarian, a 17-member advisory committee, and support staff representing 10 clinical and 8 scientific specialties plus patient advocacy, business and public administration experts. This international group of authors (9 countries represented) screened over 31,000 titles, reviewed more than 1200 articles, and eventually included 552 of them in the final report.

In other words, one finds much more information than any individual clinician would be able to find, download, print, read, and digest/assimilate should he/she be devoted to such tasks full-time for years. More specifically, the fact that not only whiplash and nontraumatic disorders but also headaches, arm pain, and generalized symptoms of cervical origin are included in the review is a major strength of this work. Similarly, it's very useful having both nonsurgical and surgical treatments in the same publication. Moreover, grading treatments according to the likelihood of helpfulness; reporting on prognostic factors and using “suspected etiology” to evaluate treatments are some other examples of the clinical orientation and practicality of this report.

In my opinion this product is one of the highlights of the 2000–2010 Bone and Joint Decade.

Shall we thus consider that this issue of *Spine* represents the “end of the story” concerning neck pain? Of course, not! The questions left open by the task force report reflect the weaknesses and/or limitations of the published data and will have to be addressed in future research. A few examples may underline these limitations: (1) actual effect sizes of most treatments are unknown and cannot be calculated from the literature; (2) the side effects of the recommended therapies are not always reported; (3) strategies for an optimum utiliza-

tion of the different therapeutic possibilities can still not be suggested; (4) cost-effectiveness data are not available worldwide; and (5) the availability and/or acceptability of different investigations and/or treatments can vary from country to country.

To conclude I would encourage every clinician to read this report thoroughly with the hope that everyone will enjoy it as much as I did and that it might motivate most readers to think about their possible contribution to improving neck pain patients' care.