Lumbar spinal stenosis

**Diagnosis and treatment of degenerative lumbar spinal stenosis**

**Latest update:** January 2007. **Next update:** Not stated.  
**Patient group:** Adults with neurogenic claudication without associated spondylolisthesis. **Intended audience:** Practitioners who treat patients with degenerative lumbar spinal stenosis. **Additional versions:** Nil stated. **Expert working group:** Fourteen doctors comprised the NASS evidence-based guideline development committee. **Funded by:** The North American Spine Society. **Consultation:** Representatives from medical, interventional, and surgical spine specialties participated in the development and review of these guidelines, including primary care providers and musculoskeletal specialists. **Approved by:** The North American Spine Society. **Location:** http://www.spine.org/Documents/NASSCG_Stenosis.pdf

**Description:** This 264 page document makes recommendations for the diagnosis and treatment of spinal stenosis based on a review of evidence. Recommendations are graded as good, fair, poor, and insufficient or conflicting evidence, depending on the level of evidence available. It answers questions such as: what are the most appropriate physical, historical, and imaging tests to diagnose spinal stenosis? This includes topics such as presenting signs and symptoms, and MRI. It reviews the evidence for the use of outcome measures specific to this condition, such as the Swiss Spinal Stenosis Questionnaire. Regarding treatment, the evidence for the role of pharmacological treatment, physical therapy/exercise, manipulation, braces, traction, electrical stimulation, transcutaneous electrical stimulation (TENS), and epidural steroid injections is presented. There is a large section on the evidence for surgical intervention including decompression and fusion surgeries. Long term outcomes of both surgical and nonsurgical interventions are also outlined. The review finishes with over 100 pages devoted to tables summarising each study presented as evidence in the review including a description of the study, methodological strengths and weaknesses, study conclusions and the rated level of evidence the study provides.

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**Chronic whiplash associated disorders**

**Best practice management of acute and chronic whiplash associated disorders**

**Latest update:** January 2008. **Next update:** Not stated.  
**Patient group:** Adults with acute or chronic whiplash associated disorders (WAD). **Intended audience:** General practitioners and other health professionals delivering primary care to adults with acute or chronic neck pain after motor vehicle crashes, e.g. physiotherapists, chiropractors, osteopaths. It is also relevant for medical specialists and those providing secondary and tertiary care for people with WAD. **Additional versions:** Nil. These guidelines are reported to be an addition to the NSW Motor Accident Authority (MAA) guidelines for the treatment of acute WAD (www.maa.nsw.gov.au), and draws on those guidelines in this area. **Expert working group:** The project was guided by ten research consultants, and 12 experts in the technical advisory group. Whilst affiliations of those in the working groups were not stated, the expertise included physiotherapy, rehabilitation medicine, and chiropractic professionals from Australia. **Funded by:** The South Australian Centre for Trauma and Injury Recovery. **Consultation:** Nil associations stated. **Approved by:** The Motor Accident Commission of South Australia. **Location:** www.mac.sa.gov.au/ctp_insurance/new_initiatives

**Description:** This 75 page document provides direction for the assessment, prognosis and treatment of a WAD injury. It differs from the 2007 MAA whiplash guidelines primarily in presenting recommendations regarding chronic WAD (≥ 12 weeks post accident). Several flowcharts summarise recommendations, including charts outlining the initial assessment of patients presenting with an acute and a chronic WAD. Pathways of care are also detailed for patients presenting with an acute and chronic WAD. Detailed recommendations for assessment and diagnosis are provided and include history taking, physical examination, imaging, and specialised examinations. Evidence for prognostic factors are presented, identifying those predictive of a poor outcome in terms of pain or disability. Finally, recommendations are formed for treatments that should be, may be, and should not be undertaken during the acute and chronic phases. These are summarised in 1 page and the evidence underpinning the recommendations is provided over many pages. The methodology for this document follows NHMRC guidelines. The guideline has useful appendices, which include copies of 10 outcome measures recommended for use in WAD, such as the Coping Strategies Questionnaire, instructions for patients on how to do a variety of recommended exercises, example wording for advice from health care practitioners to patients with WAD, and a brief overview of what is a cognitive behavioural therapy approach.

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