Appraisal of Clinical Practice Guideline: OPTIMa revised recommendations for non-pharmacological management of persistent headaches associated with neck pain

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Appraisal

**Appraisal of Clinical Practice Guideline: OPTIMa revised recommendations for non-pharmacological management of persistent headaches associated with neck pain**

Date of latest update: January 2019. Date of next update: Within the next 5 years. **Patient group:** Adults (aged ≥ 18 years) with tension-type or cervicogenic headaches (persisting > 3 months) that are associated with neck pain. **Intended audience:** Clinicians providing care for patients with headaches in primary, secondary and tertiary healthcare settings (medical doctors, physiotherapists, nurse practitioners, chiropractors, kinesiologists, psychologists, massage therapists and osteopaths). **Additional versions:** This guideline was developed to build on the previous guideline for the management of headaches1-2 and treatment of tension-type headaches.3 **Expert working group:** Ontario Protocol for Traffic Injury Management (OPTIMA) Collaboration. Funded by: Financial support was provided by the Ministry of Finance and the Financial Services Commission of Ontario (OSS_00267175). **Consultation with:** The OPTIMA Collaboration is a multidisciplinary team, development of (physicians, dentists, physiotherapists, occupational therapists, chiropractors, nurses, etc.), scientists, academics, a patient liaison, retired judge, consumer advocate, automobile insurance industry experts, and a multi-modal approach consisting of general exercise, postural correction and spinal mobilisation should be followed. Manipulation of the cervical spine should not be considered as the sole treatment. These findings expand on previous guidelines to include additional recommendations for optimal frequency and duration of interventions. **Provenance:** Invited. Not peer reviewed.

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**References**


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**Appraisal of Clinical Practice Guideline: Subacromial decompression surgery for adults with shoulder pain**

Date of latest update: February 2019. **Patient group:** Adults diagnosed with subacromial pain syndrome presenting with atraumatic shoulder pain for > 3 months. **Intended audience:** Clinicians and public healthcare providers in primary care centres and outpatient clinics. **Expert working group:** MAGIC Group (including physicians, researchers, developers, a management consultant and a healthcare consultant) and the BMJ. Funded by: The Dutch Orthopaedic Society. **Consultation with:** An international panel of orthopaedic surgeons, rheumatologists, physiotherapists, general internists, a general practitioner, epidemiologists, methodologists, and patients with lived experience of shoulder pain and surgery. **Approved by:** The guidelines were approved by the international panel. **Location:** BMJ. 2019;364:l2394. https://doi.org/10.1136/bmj.l2394. **Description:** This practice guideline was developed to update previous recommendations (see Table 1 of clinical practice guideline) on whether subacromial decompression surgery is beneficial for patients diagnosed with subacromial pain syndrome. An international panel selected the important outcome measures (ie, pain, health-related quality of life, patient global perceived effect, potential harms from surgery, physical function, development of full-thickness rotator cuff tears, and participation in work and recreation activities) informed by the Outcome Measures in Rheumatology (OMERACT) preliminary shoulder trial core domain outcome set. The panel then reviewed two systematic reviews to be conducted to determine the minimum important difference for pain, function and quality of life to make subacromial decompression surgery worthwhile4 and the benefits and harms of subacromial decompression surgery for patients with subacromial pain syndrome.5 A GRADE approach and the BMJ Rapid Recommendations procedures were followed. The panel members prioritised: certainty of evidence; patient values and preferences; and benefits and harms of nonoperative treatments versus surgery. They found that surgery is not cost-effective and provides no additional benefits for function, pain, quality of life or global perceived effect. The resulting recommendations are that clinicians should avoid offering subacromial decompression surgery to patients when unprompted. Physiotherapists and other healthcare providers should educate patients on the ineffectiveness of subacromial decompression surgery for subacromial pain syndrome and use an exercise-based physiotherapy program for treatment. **Provenance:** Invited. Not peer reviewed.

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