



Canadian Chiropractic Guideline Initiative

ADVANCING EXCELLENCE IN CHIROPRACTIC CARE

September
2020

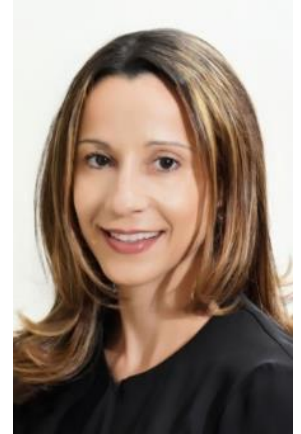


Canadian Chiropractic Guideline Initiative Bi-Annual Stakeholder Report

Enhancing the health of Canadians by fostering
excellence in chiropractic care

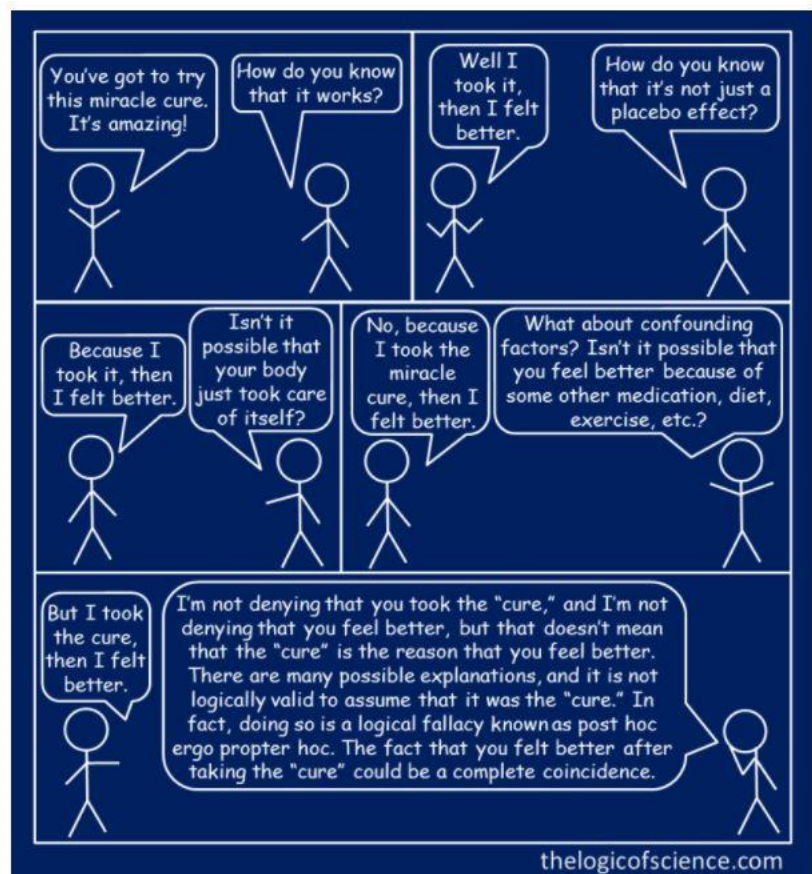
A message from the Chair & Project Lead

We have all been impacted by the Covid-19 pandemic and have learned from it. Two things that are top of mind are the importance of reliable evidence to inform decision-making; and adapting to different ways of thinking, working and living. Some chiropractors have incorporated telehealth practice, which enabled them to provide high-quality evidence-based care while adhering to physical distancing measures. It makes sense for chiropractors to consider integrating telehealth. Beyond the pandemic, telehealth can improve access to chiropractors. Practices consistently recommended across musculoskeletal pain conditions can be delivered via telehealth. These include screening patients for serious pathology; providing patients information about their condition and management options with a focus on self-management strategies; facilitating continuation or resumption of work; addressing psychosocial barriers to recovery; providing management to address physical activity or exercise; and evaluating patient progress with the use of validated outcome measures. Manual therapy is an evidence-based treatment, but is consistently recommended to be an adjunct to these other strategies.



When discussing evidence-based practice with clinicians, we often hear “I know that this treatment works because my patients feel better afterward.” We thought it would be worthwhile to briefly discuss the issue with anecdotes, and why we must not rely on personal anecdotes to justify our practices. Anecdotes cannot be used to establish causal relationships (see the informative schematic from www.thelogicofscience.com). You cannot say that “Mary took X, then got better; therefore, X works.” But you can say that “Mary took X, then got better; therefore X might be a topic for future research.” Simply put, while anecdotes are useful in helping researchers decide what topics to study, large, carefully controlled studies are necessary to conclude that a causal relationship exists between a treatment and an outcome. Remember, case reports and series and small pre-post/before-after studies, are really a collection of anecdotes.

There are other problems with anecdotes; you may hear about the people for whom the treatment worked, but how about those for whom the treatment did not work, or about how many people recovered without any treatment at all? Anecdotes do not control for all possible factors that could cause patients to get better – natural history, regression to the mean, the placebo effect, and confounding factors. Anecdotes are single





observations, and you cannot extrapolate from these. Finally, anecdotes are unreliable because they are not collected systematically. In sum, if you want to know whether a treatment works, conducting large, properly controlled studies that account for confounding variables is the only way to do it. Noting that you have “seen it work” or “it has been used for centuries” does not matter.

Thank you for your continued support in helping making the CCGI a success!

Yours Truly,

A handwritten signature in black ink, appearing to read 'David Peeace', with a long horizontal line extending to the right.

David Peeace, DC
Chair, Guidelines Steering Committee

A handwritten signature in black ink, appearing to read 'Carol Cancelliere', with a long horizontal line extending to the right.

Carol Cancelliere, DC, PhD
Project Lead
CCRF Research Chair in Knowledge Translation in the Faculty
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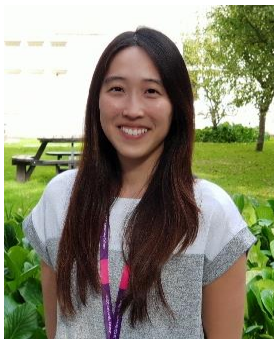
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Guideline summaries for clinicians

Thanks to valuable feedback from chiropractors! We refined the look and content of our guideline summaries to streamline key guideline recommendations and clinical workflows. Our guideline summaries now incorporate all of our key resources such as the care pathway, patient handouts, exercise videos, and outcome measures in one location. They are downloadable and printable, and available in both English and French. Topics include low back pain, neck pain, headache, shoulder pain, osteoarthritis, patellofemoral pain, knee pain and mobility impairments, concussion in adults and children, and physical activity throughout pregnancy. We hope you find these more user-friendly and welcome further feedback!

Patient handouts

We developed a series of handouts for clinicians to share with patients. They are designed to empower patients to contribute to their care by providing information on their condition, what they can do to self-manage, what treatment options are available to them, and when to seek care (red flags). Empowering patients is more likely to lead to richer patient-provider interactions as well as improved patient outcomes. We developed handouts for a number of topics including low back pain, neck pain, low back and neck pain in office workers, headache, shoulder pain, sleep and pain, and physical activity throughout pregnancy. These are also available in English and French. Please let us know what you think!

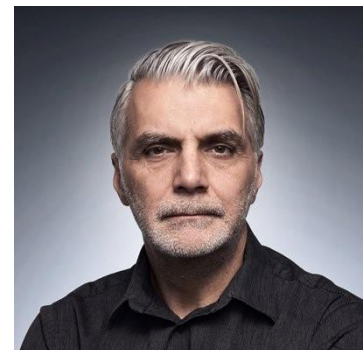


Package of rehabilitation interventions for low back pain

In collaboration with a WHO working group, we identified and critically appraised low back pain guidelines produced over the past 10 years. We synthesized the information from the high-quality guidelines and incorporated these findings into our care pathway, clinician summary and patient handout. We are drafting a manuscript to describe these methods so that we are able to mirror the process for other topics for which there are multiple guidelines from around the globe. This illustrates our efforts to work collaboratively with national and international organizations; enabling us to bring you up-to-date, high-quality scientific evidence without duplicating efforts and costs.

Podcast: Dr. Greg Kawchuk

We sat down with Dr. Greg Kawchuk to discuss his recent research and knowledge translation activities. One of his recent publications in Chiropractic and Manual Therapies is entitled "The use of internet analytics by a Canadian provincial chiropractic regulator to monitor, evaluate and remediate misleading claims regarding specific health conditions, pregnancy, and COVID-19". Enjoy listening!





Publications

We are excited to report our publication in *Clinical Case Reports*! This case report, led by Dr. Gaelan Connell, discusses the implementation of brief action planning in conjunction with an evidence-based clinical practice guideline to improve self-efficacy and psychosocial barriers in a patient with persistent non-specific low back pain. To read it, click [here](#).

We published two systematic review protocols on post-surgical rehabilitation in adults with low back pain as well as the rehabilitative management of back pain in children. We also submitted two clinical practice guidelines regarding the management of shoulder pain and lumbar spinal stenosis. Additional manuscripts are under review. To check in on our growing list of publications, visit: <https://www.ccgi-research.com/publications>.

Website

Our website is expanding! Visit with us regularly to keep informed about all of our latest resources and projects. Our newest features include information and resources dedicated to [telehealth practice](#) and [patient](#) and [provider](#) resources.

Our YouTube videos now have more than 370,000 views!



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Please contact us for more information about any of our initiatives or to provide your valued feedback. contactccgi@chiropractic.ca