

# Guideline for Reporting Interventions on Spinal Manipulative Therapy: Consensus on Interventions Reporting Criteria List for Spinal Manipulative Therapy (CIRCLe SMT)

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## ABSTRACT

**Objective:** The aim of the Consensus on Interventions Reporting Criteria List for Spinal Manipulative Therapy (CIRCLe SMT) study was to develop a criteria list for reporting spinal manipulative therapy (SMT).

**Methods:** A Delphi procedure was conducted from September 2011 to April 2013 and consisted of international experts in the field of SMT. The authors formed a steering committee and invited participants, selected initial items, structured the comments of the participants after each Delphi round, and formulated the feedback. To ensure content validity, a large number of international experts from different SMT-related disciplines were invited to participate. A workshop was organized following the consensus phase, and it was used to discuss and refine the wording of the items.

**Results:** In total, 123 experts from 18 countries participated. These experts included clinicians (70%), researchers (93%), and academics working in the area of SMT (27%), as well as journal editors (14%). (*Note:* The total is more than 100% because most participants reported 2 jobs.) Three Delphi rounds were necessary to reach a consensus. The criteria list comprised 24 items under 5 domains, including (1) rationale of the therapy, (2) description of the intervention, (3) SMT techniques, (4) additional intervention/techniques, and (5) quantitative data.

**Conclusions:** A valid criteria list was constructed with the aim of promoting consistency in reporting SMT intervention in scientific publications. (*J Manipulative Physiol Ther* 2017;40:61-70)

**Key Indexing Terms:** *Manipulation, Spinal; Publications; Randomized Controlled Trials*

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## INTRODUCTION

A randomized controlled trial (RCT) is considered the most robust design to study the effectiveness of treatments. Accurate reporting of RCTs is important for critical appraisal of study validity, adequate interpretation of the results, and for optimal implementation of the findings in clinical practice. In that regard, the CONSolidated Standard Of Reporting Trials Statement (CONSORT) was designed to improve the reporting of trials and has been modified for nonpharmacologic trials.<sup>1</sup>

Descriptions of the study design and method often constitute a substantial part of reports of RCTs, whereas the intervention is often described in a few sentences.<sup>2,3</sup> Glasziou<sup>4</sup> indicated that many RCT reports often lack crucial details about the intervention. To best interpret the results of individual studies, it is important to have more detailed information about the “who, what, when, and

where” of the intervention, especially given that interventions are typically tailored to meet individual needs.<sup>4</sup> Development of a criteria list for the reporting of interventions has been undertaken for a variety of conservative interventions, including acupuncture and homeopathy for musculoskeletal complaints.<sup>5-7</sup> Descriptions and classifications of mobilizations and/or manipulations have been published,<sup>8,9</sup> but no item list for reporting spinal manipulative therapy (SMT) has yet been developed. Creating such a list seems essential given the fact that many different techniques are used in SMT.<sup>10</sup>

The potential benefits of good reporting are significant,<sup>11</sup> and this also applies to a detailed description of the intervention. For example, such reporting improves the completeness and transparency of the research reports, which enables a more accurate interpretation of the RCT. In addition, it allows clinicians and researchers to replicate the intervention. The specific characteristics of the application of SMT techniques are critical to adequate interpretation of the outcomes of RCTs and make them applicable to clinical practice. Therefore, CIRCLe SMT (Consensus on Interventions Reporting Criteria List for Spinal Manipulative Therapy) aims to develop a minimum set of items for the description of SMT in RCTs by obtaining consensus via a Delphi procedure among experts in the field of SMT.

## METHODS

The article “Guidance for Developers of Health Research Reporting Guidelines” was used for this project.<sup>12</sup> A Delphi process was used as the facilitation technique for reaching consensus.<sup>13</sup> This project was exempted from ethics review under Dutch law.

### Steering Committee

In September 2011, the project team formed a steering committee that was responsible for the construction of the list of items, selection of participants, construction of the Delphi questionnaires, analysis of the responses of the participants, and handling the feedback from the participants after each round.

### Phase I

**Selection of Items.** Items to be included in the questionnaires were selected on the basis of articles on mobilization and manipulation techniques,<sup>14-18</sup> systematic reviews<sup>10</sup> and textbooks on SMT,<sup>19-22</sup> and other guidelines for description of interventions.<sup>6,7,9,23-25</sup>

A scheme consisting of relevant domains that were thought to influence treatment outcome was established.

In a pilot study, participants with various clinical backgrounds were invited to evaluate these items and to formulate additional items to ensure that all potentially

relevant items would be included in the initial draft of the criteria list to be used in the first Delphi round.

**Selection of Participants.** To ensure content validity, a large number of international experts from different disciplines were invited to participate, including authors of RCTs or systematic reviews in the field of SMT from the previous 5 years; participants of the International Forum XI on Low-Back Pain Research in Primary Care in Melbourne, Australia (2011); and clinical experts identified by the steering committee.

### Phase II: Procedure Delphi Rounds

During the Delphi procedure, the project team used structured questions. Additionally, participants were invited to give comments on the suggested items and suggestions for additional items. Consensus was defined as 70% of the participants or more answering “yes” on an item.

**Round 1.** First, demographics of the participants were ascertained (eg, type of profession), and questions about participation in (planning) RCTs or systematic reviews concerning SMT in the last 5 years were posed. For each item, the project team asked the participants if that item should be included in the final criteria list. In addition, the participants were asked whether manipulation and mobilization techniques should be described in the same terms or separately.

**Round 2.** On the basis of the results from Round 1, questions were rephrased and presented for the second round. To compile a minimum criteria list, the project team asked the participants to state whether they thought inclusion of an item was “absolutely required” or “desirable.” In addition, participants were asked to indicate whether a global description would suffice for an item or if a detailed description was necessary.

**Workshop Meeting.** Items that were identified from the second round were discussed during a workshop at the International Low-Back Pain Forum XII in Odense, Denmark, in 2012. Moreover, the wording was refined where necessary. Also, an example of good reporting of SMT was formulated by the participants.

**Round 3.** Based on the outcomes of Rounds 1 and 2, the steering committee formulated 3 possible choices to determine which items should be included in the final list: (1) because of the small number of items chosen (by consensus) as “absolutely required,” the first option was to use all of the original items from Round 1 and disregard the results of Round 2; (2) include items that were considered important in Round 2 by at least 50% of the participants; or (3) include items that were considered important in Round 2 by at least 70% of participants. A list with the 3 options was presented, and participants were asked to rank these options. The first choice (highest preference) was assigned 3 points, the second choice 2, and the third 1 point. The option with the highest score was used to compose the final criteria list.

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