



Complete Summary

GUIDELINE TITLE

Neck and upper back complaints.

BIBLIOGRAPHIC SOURCE(S)

Neck and upper back complaints. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2004. 30 p. [75 references]

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: Harris, J, ed. *Occupational Medicine Practice Guidelines: American College of Occupational and Environmental Medicine*. Beverly Farms, MA: OEM Press; 1997.

** REGULATORY ALERT **

FDA WARNING/REGULATORY ALERT

Note from the National Guideline Clearinghouse: This guideline references a drug(s) for which important revised regulatory information has been released.

- [June 15, 2005, Non-Steroidal Anti-Inflammatory Drugs \(NSAIDs\)](#): U.S. Food and Drug Administration (FDA) recommended proposed labeling for both the prescription and over the counter (OTC) NSAIDs and a medication guide for the entire class of prescription products.
- [April 7, 2005, Non-steroidal anti-inflammatory drugs \(NSAIDs\) \(prescription and OTC, including ibuprofen and naproxen\)](#): FDA asked manufacturers of prescription and non-prescription (OTC) non-steroidal anti-inflammatory drugs (NSAIDs) to revise their labeling to include more specific information about potential gastrointestinal (GI) and cardiovascular (CV) risks.

COMPLETE SUMMARY CONTENT

** REGULATORY ALERT **

SCOPE

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INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT

SCOPE

DISEASE/CONDITION(S)

Acute and subacute occupational neck and upper back complaints

GUIDELINE CATEGORY

Diagnosis
Evaluation
Management
Treatment

CLINICAL SPECIALTY

Family Practice
Internal Medicine
Orthopedic Surgery
Physical Medicine and Rehabilitation
Preventive Medicine
Surgery

INTENDED USERS

Advanced Practice Nurses
Physician Assistants
Physicians
Utilization Management

GUIDELINE OBJECTIVE(S)

- To provide information and guidance on generally accepted elements of quality care in occupational and environmental medicine
- To improve the efficiency with which the diagnostic process is conducted, the specificity of each diagnostic test performed, and the effectiveness of each treatment in relieving symptoms and achieving cure
- To present recommendations on assessing and treating adults with potentially work-related neck and upper back complaints

TARGET POPULATION

Adults with potentially work-related neck and upper back complaints seen in primary care settings

INTERVENTIONS AND PRACTICES CONSIDERED

Note from the National Guideline Clearinghouse (NGC): The following general clinical measures were considered. Refer to the original guideline document for information regarding which specific interventions and practices under these general headings are recommended, optional, or not recommended by the American College of Occupational and Environmental Medicine.

1. History and physical exam
2. Medication
3. Physical treatment methods
4. Injections
5. Rest and immobilization
6. Activity and exercise
7. Detection of neurologic abnormalities
8. Radiography
9. Other imaging procedures
10. Surgical considerations

MAJOR OUTCOMES CONSIDERED

Missed work days

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Note from the National Guideline Clearinghouse (NGC): The American College of Occupational and Environmental Medicine contracted the Work Loss Data Institute to provide medical library research services.

Disability-Duration Data

This edition includes disability-duration data that have been extracted from National Health Interview Survey data. Only data from interviews with individuals without workers' compensation claims has been included.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus
Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

A = Strong research-based evidence (multiple relevant, high-quality scientific studies).

B = Moderate research-based evidence (one relevant, high-quality scientific study or multiple adequate scientific studies).

C = Limited research-based evidence (at least one adequate scientific study of patients with neck and upper back disorders).

D = Panel interpretation of information not meeting inclusion criteria for research-based evidence.

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Contributors reviewed at least one chapter each and reviewed the relevant medical literature that had been published since the creation of the original Guidelines in 1997.

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Following the chapter and literature review, participants provided written or verbal comments to the American College of Occupational and Environmental Medicine's Practice Guidelines Committee.

Verbal comments were in the form of participation in multi-specialty conference calls, during which the issues raised in each chapter were extensively discussed. Draft chapters were prepared and distributed by the American College of Occupational and Environmental Medicine to all chapter reviewers. Follow-up multi-specialty teleconferences were then held as appropriate, during which time the draft was again reviewed.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Recommendations are followed by evidence classification (A-D) identifying the type of supporting evidence. Definitions for the types of evidence are presented at the end of the "Major Recommendations" field.

Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (refer to the original guideline document for more detailed information)

Clinical Measure	Recommended	Optional	Not Recommended
History and physical exam	Basic history and exam (C) History of cancer infection (B) History of significant trauma (D) Neurologic exam (C)		
Medication (See chapter 3 in the original guideline document)	Acetaminophen (C) Non-steroidal anti-inflammatory drugs (NSAIDs) (B)	Muscle relaxants (C) Opioids, short course (C)	Use of opioids for more than 2 weeks (C)
Physical treatment methods		Physical manipulation for neck pain early in care only (B) At-home applications of heat or cold (D) Radio-frequency neurotomy (C)	Traction (B) Transcutaneous electrical stimulation (TENS) (C) Other modalities (D)
Injections		Epidural injection of corticosteroids to avoid surgery (D)	Facet injection of corticosteroids (D) Diagnostic blocks (D)

Clinical Measure	Recommended	Optional	Not Recommended
		Botulinum toxin (dystonia only) (B)	
Rest and immobilization		1 or 2 days' partial bed rest for severe pain (D)	Bed rest longer than 1 or 2 days (B) Cervical collar more than 1 or 2 days
Activity and exercise	Maintenance of activity levels while recovering (B) Office instruction on exercises after initial pain decreases (D) Low-stress conditioning and aerobic exercises to avoid debilitation (D)		
Detection of neurologic abnormalities	Electromyography (EMG) to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection (D)	Sensory evoked potentials (SEPs) if spinal stenosis or myelopathy suspected (D)	EMG for diagnosis of nerve root involvement if findings of history, physical exam, and imaging study are consistent (D)
Radiography	Initial studies when red flags for fracture, or neurologic deficit associated with acute trauma, tumor, or infection are present (D)		Routine use in first 4 to 6 weeks if red flags are absent (D)
Other imaging procedures	Magnetic resonance imagery (MRI) or computer tomography (CT) to evaluate red-flag diagnoses as above (D)		Imaging before 4 to 6 weeks in absence of red flags (C, D)
	MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure (D). If no improvement after 1 month, bone scan if tumor or infection possible (D)		Preoperative diskography (D)
Surgical considerations	Careful preoperative education of the patient regarding expectations, complications, and short- and long-term sequelae of		Discectomy or fusion without conservative treatment 4 to 6 weeks minimum (D)

Clinical Measure	Recommended	Optional	Not Recommended
	surgery (D) Indications clear for failed conservative treatment and history, exam, and imaging consistent for specific lesion (D)		Discectomy or fusion for nonradiating pain or in absence of evidence of nerve root compromise (D)

Definitions:

Levels of Evidence

A = Strong research-based evidence (multiple relevant, high-quality scientific studies).

B = Moderate research-based evidence (one relevant, high-quality scientific study or multiple adequate scientific studies).

C = Limited research-based evidence (at least one adequate scientific study of patients with neck and upper back disorders).

D = Panel interpretation of information not meeting inclusion criteria for research-based evidence.

CLINICAL ALGORITHM(S)

The following clinical algorithms are provided in the original guideline document:

- American College of Occupational and Environmental Medicine Guidelines for care of acute and subacute occupational neck and upper back complaints
- Initial evaluation of occupational neck and upper back complaints
- Initial and follow-up management of occupational neck and upper back complaints
- Evaluation of slow-to-recover patients with occupational neck or upper back complaints (symptoms >4 weeks)
- Surgical considerations for patients with persistent radiating arm pain
- Further management of occupational neck and upper back complaints

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is identified and graded for each recommendation (see "Major Recommendations").

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

- Improved efficiency of the diagnostic process
- Effective treatment resulting in symptom alleviation and cure

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

The American College of Occupational and Environmental Medicine provides this segment of guidelines for practitioners and notes that decisions to adopt particular courses of actions must be made by trained practitioners on the basis of the available resources and the particular circumstances presented by the individual patient. Accordingly, the American College of Occupational and Environmental Medicine disclaims responsibility for any injury or damage resulting from actions taken by practitioners after considering these guidelines.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

IMPLEMENTATION TOOLS

Clinical Algorithm

For information about [availability](#), see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

1997 (revised 2004)

GUIDELINE DEVELOPER(S)

American College of Occupational and Environmental Medicine - Medical Specialty Society

SOURCE(S) OF FUNDING

American College of Occupational and Environmental Medicine

GUIDELINE COMMITTEE

American College of Occupational and Environmental Medicine Practice Guidelines Committee

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

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GUIDELINE AVAILABILITY

Print copies are available from ACOEM, 25 Northwest Point Boulevard, Suite 700, Elk Grove Village, IL 60007; Phone: 847-818-1800 x399. To order a subscription to the online version, call 800-441-9674 or visit <http://www.acoempracguides.org/>.

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on March 13, 2006. The information was verified by the guideline developer on November 3, 2006.

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