The neck is not the back: obvious, but the research gap should be reduced

S. NEGRINI

What are the consequences of this situation? First, today an evidence-based approach can hardly be proposed in NP whereas it is possible in LBP (Table I). Moreover, well established principles in LBP, such as the classification in acute (0-30 days), subacute (30-90 days) and chronic (over 90 days) cases, is applied tout court to NP, even though there are no well established studies or specific consensus on this: it is on analogy, and it could prove totally wrong. Physical therapies in multimodal treatments play a role in NP but not in LBP, where it seems to be more a factor of multiprofessional approach. Manipulation and other manual therapies seem to play a greater role in NP than in LBP, presumably owing to physiological reasons. Moreover, what could be the role of cognitive-behavioural approaches in NP? In our view, it is not possible a good rehabilitation programme without a cognitive-behavioural component (and this seems another plain fact in LBP discovered by not-rehab specialists, as was the “bio-psycho-social syndrome” to define chronic LBP, but glory to researchers while clinicians sleep!). All these considerations could be easily reversed in the future because currently available evidence is lacking. Bed rest for LBP once seemed logical until different evidence came out. NP treatment is in the same situation LBP treatment was twenty years ago.

In conclusion, this is a call for research by well trained clinicians and rehabilitation professionals in
If the neck is not the back, clinical behaviours should be different, but we need evidence for the 5 Ws: who, what, where, when and why, but also how.

References