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# **Treatment of neck pain: noninvasive interventions: results of the Bone and Joint Decade 2000-2010 Task Force on Neck Pain and Its Associated Disorders.**

[Hurwitz EL](#)<sup>1</sup>, [Carragee EJ](#), [van der Velde G](#), [Carroll LJ](#), [Nordin M](#), [Guzman J](#), [Peloso PM](#), [Holm LW](#), [Côté P](#), [Hogg-Johnson S](#), [Cassidy JD](#), [Haldeman S](#); [Bone and Joint Decade 2000-2010 Task Force on Neck Pain and Its Associated Disorders](#).

## **Author information**

### **Abstract**

#### **STUDY DESIGN:**

Best evidence synthesis.

#### **OBJECTIVE:**

To identify, critically appraise, and synthesize literature from 1980 through 2006 on noninvasive interventions for neck pain and its associated disorders.

#### **SUMMARY OF BACKGROUND DATA:**

No comprehensive systematic literature reviews have been published on interventions for neck pain and its associated disorders in the past decade.

#### **METHODS:**

We systematically searched Medline and screened for relevance literature published from 1980 through 2006 on the use, effectiveness, and safety of noninvasive interventions for neck pain and associated disorders. Consensus decisions were made about the scientific merit of each article; those judged to have adequate internal validity were included in our best evidence synthesis.

#### **RESULTS:**

Of the 359 invasive and noninvasive intervention articles deemed relevant, 170 (47%) were accepted as scientifically admissible, and 139 of these related to noninvasive interventions (including health care utilization, costs, and safety). For whiplash-associated disorders, there is

evidence that educational videos, mobilization, and exercises appear more beneficial than usual care or physical modalities. For other neck pain, the evidence suggests that manual and supervised exercise interventions, low-level laser therapy, and perhaps acupuncture are more effective than no treatment, sham, or alternative interventions; however, none of the active treatments was clearly superior to any other in either the short- or long-term. For both whiplash-associated disorders and other neck pain without radicular symptoms, interventions that focused on regaining function as soon as possible are relatively more effective than interventions that do not have such a focus.

## **CONCLUSION:**

Our best evidence synthesis suggests that therapies involving manual therapy and exercise are more effective than alternative strategies for patients with neck pain; this was also true of therapies which include educational interventions addressing self-efficacy. Future efforts should focus on the study of noninvasive interventions for patients with radicular symptoms and on the design and evaluation of neck pain prevention strategies.

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