INDEPENDENT GUIDELINE APPRAISAL SUMMARY REPORT FOR VERTEBRAL SUBLUXATION IN CHIROPRACTIC PRACTICE (CCP) GUIDELINES

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The Vertebral Subluxation in Chiropractic Practice Guidelines (CCP) (1) were independently appraised by 10 reviewers, all with backgrounds in scientific document review. The Cluzeau et al. *Appraisal Instrument For Clinical Guidelines, Version 1* (2) was used to answer 37 questions "yes," "no," "not sure" or "not applicable." The appraisal instrument's user guide was used to interpret the questions. Appraisers were encouraged to qualify their responses in the notes sections. The appraisal and synopsis report these qualitative comments when and where appropriate. For the purpose of this paper "unanimous agreement" can be interpreted as 100% agreement between appraisers, "substantial agreement" as 80% to 90% agreement, 79% to 65% as "moderate agreement" and less than 65% as "disagreement".

This guideline scored quite low in each dimension of this appraisal. Mean dimension scores were: 20.00% for dimension 1, 10.83% for dimension 2 and 0.00% for dimension 3. Many of the survey findings were supported by the National Guideline Clearinghouse (NGC) summary evaluation of the CCP guidelines. For example, the NGC reports the following were either not stated or not applicable: "number of source documents; methods to assess the quality and strength of the evi-

dence; rating scheme; description of the method to analyze evidence; endorser; implementation strategy; cost analysis; subgroup(s) most likely to benefit; and subgroup(s) most likely to be harmed." The data summary on the NGC website was completed on November 1, 1998 and indicates that the information was verified by the guideline developer on January 5, 1999. (3)

There was a majority consensus (90%) that there are multiple flaws in construction of the Vertebral Subluxation in Chiropractic Practice (CCP) Guidelines construction, as demonstrated by the low appraisal scores. It was concluded the Guidelines failed to document that CCP followed protocols that would ensure practitioners that the guidelines could be trusted to be scientifically sound and usable in a clinical setting. There was a majority consensus in assessing the CCP guidelines as "not recommended" and not suitable for use in practice. One appraiser rated the CCP document as "recommended with provision" but did not provide commentary regarding "the provisions" that might make the document usable in clinical practice. One appraiser expressed concerns that portions of the CCP guidelines could pose a public health risk.

SYNOPSIS BY GROUPED CRITERIA

Rigour of Development

Responsibility for guideline development: There was substantial agreement between the appraisers that the organization responsible for the CCP guideline development was listed. There was substantial agreement that external funding information was unclear and unanimous agreement that the potential bias of funding bodies was not taken into account.

Guideline development group: There was substantial agreement between the appraisers that the panel responsible

for the guideline development was listed. There was concern expressed that the development group lacked the professional diversity and key resources to fully explore the scientific opinions and literature.

Identification and interpretation of evidence: There was disagreement between the appraisers as to whether or not there was adequate description of the sources of information used for the given recommendations; however, there was unanimous agreement that the sources used were not adequate, and substantial agreement that methods used to rate the evidence was inadequate. Appraisers reported that there was a notable reliance on non-indexed material and poorly done studies often with little or no peer review. The guidelines also failed to provide any method to assess the quality and strength of the evidence. Sensitivity and selectivity data for the various methods of subluxation detection was not addressed. Data and research questioning the existence or significance of a subluxation was not included in these guidelines.

Formulation of recommendations: There was moderate agreement that the document did not adequately describe the methods used to formulate the recommendations and substantial agreement that the methods that were used were unsatisfactory. There was substantial agreement that the document failed to account for the view of interested parties that were not on the panel. There was also substantial agreement that the document failed to document an explicit link between major recommendations and the level of supporting evidence.

Peer review: There was disagreement as to whether or not the guidelines were “independently” reviewed prior to their publication; however, there was unanimous agreement that the document lacked explicit information regarding commentary and methods of relating to the review process. The guidelines do provide a list of peer reviewers, but does not reveal how they were selected. The guidelines do not appear to have been critically reviewed by any other body or group independent of those selected by the guideline developers. Input from major chiropractic political or research organizations, colleges and other major peer groups appeared to be missing. There was unanimous agreement that the guidelines were not piloted.

Updating: There was substantial agreement that there was no date mentioned for updating the guidelines. The appraisers were in unanimous agreement that responsibility for updating the guidelines was not addressed by the guidelines.

Overall assessment of the development process: The appraisers were in unanimous agreement that the guidelines failed to deal with potential biases.

Context and Content

Objectives: There was disagreement as to whether the reasons for developing the guidelines were clearly stated; however, there was substantial agreement that the objectives of the guidelines were not clearly defined.

Context: The appraisers were in substantial agreement that the guidelines fail to clearly identify a population that may benefit from application of the recommendations made in these guidelines. There was unanimous agreement that the guidelines did not describe exceptions to the guidelines use nor did the guideline document how the patient’s preferences should be considered in their application.

Clarity: There was unanimous agreement that the CCP guidelines failed to clearly describe how the subluxation was to be detected, treated or prevented, and that different management options were not addressed. The appraisers were in substantial agreement that the recommendations were not clearly presented. Several reviewers expressed concern that the CCP guidelines could be interpreted to support spinal adjustments in the presence of known contraindications or in cases where there is no known evidence of health benefits.

Likely costs and benefits: There was unanimous agreement that the guidelines failed to describe the health benefits that might be gained from adherence to the guidelines, and substantial agreement that the guidelines failed to describe the potential risks and harm posed by following the guidelines. There was unanimous agreement that the guidelines failed to estimate the costs of the recommended management, and that the recommendations were not supported by the estimated cost, benefits or harm. If the chiropractic subluxation does exist, the guideline does not clearly identify any health consequences or sequelae associated with the disorder. The benefit or lack of benefits from subluxation reduction is not weighed against the financial costs, radiation exposure or risk of iatrogenic complications.

Application of Guidelines

Guideline dissemination and implementation: The appraisers were in unanimous agreement that they did not find

evidence of clear plans for dissemination or implementation of the guideline.

Monitoring of guidelines/clinical audit: There was unanimous agreement that the guidelines failed to provide methods or suggestions for monitoring compliance nor did they document clear standards or targets. There was unanimous agreement that the guidelines also failed to identify measurable outcomes which could be monitored. There was unanimous agreement that the guidelines did not address the issue of local guideline groups.

REFERENCES

1. Council on Chiropractic Practice. Vertebral subluxation in chiropractic practice. Chandler, AZ; World Chiropractic Alliance; 1998.
2. Cluzeau F, Littlejohns P, Grimshaw J, Feder G. Appraisal instrument for clinical guidelines. London: St. George's Hospital Medical School, May 1997.
3. National Guideline Clearinghouse. Guideline comparison. Sponsored by the Agency for Health Care Policy and Research in partnership with the American Medical Association and the American Association of Health Plans; The Agency, 1999.

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