



COCHRANE BACK REVIEW GROUP

The best evidence in back and neck pain care

Spring 2013

MECIR standards

The Methodological Expectations of Cochrane Intervention Reviews (MECIR) project aims to specify methodological expectations for Cochrane protocols, reviews, and updates on the effects of interventions. They are supported and implemented across the Collaboration.

Standards for the conduct of reviews

These standards provide clarity in line with the *Cochrane Handbook* about how to conduct a new review. Some of the standards are considered to be mandatory (e.g., predefining outcomes and assessing risk of bias (RoB)) and others are considered highly desirable (e.g., extracting study characteristics in duplicate). Each item corresponds with a specific section in the handbook so that users can easily obtain more information. Click [here](#) to access the MECIR documents.

Standards for the reporting of reviews

These standards pertain to the information reported in the review. We check each manuscript against the standards to ensure that specific information is reported in each section of the review. For example, it is mandatory that authors report any findings related to adverse events in the abstract. Another standard we've been watching out for relates to RoB tables - it's mandatory that authors provide explicit supports for RoB ratings in the tables, whether the rating is high, low, or unclear.

What does this mean for CBRG authors?

Most of the conduct standards are covered in the CBRG method guidelines, so our authors already know what's expected. However, we are now asking teams to update their literature searches in the months leading up to publication



(see standards C37 & C38). We're also marking up RevMan files to alert authors to any details that have been overlooked. Soon we'll be sending out presubmission checklists so that authors can check their work in advance.

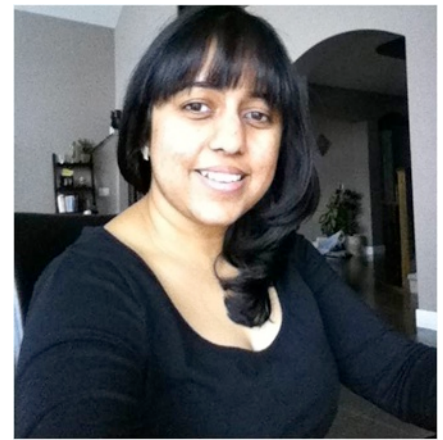
What's new in the CBRG?

- ◆ **Recently published reviews**
 - [Red flags to screen for malignancy in patients with low-back pain](#)
 - [Red flags to screen for vertebral fracture in patients with low-back pain](#)
- ◆ **Recently published protocols**
 - [TENS for chronic low-back pain](#)
- ◆ **Recently registered titles**
 - Individual recovery expectations and prognosis of low back pain: Prognostic factor exemplar review
 - Anticonvulsants for chronic low back pain
 - Physical examination for detection of vertebrobasilar insufficiency
- ◆ **We now have 500+ Twitter followers!**
 - Follow us @CochraneBack <https://twitter.com/CochraneBack>

CBRG Feature Author

Kinjal Patel, MSc

Kinjal is a physiotherapist working at Advantage Health Castleridge physiotherapy (PT) clinic in Calgary, Alberta, Canada. She graduated from the MSc PT program at McMaster University, Hamilton, Canada in 2011 and has since been practicing PT mainly in private practice.



What are your primary research interests?

My primary research interest is investigating effective and clinically relevant PT treatments and techniques for the cervical spine. I have been involved with researching the effectiveness of massage therapy techniques on neck pain. When treating the cervical spine, a physical therapist uses many different options such as manual therapy, therapeutic modalities, exercise prescription, and patient education. I enjoy being involved in this type of research that is clinically applicable in the PT private practice.

How did you first get involved with Cochrane?

In my final year of MSc PT, my student research team's project was to update a Cochrane review on 'Massage therapy for neck pain.' We felt it was a great opportunity to be part of a Cochrane review, as we had been assessing the quality of Cochrane reviews and utilizing them through our Master's PT program. This was a unique opportunity to work with an inter-professional and international team of clinicians and researchers, the Cervical Overview Group (COG). While working on the project my interest in research grew. I had a discussion with my supervisor (who was involved with the CBRG and COG) about continuing on with the review. She encouraged, mentored and guided me to become the principle investigator and eventually publish the [massage review](#).

Any hobbies or interests?

Being very close to the Rocky Mountains, I go for frequent hikes and enjoy being close to nature. I also like to travel and explore different cultures and nationalities. One of my other interests is to maintain my spiritual well-being by doing yoga, reading about and exploring different concepts of spirituality.



Left to right. Back row: Charlie Goldsmith, Kien Trinh, Anita Gross. Front row: Bodhi Haraldsson, Theresa Kay, Peter Kroeling

The **Cervical Overview Group (COG)** is a transdisciplinary team of acupuncturists, chiropractors, massage therapists, orthopaedic manual physiotherapists, nursing, occupational health physician, physiotherapist, physicians, physicist, rheumatologist, statistician, nursing, engineer, research librarian, and computer programmer, who meet (inaugural meetings Sept 1992) to discuss clinical issues pertaining to systematic review methodology, COG process and planning. Through research, clinical practice and education their mission is to serve workers and patients with neck disability by promoting and delivering systematic reviews on mechanical neck disorders. The team is committed to fulfilling their mission with caring and excellence. McMaster web link: <http://bit.ly/141d4WL>

Keeping search strategies up to date

Every year, the National Library of Medicine releases updates to the Medical Subject Headings and the Trials Search Coordinator (TSC) reviews these for the CBRG. Some new MeSH headings that will be available for our reviews in 2013:

- Spinal Cord Stimulation (under the broader headings Electrical Stimulation Therapy and Physical Therapy Modalities)
- Foot Orthoses (NB this is captured in our existing insoles strategy under the broader heading Orthotic Devices)
- Return to Work (under broader headings Work and Employment)

The Excerpta Medica database, EMBASE, changed the way that it classifies humans and animals in late 2012. With EMBASE's large proportion of pharmaceutical records, eliminating animal studies from the results we send to

CBRG authors is an important time-saver, and so our search strategy includes a block of terms that excludes animal studies. But when the classification system changed, our strategy stopped functioning. This was an active discussion on the TSC ListServ, and a revised set of terms for eliminating animal studies was adopted. **Rachel**



Collaboration-wide news

- ◆ Throughout 2013 the Cochrane Collaboration is celebrating twenty years of its existence. Visit the anniversary website for a collection of videos focusing on the ideas, achievements and people that have contributed to the Collaboration's growth since 1993. <http://anniversary.cochrane.org/>
- ◆ Canada is hosting the 21st Cochrane Colloquium (colloquium.cochrane.org). Early registration is available until July 15, 2013
- ◆ The Cochrane Collaboration becomes a lead partner in AllTrials initiative. <http://www.alltrials.net/>
- ◆ New to Cochrane? Check out Cochrane Canada's summer webinar series: <http://ccnc.cochrane.org/cochrane-canada-live-webinars>
- ◆ Upcoming standard author training opportunities in Canada - <http://ccnc.cochrane.org/workshops>



For those of you in the northern hemisphere, enjoy the summer months ahead!

Allison, Rachel & Teresa

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