

Change in Function, Pain and Quality of Life following Structured Non-operative Treatment in Patients with Degenerative Cervical Myelopathy: A Systematic Review.

Andersson, I. and Dembek, A., 2016. Change in Function, Pain and Quality of Life following Structured Nonoperative Treatment in Patients with Degenerative Cervical Myelopathy: A Systematic Review.

Sitting the sense:

This systematic review to determine the changes and variability of changes in function, pain and quality of life following structured **nonoperative treatment** for **degenerative cervical myelopathy (DCM)** and the differences (negative outcomes and harms) in outcomes observed between certain subgroups so we need to know The role of structured nonoperative treatment for the management of DCM is it well defined or not , and if surgery is typically recommended as the default treatment option for patients with moderate and severe myelopathy.

What did they do?

A systematic search was conducted in Embase, PubMed, and the Cochrane Collaboration for articles published between **January 1, 1950 and February 9, 2015**. Studies were included if they evaluated outcomes following structured nonoperative treatment, including therapeutic exercise, manual therapy, cervical bracing and/or traction. Outcomes of interest were functional status, pain in upper extremities and neck, quality of life (Neck Disability Index), and/or conversion to surgery.

8 Of the 570 retrieved citations met the inclusion criteria and were included in this review. There is very low evidence to suggest that structured nonoperative treatment for DCM results in a **positive or negative change in function, pain and quality of life as evaluated by the JOA score**. There is also limited evidence from three studies indicating that early structured

nonoperative treatment may be associated with positive clinical outcomes. There were no studies that directly compared structured nonoperative treatment types and no studies that explored outcomes based on patient subgroups. The rate of conversion to surgery was reported to be between 23-54%.

Takeaway message:

Patients did not achieve clinically significant gains in functional status following structured nonoperative treatment. And 23-54% of patients subsequently underwent surgical treatment. There is a lack of evidence to determine the role of nonoperative treatment in patients with DCM. However, in the majority of studies.

Food for thoughts:

Did the physiotherapy have to surrender for the surgical treatment in patients with DCM?