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**CERVICAL SPINE INJURY
AND LOW BACK PAIN MEDICAL
TREATMENT GUIDELINES**

**2012 - 2013 – AREAS OF RESEARCH
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NOTE: The bibliography for the Low Back and Cervical Spine Medical Treatment Guidelines reflects the articles, abstracts, and literature reviewed during the Low Back and Cervical Spine update process. Over 600 articles and literature were examined for consideration during the course of this update.

Literature that was used to support evidence statements is listed in the bibliography. A limited number of articles qualified for evidence statements. The designated strength of the evidence (eg. some, good, strong) may not coincide with acceptability of treatment. Each level of evidence was assigned in accordance with the related Literature Critique Criteria [[Click Here](#)]. Where applicable, literature was given a designation of one of the following: high quality, adequate, inadequate, or not applicable. It should be noted that some articles might have more than one assigned level, such as, 'adequate' on one concept and 'high-quality' on another concept. The details regarding level of evidence assignment are discussed in the related critiques. Articles that were used to assign *some*, *good*, or *strong* evidence are identified in the bibliography with an asterisk.

When the evidence is conflicting or inconclusive, acceptability of treatment is determined by a combination of available medical literature and group consensus. Some of the elements that are considered in making consensus determinations are: level of functional benefit, acceptable risk/morbidity/mortality, and acceptable cost.

A review of the Low Back and Cervical Spine Medical Treatment Guidelines bibliography needs to coincide with a review of the General Guidelines Principles. In particular, please review Guidelines Principle #12: Guidelines Recommendations and the Strength of Medical Evidence and Consensus Recommendations. All recommendations in the guidelines are considered to represent reasonable care in appropriately selected cases, regardless of the level of evidence or consensus attached to it. Those procedures considered inappropriate, unreasonable, or unnecessary are designated in the guideline as 'not recommended.'