

Critique author	Linda Metzger
Bibliographic Data	
Authors	Smart KM, Wand BM, O'Connell NE
Title	Physiotherapy for pain and disability in adults with complex regional pain syndrome (CRPS) types I and II.
PMID	26905470
Citation	Cochrane Database of Systematic Reviews 2016, Issue 2. Art. No.: CD010853.
Other information if relevant	A critique was completed on one included trial. <b>Cacchio A. Mirror Therapy for Chronic Complex Regional Pain Syndrome Type 1 and Stroke. N. Engl J Med 2009;361:634-636.</b>

Methods	
Aim of study	To determine the effectiveness of physiotherapy interventions for treating the pain and disability associated with CRPS types I and II.
Design	Systematic Review and Meta-Analysis

Reasons not to cite as evidence
<ul style="list-style-type: none"> <li>- Eighteen trials were included in this Cochrane Review and none had an overall low risk of bias. Fifteen of these were judged to have an overall high risk of bias and 3 were judged to have an unclear risk of bias. Thus all included articles were of low quality and did not meet our criteria for evidence.</li> <li>- This Cochrane Review produced only low quality or very low quality evidence that does not meet our criteria for evidence. The quality of the evidence was very low or low for all comparisons, according to the GRADE approach.</li> <li>- A wide variety of physiotherapy interventions were used in the RCT's reviewed, which complicates comparison of study outcomes and possibly jeopardizes the external validity of this review. Heterogeneity of interventions contributed to the inability to conduct more meta-analyses of the data. Too few studies were available for each modality to combine into meta-analyses and produce meaningful results. Only 2 meta-analyses were completed, each containing only 2 studies. So essentially this was only a narrative review which did not produce any effect sizes for various physiotherapy interventions used to treat CRPS.</li> <li>- Most studies were quite small. Out of the 18 trials, 17 trials had less than 50 participants per trial arm. Twelve trials had less than 20 participants per group.</li> <li>- Nine trials employed a follow-up period of less than two weeks and the authors judged them as being at 'high' risk of bias based on this criterion.</li> </ul>

**Reasons not to cite as evidence**

- The authors concluded that the best available data from the review show that graded motor imagery and mirror therapy may provide clinically meaningful improvements in pain and function in people with CRPS I although the quality of the supporting evidence is very low.
- Lack of consistency among the articles in this review in regards to patient recruitment, protocol, methodology and outcome measures precludes the formation of any strong conclusions from the available data.
- The authors' results were inconclusive and based on supporting evidence that was very low. It must be interpreted with caution. This was an inconclusive systematic review.

**Additional references or comments if relevant**

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