Table des matières

1	. Systematic Reviews and Meta-Analysis	1
	1.1. Generic Acupuncture	
2	. Clinical Practice Guidelines	1
	2.1. Danish Health Authority (DHA, Denmark) 2016 ⊕	1
	2.2. Ontario Protocol for Traffic InjuryManagement Collaboration ((OPTIMa, Canada) 2016 Ø	
		1
	2.3. Colorado Division of Workers' Compensation (USA) 2014 ⊕	2
	2.4. Italian Society of Physical and Rehabilitation Medicine (SIMFER, Italie) 2013 ⊕	2
	2.5. American College of Occupational and Environmental Medicine (ACOEM, USA) 2011 Ø	
		2
	2.6. Accident Compensation Corporation (ACC, New-Zealand) 2011 Ø	2
	2.7. National Health and Medical Research Council (Australie) 2003 Ø	2

Acute Neck Pain

Cervicalgies aiguës : évaluation de l'acupuncture

Articles connexes : - cervicalgies -

1. Systematic Reviews and Meta-Analysis

☆☆☆	Evidence for effectiveness and a specific effect of acupuncture.
☆☆	Evidence for effectiveness of acupuncture.
177	Evidence for effectiveness of acupuncture mais limitées qualitativement et/ou quantitativement.
Ø	No evidence or insufficient evidence.

1.1. Generic Acupuncture

2. Clinical Practice Guidelines

 \oplus positive recommendation (regardless of the level of evidence reported) \emptyset negative recommendation (or lack of evidence)

2.1. Danish Health Authority (DHA, Denmark) 2016 ⊕

National clinical guideline for the non-surgical treatment of recent onset non-specific neck pain. Danish Health Authority. 2016. [206338]. URL.

Consider offering acupuncture treatment to patients with recent onset neck pain as an add-on to other treatment (= a weak/conditional recommendation for)

2.2. Ontario Protocol for Traffic InjuryManagement Collaboration ((OPTIMa, Canada) 2016 Ø

Côté P, Wong JJ, Sutton D, et al. Management of neck pain and associated disorders: A clinical practice guideline from the Ontario Protocol for Traffic Injury Management (OPTIMa) Collaboration. Eur Spine J. 2016;25(7):2000–2022. doi:10.1007/s00586-016-4467-7. [001]. DOI

Recommendation 4 For NAD grades I–II \leq 3 months duration, In view of evidence of no effectiveness, clinicians should not offer structured patient education alone, strain-counterstrain therapy, relaxation massage, cervical collar, **electroacupuncture**, electrotherapy, or clinic-based heat *Recommendation 5 For NAD grades I–II* \geq 3 months duration, In view of evidence of no effectiveness, clinicians should not offer strengthening exercises alone, strain-counterstrain therapy, relaxation massage, relaxation therapy for pain or disability, electrotherapy, shortwave diathermy, clinic-based heat, **electroacupuncture**, or botulinum toxin injections.

2.3. Colorado Division of Workers' Compensation (USA) 2014 ⊕

Colorado Division of Workers' Compensation. Cervical spine injury medical treatment guidelines. Denver (CO): Colorado Division of Workers' Compensation. 2014; :96P. [166325].

Acupuncture is recommended for chronic pain patients who are trying to increase function and/or decrease medication usage and have an expressed interest in this modality. It also may be beneficial for individuals experiencing acute or subacute neck pain who cannot tolerate nonsteroidal antiinflammatory drugs (NSAIDs).

2.4. Italian Society of Physical and Rehabilitation Medicine (SIMFER, Italie) 2013 \oplus

Monticone M, Iovine R, De Sena G, Rovere G, Uliano D, Arioli G, Bonaiuti D, Brugnoni G, Ceravolo G, Cerri C, Dalla Toffola E, Fiore P, Foti C Et Al. The Italian Society of Physical and Rehabilitation Medicine (Simfer) recommendations for neck pain. G Ital Med Lav Ergon. 2013;35(1):36-50. [166807].

In the case of non-specific acute NP, use medical therapy as outlined above. Manipulation, massage, physical therapy, acupuncture or anesthetic blocks can also be recommended. Laser therapy and acupuncture combined with other conservative treatments are recommended for pain relief.

2.5. American College of Occupational and Environmental Medicine (ACOEM, USA) 2011 Ø

American College of Occupational and Environmental Medicine (ACOEM). Cervical and thoracic spine disorders. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM). 2011; 332P. [166312].

Acute Cervicothoracic Pain. Not recommended: Routine use of acupuncture (I) Subacute Cervicothoracic Pain. Not recommended: Routine use of acupuncture (I)

2.6. Accident Compensation Corporation (ACC, New-Zealand) 2011 Ø

Hardaker N, Ayson M. Pragmatic Evidence Based Review. The efficacy of acupuncture in the management of musculoskeletal pain. Accident Compensation Corporation (ACC, New-Zealand). 2011. [182414].

- There is insufficient evidence to make a recommendation for the use of acupuncture in the management of acute neck, back or shoulder pain.

2.7. National Health and Medical Research Council (Australie) 2003 Ø

Australian Acute Musculoskeletal Pain Guidelines Group. Evidence-based management of acute musculoskeletal pain. Brisbane: Australian Academic Press Pty Ltd. 2003. 259P. [166495].

Acute Neck Pain. There are no randomised controlled studies on the effect of acupuncture or infrared acupuncture in the treatment of acute neck pain. There is conflicting evidence that acupuncture is more effective compared to placebo and other treatments for neck pain in mixed populations.

From:

https://wiki-mtc.org/ - Encyclopédie des sciences médicales chinoises

Permanent link: https://wiki-mtc.org/doku.php?id=acupuncture:evaluation:rhumatologie%20-%20orthopedie:12.%20cervicalgies%20aigues ×

Last update: 27 Jan 2024 17:22