

CCGPP Releasing More Draft Chapters of Clinical Compass

Editorial Staff

The Council on Chiropractic Guidelines and Practice Parameters (CCGPP) has released a second draft chapter of the *Chiropractic Clinical Compass* for stakeholder review. The Methodology chapter was posted online at www.ccgpp.com on Aug. 13, along with a preface and revised introduction to the *Compass*.

In May 2006, the council released the first draft chapter, Low Back and Related Lower Extremity Conditions, for review by, among others, chiropractic organizations, associations, colleges, providers, patients, students and third-party payers. After substantial comments and suggestions were received, the low back team elected to perform a more comprehensive literature review regarding diagnostic issues. As a result, re-release of portions of the Low Back chapter are pending as of press time.

In the coming months, the council plans on releasing further evidence stratification for public comment: Wellness, Non-musculoskeletal and Special Populations (scheduled as of press time for release on Sept. 1); Upper Extremity Conditions (Oct. 1); and Low Back Part A, Cervical Spine, Soft Tissue, Thoracic Spine, and Lower Extremities (exact release date pending). Each chapter draft will be posted on the CCGPP Web site for 60 days of review/comment.

For the past several years, the CCGPP has spearheaded efforts to develop the *Chiropractic Clinical Compass*, a best-practices document designed to help doctors of chiropractic provide comprehensive health solutions to patients based on a variety of considerations, including research. The council explains the purpose and design of the *Compass* as follows:

The information contained in the six clinical chapters covered in the best practices project being assembled by CCGPP is a literature synthesis. A literature synthesis is an academically rigorous analysis of all the available scientific literature on a specific topic. Reviewers use internationally accepted tools to rate each article according to specific criteria. These include the type of study (randomized controlled trial, case series, etc.), the quality of the study, size of the study and many other factors which influence the credibility and strength of the study's conclusions.

Each reviewer independently rates all the available articles, and the ratings are compared among the members of the review team. When there is disagreement among the reviewers regarding the conclusions, a formal consensus process is followed to arrive at an overall conclusion upon which all reviewers can agree. The resulting conclusions do not represent the reviewers' own beliefs but rather what the literature actually supports. A literature synthesis is a starting point. It indicates only what we can conclude with supportable, scientific evidence. Appropriate therapeutic approaches will consider the literature synthesis as well as clinical experience, coupled with patient preferences in determining the most appropriate course of care for a specific patient.

According to the CCGPP, once completed, the *Compass* will differ from a standard set of guidelines in that the latter generally provides treatment recommendations and numbers of visits, while the former is based on three important elements: research, clinical decision-making and patient values. This will allow the physician to weigh the evidence, consider the clinical situation and select the ideal method of care for each patient.

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