Correspondence: Response to Kranenburg et al. (Letter)

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Published

2023

Journal Title

Journal of Physiotherapy

Version

Version of Record (VoR)

DOI

10.1016/j.jphys.2023.11.009

Journal of PHYSIOTHERAPY
journal homepage: www.elsevier.com/locate/jphys

Appraisal

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The elephant in the room regarding the safety of physiotherapy for the cervical spine

We thank Kranenburg et al for their interest in our study and for acknowledging the valuable contribution it has made.[1] However, we believe that their points of critique are unwarranted and distract readers from the essence of our findings: although the IFOMPT framework has merit, its clinical usability is uncertain.

Contrary to what they argue in their correspondence, we did not state that there are no fundamental differences between the 2014 and 2023 versions of the IFOMPT framework. As mentioned in the manuscript, we modified the 2014 version in line with how the framework was modified in 2023, basing our modifications on the same literature as the authors of the 2023 version. We stated that there were no fundamental differences between the framework as used in our study and the 2023 version.[2] We were therefore true to the purpose and philosophy of the 2023 version of the IFOMPT framework.

Our study indeed enrolled a relatively high percentage of patients classified as 'intermediate' or 'high' risk.[2] This risk classification was not based on a single risk factor, as argued by Kranenburg et al,[1] but rather relied on a comprehensive analysis and clinical reasoning process of all information gathered during the screening. We acknowledged possible selection bias towards more severe patients, but this might have overestimated – rather than underestimated – the sensitivity of the framework.

Kranenburg et al further questioned our reference test.[1] However, in the absence of a gold standard for risk assessment, the most viable approach is to rely on a consensus expert panel decision.[3] Our panel of experts based their decisions on all clinical data (ie, signs, symptoms and risk factors for underlying vascular pathology), along with a magnetic resonance angiogram and its report, which identified possible pre-existing vascular pathologies (eg, dissection, atherosclerosis and hypoplasia).[2] As such, all necessary information required for optimal estimation for the risk of vascular complications derived from the estimated risk of the presence of vascular pathology was available. Our reference standard was considered 'appropriate' and 'credible' in a recent invited commentary.[4]

Despite our findings, we are not arguing that the IFOMPT framework should be de-implemented. However, if the framework holds a significant place in clinical practice, as Kranenburg et al claim,[1] it is thanks to the significance of the problem it aims to address (ie, prevention of major adverse events), the underlying theoretical rationale, and the endorsement by IFOMPT, rather than its sound clinimetric properties. The problem is not the design of our study, which has been considered exemplary,[4] but rather the insufficient reliability and accuracy of the framework. The elephant in the room is that all available evidence shows that when it comes to estimating the level of risk, musculoskeletal physiotherapists do not agree with their peers[5] or with the reference test.[2] This is not an enviable position for clinicians and patients to be in. We need to ask ourselves whether we, as musculoskeletal physiotherapists, are sufficiently equipped to accurately estimate the level of risk. Future research should determine whether: the IFOMPT framework requires modification, clinicians need better training in the framework, or the framework provides little more than a false sense of security and that a different approach is required.

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References

1. Kranenburg HA, et al. *J Physiother*. 2023;70:79.
2. de Best RF, et al. *J Physiother*. 2023;69:260–266.
3. Handels RL, et al. *BMC Neurol*. 2014;14:190.
4. Verhagen AP, et al. *J Physiother*. 2023;69:267.
5. de Best RF, et al. *Phys Ther*. 2021;101.

https://doi.org/10.1016/j.jphys.2023.11.009