

Degenerative spondylolisthesis

Diagnosis and treatment of degenerative spondylolisthesis

Latest update: September 2008. **Next update:** 2011. **Patient group:** Adults with low back pain and/or lower extremity symptoms related to spinal stenosis. **Intended audience:** Practitioners who treat patients with degenerative lumbar spondylolisthesis. **Additional versions:** Nil. **Expert working group:** Eighteen doctors from the USA comprised the guideline development group. **Funded by:** North American Spine Society. **Consultation with:** North American Spine Society members. Representatives from medical, interventional and surgical spine specialties are reported to have participated in the development and review of these guidelines. **Approved by:** The North American Spine Society. **Location:** <http://www.spine.org/Pages/PracticePolicy/ClinicalCare/ClinicalGuidelines/Default.aspx>.

Description: This 134-page document reviews the evidence for the diagnosis and treatment of degenerative lumbar spondylolisthesis. It begins with a consensus on the definition and natural history of degenerative lumbar spondylolisthesis, with recommendations for further research to assist to refine these. The main body of the guidelines relates to diagnosis and treatment. In the

first section on diagnostic tests and imaging, evidence is presented and recommendations are made for the use of historical and physical examination findings, radiographs, MRI, myelography, and CT scans to diagnose degenerative lumbar spondylolisthesis. Next, outcome measures to indicate effects of treatment are reviewed, with recommendations for the use of primarily questionnaires. In the evidence for treatment, the group found no studies to adequately determine the role of medical/interventional treatment in this population. This includes pharmacological treatment, physiotherapy/exercise, manipulation, epidural steroid injections, or ancillary treatments such as bracing, or transcutaneous electrical stimulation. It is recommended that medical/interventional management should be similar to symptomatic, degenerative lumbar spinal stenosis. The rest of the guidelines discusses the evidence for surgical interventions including surgical decompression, lumbar fusion, the addition of instrumentation to these methods, and the long-term result of surgical management.

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Stroke

European Stroke Organisation: evidence-based stroke rehabilitation

Latest update: January 2009. **Next update:** Not indicated. **Patient group:** Adults with ischaemic stroke or transient ischaemic attacks (TIAs). **Intended audience:** Clinicians caring for patients with ischaemic stroke or TIAs. **Additional versions:** This guideline is an expanded document from The European Stroke Organisation (ESO) Executive Committee and ESO Writing Committee. Guidelines for the Management of Ischaemic Stroke and Transient Ischaemic Attack 2008, 125 pages. Available from: <http://www.eso-stroke.org/recommendations.php?cid%20=%209>. **Expert working group:** Thirty-six people comprised the guideline development group. This included experts from predominantly medicine from 13 European countries. **Funded by:** The European Stroke Organisation. **Consultation with:** Not stated. **Approved by:** The European Stroke Organisation. **Location:** Quinn TJ et al (2008) Evidence-based stroke rehabilitation: an expanded guidance document from the European stroke organisation (ESO) guidelines for management of ischaemic stroke and transient ischaemic attack. *Journal of Rehabilitation Medicine* 41: 99–111.

Description: This 14-page article outlines evidence for rehabilitation of stroke patients. It builds on the 2008 ESO guidelines outlined above, which are much broader, with rehabilitation only one aspect of stroke management presented in that document. The article presents evidence for the evaluation of rehabilitation trials, the setting and timing of rehabilitation, duration, intensity and content of rehabilitation therapy, prognosis, cost effectiveness, and common complications post stroke. The content of rehabilitation presented includes physiotherapy, occupational therapy, speech and language therapy, stroke liaison, cognitive intervention, and other groups. The document discusses the evidence for each section, provides summary key points, and recommendations for future research. The levels of evidence are not clearly presented in the article, but are detailed in the 125-page guideline document. In the physiotherapy section, evidence for models of physiotherapy are presented (eg Bobath, motor relearning), and for specific physiotherapy interventions such as constraint-induced movement therapy, strength training, functional electrical stimulation, treadmill training, virtual reality, mental imagery, bilateral training, and aerobic exercise training. Prevalence, evidence for prevention, and intervention to improve common complications are presented. These include shoulder pain, depression, falls, urinary disturbance, and aspiration pneumonia. The guidelines are supported by 144 references.

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