Appendix. Patient Characteristics that Make Up the Clinical Scenarios

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| Code **(% of scenarios)** | Patient characteristics included in the decision tree analysis |
| 0 = absent (99.6%)  1 = present (0.4%) | Clinical risk factors for contraindications for manipulation - Those factors where the risk may outweigh the benefit, such as: patient over age 65; fever greater than 100 degrees F; prolonged corticosteroid use; unexplained weight loss; history of cancer; history of serious systemic inflammatory arthritides or vasculitides; endocrinopathies that affect calcium metabolism. |
| 0 = absent (79%)  1 = present (21%) | Continued biomechanical or psychosocial stress. Psychosocial stress = Depression (requiring drug treatment); alcohol or narcotic dependence; recent suicide attempt; severe anxiety; evidence of stressful life situation such as bereavement, job change, job or family dissatisfaction, litigation or compensation issues. Biomechanical stress = Postural, lifestyle, or occupational factors associated with low back pain. |
| 0 = absent (93%)  1 = present (7%) | Major neurologic findings - At least one of the following: neurologic signs of lumbar myelopathy; progressive unilateral muscle weakness and/or motor loss documented by repeat exam over time; sensory deficits other than related to dermatomes or peripheral nerves; and/or electrodiagnostic findings of acute and/or progressive radiculopathy. |
| 0 = absent (50%)  1 = present (50%) | Minor neurologic findings - At least one of the following: asymmetrically decreased reflexes in lower extremity; documented dermatomal or peripheral nerve sensory changes which may include deficit, paresthesia, and hyperesthesia; non-progressive unilateral muscle weakness and/or parasthesia that follows a radicular pattern. Note: if major neurologic findings are present and minor neurologic findings are not mentioned they are assumed to be present. |
| 0 = absent (84%)  1 = present (16%) | Prior laminectomy |
| 0 = absent (65%)  1 = present (35%) | Prior manipulation or mobilization with a favorable response (versus no prior manipulation or mobilization) |
| 0 = absent (55%)  1 = present (45%) | Sciatic nerve irritation - Typical radicular pain (shooting pain in the posterior thigh/calf) and positive straight-leg raising test (positive = pain distal to knee). |
| 0 = absent (9%)  1 = present (91%) | Spine radiographs were done |
| 0 (22%)  1 (26%)  2 (26%)  3 (26%) | Imaging studies = Include any of the following: CT, contrast CT, MRI, contrast MRI, myelography, ultra-sound, CAT scan, X-ray. Code: 0 = no imaging studies done; 1 = no findings on imaging studies; 2 = posterolateral HNP findings only; 3 = findings of central HNP, or spinal stenosis, or free fragment |
| 0 (13%) 1 (74%)  2 (13%) | Pain variable. Note: if pain is not mentioned it is set to 1. Code: 0 = pain present but diminished; 1 = pain still present and unchanged; 2 = pain is worse |
| 0 (56%)  1 (4%)  2 (4%)  3 (37%) | Physical findings of joint dysfunction – Joint dysfunction = Decreased or aberrant segmental or regional joint mobility excluding hypermobility but including tender or hypertonic contraction of the paraspinal muscles. Code: 0 = no findings; 1 = physical findings of SI joint dysfunction; 2 = physical findings of vertebral joint dysfunction; 3 = physical findings of unspecified joint dysfunction |
| 0 (50%)  1 (50%) | Previous conservative care - Adequate conservative care **=** A trial of non-surgical, non-manipulative care of sufficient intensity and duration to normally achieve a favorable response. Code: 0 = not tried; 1 = tried and failed |

Absent = reported as absent or not mentioned. HNP = herniated nucleus pulposus.