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| **Supplementary Table: Quality indicator definitions and classifications** | |
| ***History + Exam Quality Indicators*** | ***CareTrack1 indicator definition*** | ***Operational requirement for positive study indicator*** |
| Medical history documented | Patient presenting with low back pain had their medical history documented at presentation | Documentation of 3 or more of the following: onset/mechanism of injury, provocation/palliation, quality and character of symptoms, radiation of symptoms, severity, timing/frequency of symptoms |
| Physical examination documented | Patient presenting with low back pain had a physical examination performed and documented | Documentation of 3 or more of the following: observation (e.g., description of analgia, gait, assessment for scars, swelling, rashes, signs of trauma), range of motion, orthopedic testing, joint assessment, soft tissue palpation |
| Neurological examination documented | Patient presenting with low back pain had a neurological examination performed (strength, sensation, and reflexes in lower limbs) | Documentation of any of the following: lower extremity motor, reflex, sensory, and/or pathological reflex testing |
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| ***Treatments*** | ***ACP CPG2 classifications*** | ***Operational definitions*** |
| HVLA manipulation | Spinal manipulation | Documentation could include of any of the following: High-velocity low amplitude (HVLA), Diversified, Gonstead, grade V, manual adjustment, chiropractic adjustment, manipulation, spinal manipulation, joint manipulation |
| Drop manipulation | Spinal manipulation | Documentation included use of Thompson technique, drop table and/or drop-assisted manipulation |
| Flexion-distraction manipulation | Spinal manipulation | Documentation included use of flexion-distraction (F/D) and/or the Cox Technique |
| Sacro Occipital Technique | Spinal manipulation | Documentation included use of Sacro Occipital Technique (SOT) and or blocks (e.g., pelvic blocking) |
| Impulse instrument | Spinal manipulation | Documentation could include use of Activator, instrument-assisted manipulation, and/or Pro-Adjuster |
| Manual soft tissue therapy | Massage | Documentation could include any of the following: massage, myofascial release, instrument-assisted soft tissue mobilization (IASTM), augmented soft tissue mobilization, Graston, manual trigger point therapy, transverse friction massage, soft tissue mobilization, craniosacral therapy, Active Release Technique (ART) |
| Disease-specific advice/education | Advice/information3 | Documentation could include education, counseling, suggestions and/or recommendations related to the patient's complaint(s) or diagnosis |
| Manual mobilization | Not specified | Documentation could include mobilization or manual mobilization |
| Hot/cold pack | Superficial heat | Documentation could include use of heat or ice packs in office |
| Acupuncture/dry needling | Acupuncture | Documentation could include use of either acupuncture and/or dry needling techniques |
| Therapeutic exercise | Exercise | Documentation could include, but was not limited to: McKenzie exercises, stabilization sexercises, range of motion exercises, strengthening exercises |
| E-stim/ultrasound | Electrical stimulation, ultrasound | Documentation included use of e-stim and/or therapeutic ultrasound |
| Manual traction | Traction | Documentation included use of manual traction |
| Cold laser | Low-level laser therapy | Documentation included use of cold laser or low-level laser therapy (LLLT) |
| 1 Ramanathan SA, Hibbert PD, Maher CG, et al. CareTrack: Toward Appropriate Care for Low Back Pain. *Spine*. 2017;42(13): E802-E809. doi:10.1097/BRS.0000000000001972; 2 Qaseem A, Wilt TJ, McLean RM, et al. Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline from the American College of Physicians. *Ann Intern Med*. 2017;166(7):514-530. doi:10.7326/M16-2367; 3 "Clinicians should (also) provide patients with evidence-based information with regard to their expected course, advise them to remain active as tolerated, and provide information about effective self-care options." – ACP CPG. | | |