

Investigating Conservative Therapy of Cervical Radiculopathy by a Delphi Technique

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To the Editor: Cervical radiculopathy (CR) is a common problem with an episodic course that affects a large proportion of the population.^[1] The review indicated that nonoperative treatment is the main course. However, there is little high-quality evidence on the nonoperative therapy for CR. The purpose of this conservative therapy was built up to serve for the clinical practice. Our research team adopt a Delphi technique.^[2] First, we randomly selected an expert panel composed 22 spine surgeons, 3 physiotherapist, and 3 pain management doctors from the medical experts in China. Second, using the Delphi process and iterative rounds, agreement $\geq 80\%$ was considered consensus. Repeat voting for consensus was performed. Third, we put forward to the following conclusions: (1) Nonoperative treatment is the appropriate initial approach for most patients; (2) a short period (1 week) of immobilization in a cervical collar may relieve radicular pain; (3) typically, eight to 12 lb of traction is applied at an angle of approximately 24° of flexion for 15–20-min intervals should be provide to patient in hospital;^[3] (4) a short period (3 days) of using steroid and dehydrating agents should be provide, according to the patient's condition; (5) patients are able to use interventional treatment (translaminar and transforaminal epidural injection or selective nerve root block) to relieve acute radicular pain; (6) as the pain improves, a gradual, isometric strengthening program may be initiated with progression to active range-of-motion and resistive exercises as tolerated; (7) patients should routinely receive nonsteroidal anti-inflammatory drugs (NSAIDs); (8) as breakthrough supplements to NSAIDs or in patients who cannot tolerate NSAIDs, opiate should be used; (9) patients should routinely receive relaxants; (10) patients should routinely receive physiotherapy such as heat and electrical nerve stimulation; (11) patients should receive neurotrophic drugs; (12) as supplement of CR therapy, Chinese herbal medicine about promoting blood circulation for removing blood stasis should be selected; (13) patients should receive tramadol (Ultram) to alleviate chronic neuropathic pain; (14) patients should considerate surgical intervention if there is intractable radicular symptoms unresponsive to nonoperative management over an 8 week period;^[4] (15) patients

have the recurrent pain of neck and shoulders, or the recurrent pain and numbness of upper limb more than 6 months, which seriously affect the patients' work and lives and aggravate recently; (16) patients have obvious strings pain and numbness of upper limb accompanied by one side muscle atrophy and decreased muscle strength, whose imaging examination showed cervical vertebral disc herniation, or osteophyte formation of Luschka joint compress the dural sac, or the section of the lesion is significantly instability. These could serve the clinical practice as a reference in the future. However, more studies are also needed to provide the high-quality evidence for these strategies.

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Conflicts of interest

There are no conflicts of interest.

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