**Appendix** **Table A.1. Patient Characteristics that Make Up the Clinical Scenarios**

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| Code | Patient characteristics included in the decision tree analysis (% of scenarios with each code) |
| 0 – 1 | Continued 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. 0 = absent (83%); 1 = present (17%) |
| 0 – 1 | Local pathology – A mechanical or physiologic lesion external to the spine that is the source of symptoms and signs. 0 = absent (99%); 1 = present (1%) |
| 0 – 1 | Radiculopathy – clinical suspicion of cervical nerve root involvement. 0 = absent (47%); 1 = present (53%) |
| 0 – 1 | Signs of painful and/or limited active range of motion. 0 = absent (65%); 1 = present (35%) |
| 0 – 1 | Signs or history of red flags – Those factors where the risk may outweigh the benefit, such as: 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 (86%); 1 = present (14%) |
| 0 – 4 | Additional testing – i.e., advanced imaging, lab tests. Code: 0 = none done (46%); 1 = tests negative for serious pathology (19%); 2 = findings of cervical disc herniation (12%); 3 = findings of cervical canal stenosis (12%); 4 = findings of cervical spinal foraminal osteophytosis (12%) |
| 0 – 2 | Neurologic findings - Minor neurologic findings: At least one of the following: asymmetrically decreased reflexes in upper 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. Major neurologic findings: At least one of the following: neurologic signs of cervical 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. Code: 0 = no findings (45%); 1 = minor neurologic findings (32%); 2 = major neurologic findings (24%) |
| 0 – 2 | 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 or not mentioned (92%); 1 = joint dysfunction between C2-T1 (4%); 2 = joint dysfunction in upper cervical spine (occiput/C1/C2) (4%) |
| 0 – 1 | 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 (50%); 1 = tried and failed (50%) |
| 0 – 3 | Prior experience with manual therapy (manipulation or mobilization). Code: 0 = no prior experience (35%); 1 = favorable response (22%); 2 = no response (22%); 3 = unfavorable response (22%) |
| 0 – 3 | Radiographic findings degenerative changes in the cervical spine. Code: 0 = No findings; 1 = early changes; 2 = moderate degeneration; 3 = advanced degeneration |
| 0 – 1 | Traumatic etiology. Code: 0 = non-traumatic or minimally traumatic (57%); 1 = clinically substantial (43%) |

Absent = reported as absent or not mentioned.