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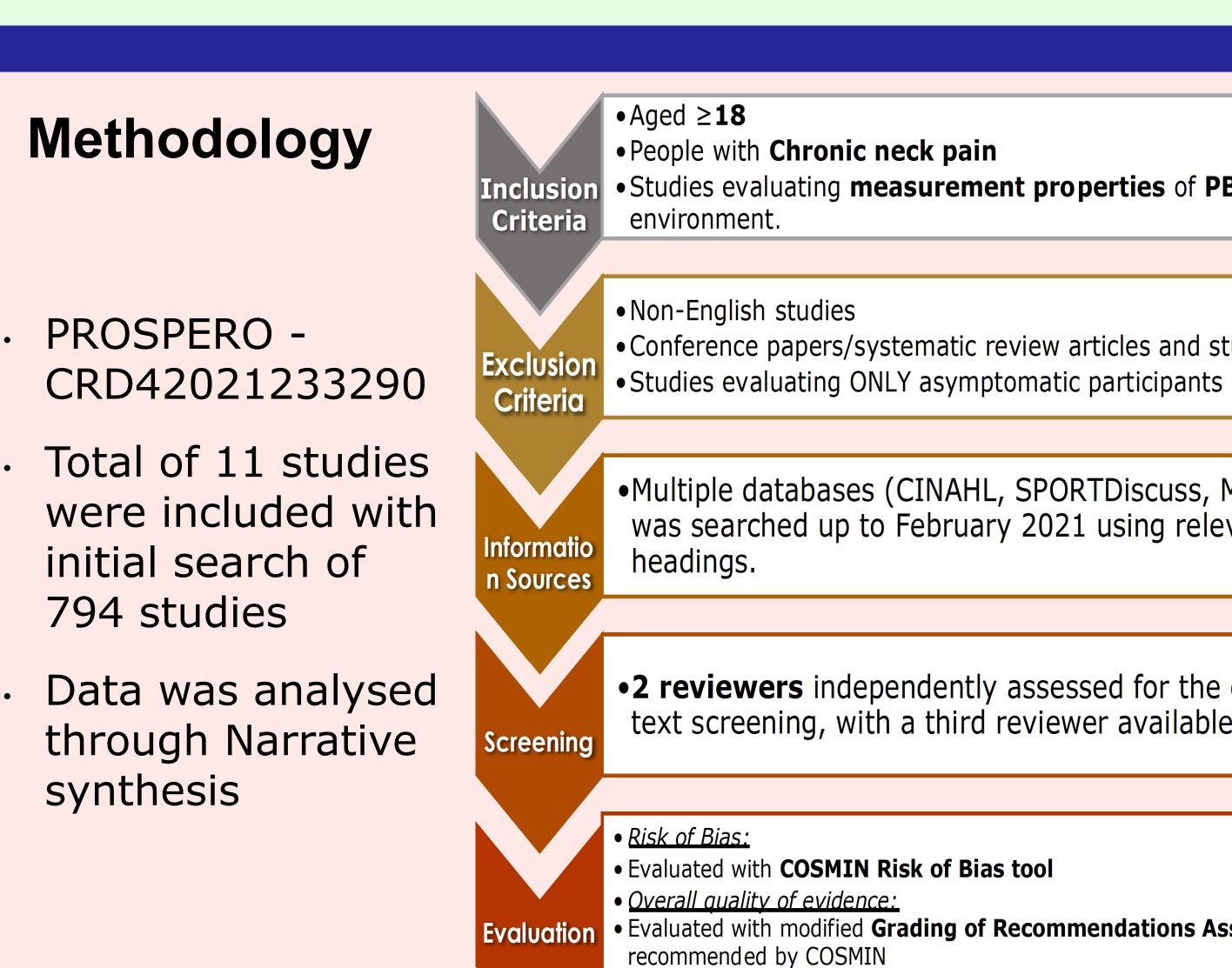
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### Introduction

- People with neck pain commonly present with altered physical function including neck muscle weakness. [1]
- An association exists between the extent of the reduction in neck pain and disability and an increase in neck strength following neck strengthening in people with chronic neck pain (CNP). [2]
- Numerous methods have been used to evaluate neck strength, including manual muscle testing, hand- held dynamometry, strain-gauge dynamometry, isometric, and isokinetic tests and specialized equipment such as the multi cervical unit. [3, 4,5]
- It is imperative that clinicians utilise performance-based outcome measures (PBOM) that meet certain bench- marks for measurement properties to ensure the highest clinical accuracy.

## Aim

To appraise the psychometric properties of various neck strength outcome measures (without limits on the duration of testing or cost of the equipment) and establish their appropriateness for the evaluation of neck strength in patients with chronic neck pain based on their measurement properties.



# Measures of neck muscle strength and their measurement properties in adults with chronic neck pain—a systematic review

# • Studies evaluating measurement properties of PBOM of NS in a lab, clinical or field-based

• Conference papers/systematic review articles and studies without full text availability

•Multiple databases (CINAHL, SPORTDiscuss, MEDLINE, EMBASE and Web of Science) was searched up to February 2021 using relevant medical keywords and subject

•2 reviewers independently assessed for the eligibility of studies and conducted full text screening, with a third reviewer available for any disagreement.

• Evaluated with modified Grading of Recommendations Assessment, Development and Evaluation approach

### Results

### **Discussion & Conclusions**

# Recommendations

Further high-quality research is required to evaluate measurement properties of neck muscle strength measures in order to determine the most appropriate measure for future use.

### References

Risk of bias was rated as doubtful or inadequate for most reliability studies, with one study evaluating reliability of handheld dynamometer rated as adequate.

None of the studies included in this review evaluated content validity or criterion validity; the only study evaluating construct validity was rated as doubtful.

No studies were identified which evaluated responsiveness.

Overall quality of evidence was rated low or very low for the measurement properties of all NS measures

Outcome measure	Study	Measurement property	Risk of bias	Criteria for good measurement properties	Overall rating	Quality of evidence
Handheld Dynamometer	Cibulka et al. (2017)	Intra-rater Reliability	Doubtful	+	+	Low
		Measurement error	Doubtful	?	?	Moderate
	Shahidi et al. (2012)	Measurement error	Adequate	?		
		Inter-rater Reliability	Adequate	-	-	Very Low
lsokinetic Dynamometer	Cagnie et al. (2007)	Inter-rater Reliability	Doubtful	+	+	Very Low
		Intra-rater Reliability	Doubtful	+	+	Very Low
		Measurement error	Doubtful	?	?	Very Low
Isometric Dynamometer	O'Leary et al. (2005)	Test-retest Reliability	Inadequate	+	+	Very Low
		Measurement error	Inadequate	?	?	Low
Strain gauge Dynamometer	Jordan et al. (1997)	Intra-rater Reliability	Inadequate	?	-	Very Low
		Measurement error	Doubtful	?	?	Low
Modified Sphygmomanomete r Dynamometer	Vernon et al. (1992)	Intra-rater Reliability	Inadequate	?	?	Very Low
Force Transducer	Barton and Hayes (1996)	Test-retest Reliability	Doubtful	-	-	Very Low
Multi Cervical Unit	Chiu and Lo (2002)	Construct Validity	Doubtful	?	?	Very Low
		Test-retest Reliability	Doubtful	+	+	Low
	Pearson et al. (2009)	Test-retest reliability	Doubtful	+		
		Measurement error	Doubtful	?	?	Very Low
Multifunctional Measurement Unit	Scheuer and Friedrich (2010)	Inter-rater Reliability	Doubtful	+	+	Very Low
		Intra-rater Reliability	Doubtful	+	+	Low
	Ylinen et al. (2004)	Intra-rater Reliability	Doubtful	?		
Key: Sufficient (+); Insufficient (-); Indeterminate (?)						

There was lack of consistency in methodology like description of experimental preparation, examiners/raters' positions, time interval between measurements and their expertise or training using the measurement tool; with unclear statistical measures models utilised. Two important aspects of internal validity, randomization and blinding of raters, were also

poorly documented across studies.

Overall quality of evidence for all measurement properties was rated as low or very low, apart from measurement error of a handheld dynamometer.

Lindstrøm R, Schomacher J, Farina D, Rechter L, Falla D. Association between neck muscle coactivation, pain, and strength in women with neck pain. Man Ther. 2011;16(1):80-6. Ylinen J, Takala EP, Nykänen M, Häkkinen A, Mälkiä E, Pohjolainen T, et al. Active neck muscle training in the treatment of chronic neck pain in women: a randomized controlled trial. JAMA. 2003:289(19):2509-16

Ylinen JJ, Rezasoltani A, Julin MV, Virtapohja HA, Mälkiä EA. Reproduc - ibility of isometric strength: measurement of neck muscles. Clin Biomech. 1999;14(3):217–9. Chiu TTW, Lo SK. Evaluation of cervical range of motion and isometric neck muscle strength: reliability and validity. Clin Rehabil. 2002;16(8):851-8. Cagnie B, Cools A, De Loose V, Cambier D, Danneels L. Diferences in isometric neck muscle strength between healthy controls and women with chronic neck pain: the use of a reliable measurement. Arch Phys Med Rehabil. 2007;88(11):1441–5.



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