

# Letters to the Editor

## On "Effect of Bracing..." Lenssinck et al. *Phys Ther.* 2005;85:1329–1339

To the Editor:

We were glad when we discovered the article by Lenssinck et al, titled "Effect of Bracing and Other Conservative Interventions in the Treatment of Idiopathic Scoliosis in Adolescents: A Systematic Review of Clinical Trials," because it relates to a field that today is not adequately covered.<sup>1,2</sup> However, we believe that there was a relative failure in collecting all of the relevant articles on the topic, which is a big methodological problem in a systematic review.

For instance, Lenssinck et al cited an article that was published by Weiss et al<sup>3</sup> in the same volume of *Pediatric Rehabilitation* in which we published another systematic review on exercises<sup>4</sup> that has been cited by the Database of Abstracts of Reviews of Effects (DARE), part of the Cochrane Library. In our review, we retrieved more articles thanks to a hand search and, I believe, a more extensive search of electronic databases. Lenssinck et al did not consider EMBASE, which, in the field of back problems, allows a searcher to almost double the number of relevant studies.<sup>5</sup> By adding the search of systematic reviews on the topic to reach other relevant literature, as it usually must be done,<sup>5</sup> Lenssinck et al could have included some additional relevant articles.

It is possible that not all of the studies that we considered in our previous systematic review<sup>4</sup> could have been included by Lenssinck et al because of the strict inclusion criteria that they used; however, we wish we could have sent them an article by Ferraro et al,<sup>6</sup> which they were not able to retrieve. This article was in our review and was published in

the journal *Europa Medicophysica*, indexed in MEDLINE/PubMed since 2004, of which I am chief editor.<sup>7</sup> The historical article by Stone et al,<sup>8</sup> published in 1979 in *Physical Therapy*, also would have been very relevant to the topic, as well as those published by Ducongè<sup>9</sup> and Mollon and Rodot.<sup>10</sup> Those studies were controlled clinical trials, as defined by Lenssinck et al, and the citations are full-text articles, not abstracts.

In the end, Lenssinck and colleagues reached the same conclusions that we did in our systematic review.<sup>4</sup> However, with the inclusion of these other articles, I believe that the authors' systematic review would have been more complete and would have had more strength.

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## Author Response:

We thank Negrini and Romano for their compliments on our systematic review. However, they note a "failure in collecting all of the relevant articles." We agree that a full retrieval of all available trials strengthens the conclusions of a systematic review, but we also know that a full retrieval is impossible, especially when time is short. Therefore, we welcome their advice.

They mention that they found more relevant studies in their own review<sup>1</sup> compared with ours. We do not understand their remark, because we found 3 randomized controlled trials (RCTs) and 10 controlled clinical trials (CCTs), whereas they found no RCTs and 7 CCTs.

Indeed, Negrini and Romano are right that, according to the Cochrane Back Review Group, searching EMBASE is advisable. In the Netherlands, it is difficult to perform a search in EMBASE because it is available at only one university in the country. Contrary to Negrini and Romano's findings, our experience is that a search in EMBASE seldom results in trials that are not located in other databases or via reference checking.

For feasibility reasons, therefore, we did not perform an EMBASE search, but indeed we cannot be absolutely sure that we might not have missed studies this way. We excluded the study of Stone et al<sup>2</sup> mainly because of the retrospective matching of the controls; this seemed, to us, very selective.

Because we may want to do an update of this review, we would be very glad if Negrini and Romano could send to us the 3 articles that they mentioned, of which we were unaware or unable to retrieve, to

evaluate whether they fit our eligibility criteria. When we decide to perform an update, we will probably be a bit stricter in our inclusion criteria and not include controlled studies with retrospectively gathered controls, because this is not in line with the guidelines of the Cochrane Collaboration.


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