CUMULATIVE TRAUMA CONDITIONS
MEDICAL TREATMENT GUIDELINES
BIBLIOGRAPHY
Adopted: September 16, 2010


130. Food and Drug Administration (n.d.). [www.fda.gov/drugs@fda/](http://www.fda.gov/drugs@fda/)


Assessment: Adequate. Used in evidence statement as defined in General Guidelines Principles.


364. Scholten, R., Mink van der Molen, A., Uitdehaag, B., Bouter, L., & de Vet, H. Surgical


421. van Oostrom, SH, Driessen, MT, de Vet, HCW, Franche, RL, Schonstein, E., Loisel, P., ... & Anema, JR. Workplace interventions for preventing work disability. *Cochrane Database of


Assessment: Inadequate


NOTE: The bibliography for the Cumulative Trauma Conditions Medical Treatment Guidelines reflects the articles, abstracts, and literature reviewed during the Cumulative Trauma Conditions Medical Treatment Guideline update process. Where applicable, literature was given a designation of one of the following: High quality, adequate, inadequate, or not applicable. Literature with these designations is noted in the bibliography. Literature that was designated as 'Adequate' or 'High Quality' is in bold font. Each designation was assigned in accordance with the related Study Questions [insert link here].

Literature that was used to support evidence statements (eg. some, good, strong) is listed in the bibliography. Over 450 articles and literature were examined for consideration during the course of this update. A limited number of those articles qualified for evidence statements. The designated strength of the evidence may not coincide with acceptability of treatment. When the evidence is conflicting or inconclusive, acceptability of treatment is determined by a combination of available medical literature and group consensus. Some of the elements that are considered in making these determinations are: level of functional benefit, acceptable risk/morbidity/mortality, and acceptable cost.

A review of Cumulative Trauma Conditions Medical Treatment Guidelines bibliography needs to coincide with a review of the General Guidelines Principles. In particular, please review Guidelines Principle #12: Guidelines Recommendations and the Strength of Medical Evidence and Consensus Recommendations. All recommendations in the guidelines are considered to represent reasonable care in appropriately selected cases, regardless of the level of evidence or consensus attached to it. Those procedures considered inappropriate, unreasonable, or unnecessary are designated in the guideline as 'not recommended.'