



CRITICAL APPRAISAL SKILLS Making sense of evidence about clinical effectiveness

This is the cribsheet for Herbert RD, Gabriel M. Effects of stretching before and after exercising on muscle soreness and risk of injury: systematic review. BMJ 2002;325:468-472

10 questions to help you make sense of a review

These questions consider the following:

Are the results of the review valid? (SECTION A)

What are the results? (SECTION B)

Will the results help locally? (SECTION C)

A number of italicised prompts are given after each question. These are designed to remind you why the question is important. There will not be time in the small groups to answer them all in detail!

These materials were developed by the Critical Appraisal Skills Programme (CASP) and we thank them for permission to use the materials.

A/ Are the results of the review valid?

Screening Questions

1.	Did the review address a clearly	Yes Can't tell No		
	focused question?	✓ □ □		
 HINT: An issue can be 'focused' in terms of the population studied the intervention given the outcome considered Notes: The review addresses a very broad question, therefore should be regarded as an exploratory review. Given this, a great deal of heterogeneity between included studies is to be expected therefore there should be a clear plan to investigate this. This does not appear to have been done. Also, it is implausible to draw firm conclusions from such a review. 		Population – any adults (or ? young, fit, healthy adults) Intervention – stretching before exercise (but is this mainly about lab-based stretches before lab- induced muscle pain rather than real life stretching before playing football etc) Outcome – muscle soreness, incidence of injury, athletic performance (but do they really include athletic performance)		
- Fu	ller analysis and results are available in			
<u>- une</u>	e Countaile Keview.	Yes Can't tell No	_	
2. <i>HI</i>	Did the authors look for the appropriate sort of papers? NT: The 'best sort of studies' would address the review's question have an appropriate study design (ususally RCTs for papers evaluating interventions)	✓ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		

Is it worth continuing?

Detailed questions

 3. Do you think the important, relevant studies were included? HINT Look for which bibliographic databases were used follow up from reference lists personal contact with experts search for unpublished as well as published studies search for non-English language studies 		Yes Can't tell No ☐ ✓ ☐ Good list of databases, but no expert contacts. They include the outcome in the search strategy which is quite unusual. They don't include non-English language studies which could be a big problem. They include cross-over studies but don't explain how they handled the results of these, particularly with reference to the washout period. They don't describe the process of data extraction at all.		
4. <i>HII</i> <i>of</i>	Did the review's authors do enough to assess the quality of the included studies? NT The authors need to consider the rigour of the studies they have identified. Lack of rigour may affect the studies' results ("All that glisters is not gold" Merchant Venice – Act II Scene?)	Yes ✓ Good tal They sta studies v them in don't as: explicitly problem	Can't tell	No y assessed. lude v include d 2. They separately tt period cts.

	Yes	Can't tell	No
5. If the results of the review have been combined was it reasonable to do so?		\checkmark	
 HINT: Consider whether the results were similar from study to study the results of all the included studies are clearly displayed the results of the different studies are similar the reasons for any variations in results are discussed 	The Fore numbers why only were 89 s data from VAS with results for stretching appropria With the number of another (outcomes whether to pooled H to be mus- lower even	est plot is not good as there are contributing to the plot. Unsu 77 subjects' data was pooled subjects in these trials. They a n Likert scales with 6 or catego h 100 categories. Also they co or stretching before exercise ar g after exercise and this may n ate. survival curves having so diff of outcomes in one trial compa possibly because of the different s they collected in each), it is of they should have combined to lazard Ratio. Also, the pooled ch closer to the hazard ratio w ent rates, which doesn't make	e no re as to as there ggregated ories and ombine nd not be ferent ared to ent debateable give a ratio seems rith the sense.

B/ What are the results?

 6. What are the overall result of the reviews? <i>HINT: Consider</i> if you are clear about the review's 'bottom line' results: what these are (numerically if appropriate) how were the results expressed (NNT, odds ratio etc.) 	For muscle soreness 0.9mm (on a scale that varies between 0-100 mm ie not a lot). For incidence of injury hazard ratio 0.95 so not a lot of difference between the two groups on each of the trials For athletic performance – they don't report the result!
7. How precise are the results? HINT: Look at the confidence intervals, if given	 For muscle soreness 0.9mm (95% confidence intervals -2.6mm to + 4.4mm) ie each side of zero so no significant difference For incidence of injury 0.95 (95% confidence intervals 0.78 to 1.16) ie either side of 1 so no significant difference. (NB the muscle soreness outcome is an absolute risk difference so 0 is the no significant difference of injury is a ratio so 1 is the no significant difference point

C/Will the results help locally?

8. Can the results be applied to the local population?	Yes	Can't tell	No	
	•			
 HINT: Consider whether the patients covered by the review could be sufficiently different to your population to cause concern your local setting is likely to differ much from that of the review 	Vag	Conit to		
9. Were all important outcomes considered?	res	Can't te		
	There is no information here on whether stretching before exercise such as playing football will reduce muscle soreness because: The studies they list with muscle soreness as an outcome are all laboratory studies where very precise movements are made in order to induce specific muscle soreness in specific muscles. This is not the same as running about on a football field with the relatively random use of various muscle groups over a prolonged period of time, without attention on any muscle groups whilst the game is happening. With regards to injury, they don't list muscle injury in one trial and the other is very non- specific. Also these are you and fit men so these results may well not be generalisable to older not particularly fit members of the population who have been told by their GP to exercise more. They don't even tell us about the athletic			
10. Are the benefits worth the harms	Yes		No	
and costs? Even if this is not addressed by the review, what do you think?	Insufficient information here to say either way. However, the cost of stretching is so minimal – time only and tiny risk of musc damage - that any benefit of reduced injur soreness would probably outweigh harms.			