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Author Response

We thank Liebano et al¹ for their comments. The publication of our guideline in *PTJ* is an abbreviated version of the full guideline, which might be the reason for lack of clarity concerning our decisions on the recommendations. The full (English) guideline and (Dutch) supplementing documents can be found online (<https://www.fysionet-evidencebased.nl/index.php/kngf-guidelines-in-english>).

Liebano and colleagues seem to disagree with our recommendations on low-level laser therapy (LLLT) and electrotherapy. Our guideline actually is one of the very few guidelines that classifies treatment recommendations into 3 groups: “recommended,” “not recommended,” and “may be considered.” Our ranking of some treatments into the “not recommended” group has raised concerns with several people.

We see 2 points for discussion. First, Liebano et al copy the summary statements of effectiveness (or efficacy) straight from the abstracts of the references. We noticed during the process that abstracts quite often did not adequately reflect the conclusions in the review itself. Actually, Gross et al² repeatedly stated in the text of their review that although they found a particular quality of evidence, this has to be viewed with caution because of the many limitations and publication bias involved. This caution is not reflected in their abstract. For a treatment to be placed in the “recommended” category, there should be a clear benefit of at least moderate quality of evidence for this intervention compared to placebo, no treatment, or minimal interventions—which we decided is clearly not the case here.

Second, concerning LLLT, the references consist of 1 overview of systematic reviews (Graham et al³), and 2 recent systematic reviews (Gross et al², Chow et al⁴). The same applies to electrotherapy. From what Liebano et al present in their letter, it would seem that all 3 references on LLLT contain different randomized controlled trials (RCTs), and that the evidence, therefore, adds up—but this is not the case. The overview of Graham et al summarizes only the evidence found in Gross et al and Chow et al. Both reviews include 16 or 17 RCTs, of which 12 are the same. Most of the RCTs are of low power and of high risk of bias, and not all of them concerned the patient category of the guideline (ie, nonspecific neck pain). We based our conclusion on the RCTs that fit our PICO (patient, intervention, control, outcome) criteria for the guideline, and this resulted in the conclusion that, for the moment, we should not recommend LLLT and electrotherapy in the treatment of patients with neck pain.

We welcome new, low-risk-of-bias research on these interventions, which hopefully will provide more clarity on the effectiveness/efficacy of these interventions. Meanwhile, we hope that we have clarified our decision. New evidence might strengthen or change the recommendations in the future.

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