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Author Response

We thank Whiteford and colleagues for their compliments on the immense task of developing a guideline. Our article 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 at http://www.fysionet-evidencebased.nl.

Whiteford et al seem to disagree with some of our recommendations. Contrary to most guidelines, we classified treatment recommendations into 3 groups: recommended, not recommended, and a "may be considered" group. Treatments (or interventions) were placed in the recommended group when evidence has shown their benefit over placebo, no treatment, or minimal interventions, using the GRADE (Grading of Recommendations Assessment, Development and Evaluation) approach.[1] The letter writers are correct that education does not fit in this category, as there is a lack of evidence of its benefit. As education is considered to be an essential part of the standard treatment in almost all randomized clinical trials, we decided, based on consensus, to place education in the recommended treatments group.

On the other hand, treatments that did not show any benefit over placebo, no treatment, or minimal intervention were placed in the "not recommended" group. Whiteford and colleagues argue that dry needling is wrongfully placed in this category. We agree that, based on the abstracts of the reviews, our decision could be interpreted as incorrect. When reading the full reviews, we noticed that the abstracts did not adequately reflect the conclusions in the review itself. The reviews often combined acupuncture and dry needling, and patient populations did not always include neck pain as we defined it in the guideline. Therefore, we based our reasoning on the studies that fit our PICO (patient, intervention, control, outcome) criteria for the guideline, and this resulted in the conclusion that, for the moment, dry needling should not be recommended for the treatment of neck pain.

In the category "may be considered," we placed all interventions for which we could not find evidence on (in)effectiveness or those for which results of studies were conflicting. Contrary to what Whiteford et al state in their letter, we do not recommend the use of these interventions, but rather we suggest that these interventions can be used in addition to the recommended treatments. For these interventions, the statement "No evidence of effect is not evidence of no effect" should be kept in mind. We welcome new research—especially concerning relatively new interventions, such as dry needling—which we hope will give more clarity regarding whether these interventions can be recommended or not.

We hope that we have clarified our decisions, and we hope that new evidence might change the recommendations in the future.

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Update on Bioelectric Impedance Analysis for Upper-Quadrant Lymphedema From the Authors of "Diagnosis of Upper Quadrant Lymphedema Secondary to Cancer: Clinical Practice Guideline from the Oncology Section of the American Physical Therapy Association," Levenhagen K, Davies C, Perdomo M, Ryans K, Gilchrist L. *Phys Ther.* 2017;97:729–745

SOZO, a new bioimpedance spectroscopy (BIS) technology developed by ImpediMed, was presented to physical therapists during the 2018 American Physical Therapy Association (APTA) Combined Sections Meeting in New Orleans, Louisiana. The newer SOZO unit is being marketed "to detect changes in tissue fluid earlier so you can be in compliance with recently published APTA guidelines," as per the flyer sent to conference participants. The authors of the APTA clinical practice guideline (CPG) titled "Diagnosis of Upper Quadrant Lymphedema Secondary to Cancer"[1] made recommendations based on available literature for both research and clinical bioimpedance analysis models including the L-Dex U400. The models appraised in the CPG demonstrated good to excellent psychometric properties (reliability, validity, and diagnostic accuracy) for measuring changes in extracellular fluid and for diagnosing breast cancer-related lymphedema. However, research regarding the SOZO unit was not available during the development of the CPG, and, therefore, no recommendation on this particular unit was included in the CPG. Thus, we, the authors of the CPG, are concerned about the use of the guideline to market this particular unit.

The authors of the guideline development group look forward to appraising future research regarding the SOZO unit to measure lymphedema and will make recommendations based on the available literature when the CPG is updated and revised in the next few years.

This letter to the editor is being published jointly with *Oncology Rehabilitation* and is adapted with permission from Perdomo M, Ryans K, Levenhagen K, Davies C, Gilchrist L. Update on bioelectric impedance analysis for upper-quadrant lymphedema: comments from CPG authors. *Rehabil Oncol.* 2018;36:151.

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