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**Disclaimer:** The figures in this table represent estimates derived from a variety of peer-reviewed studies and systematic reviews. These estimates are based on the populations studied and may not fully account for individual patient factors such as comorbidities, age, and treatment-specific conditions. Effectiveness and risk data vary depending on specific patient characteristics and the type of care or procedure provided. For treatments such as chiropractic care, the risk estimates related to serious adverse events (e.g., stroke following cervical manipulation) are extremely rare, and while a statistical association exists, causality has not been conclusively proven. These figures should be considered with caution, particularly for rare events. Further studies, particularly within the UK, may be needed to refine these estimates. Patients are advised to consult with their healthcare providers to determine the most appropriate treatment for their individual needs.

**A Note on Risk Figures:** For certain procedures, risks are described using standard medical terms instead of specific numbers. This reflects the latest UK national guidance and is based on classifications from the European Medicines Agency (EMA). These terms have the following specific meanings:

- **Very common:** Affects more than 1 in 10 people (one person in your family)
- **Common:** Affects between 1 in 10 and 1 in 100 people (one person in a street)
- **Uncommon:** Affects between 1 in 100 and 1 in 1,000 people (one person in a village)
- **Rare:** Affects between 1 in 1,000 and 1 in 10,000 people (one person in a small town)
- **Very rare:** Affects fewer than 1 in 10,000 people (one person in a large town)
- **Extremely rare:** (one person in a major city). Whilst not an EMA classification, specific studies on chiropractic care estimate the risk of a serious event to be much lower, in the range of 1 in 1 million to 1 in 5.85 million, which we classify as extremely rare as it is significantly lower than the "Very rare" category.

European Commission. Guideline on the summary of product characteristics [Internet]. Brussels: European Commission; 2009 [cited 2025 Jun 18]. Available from: [https://health.ec.europa.eu/system/files/2016-11/smpc\\_guideline\\_rev2\\_en\\_0.pdf](https://health.ec.europa.eu/system/files/2016-11/smpc_guideline_rev2_en_0.pdf)

Classification of evidence-levels used in the table:

### High-quality evidence

This is the most reliable level of evidence. It comes from research specifically designed to eliminate bias and provide a strong, trustworthy answer to a clinical question.

### What it includes:

- **Systematic Reviews & Meta-Analyses:** These are studies of studies. Researchers gather all the available papers on a specific topic, assess the quality of each one, and synthesise the results. This gives an overview of the entire body of research.
- **Large-scale Population Studies:** These are major studies that look at health data from thousands or millions of people to find connections and risk factors (e.g., case-control or cohort studies).

**Example from the table:** The evidence for the risk of **liver harm from Paracetamol** was ultimately classed as **high-quality**. This is because the final data is based on systematic reviews of randomised controlled trials (RCTs) and official NICE guidance, which are top-tier sources.

### Good evidence

This level represents information that is reliable, authoritative, and based on a consensus of clinical data, even if it isn't from a single, high-level scientific paper.

### What it includes:

- **Official UK Health Body Guidance:** This is the key source. Information published by the NHS, NICE, and Public Health England is developed by experts who review a wide range of evidence. It is the official, trusted information given to UK patients and professionals.
- **Large Clinical Databases & Registries:** Information gathered from thousands of procedures, which gives a very reliable real-world picture of risks.

**Example from the table:** The risk figures for **Spinal Surgery** and **Epidural Steroid Injections** were classed as **good evidence**. This is because they are based on official UK health body guidance, such as NHS patient leaflets and the national standard leaflet from the Faculty of Pain Medicine.

### Moderate evidence

This level is used when the evidence shows a consistent link or association, but has limitations that prevent us from being completely certain about cause and effect or the exact size of the risk.

### What it includes:

- **Observational Studies:** These studies observe groups of people and can identify a link between a behaviour (like taking a drug) and an outcome. However, they can't prove it was the cause, as other factors (confounding variables) might be involved.
- Data where a precise risk number is hard to determine.

**Example from the table:** No sources in the final version of this table were classified as moderate evidence. This category would typically apply to evidence where a link to a health outcome is found, but where causation cannot be proven and higher-quality evidence is not available.

### Low-quality evidence

This is the least reliable level of evidence. It is highly prone to bias and cannot be used to determine how often an event occurs or if it was caused by a treatment. It is mainly used for reporting very rare, individual events or for discussion and hypothesis generation.

#### What it includes:

- **Case Reports & Case Series:** A detailed report on the experience of a single patient or a small group of patients. They can show that one event followed another, but they cannot prove a causal link.
- **Expert Opinion & Editorials:** The views of an individual expert that are not based on a systematic review of the literature.

**Example from the table:** The evidence for rare complications like **cervical disc herniation or spinal epidural haematoma** being associated with neck manipulation was classed as **low-quality**. This is because the entire body of evidence for these specific events consists of individual case reports, from which no reliable risk figure can be calculated.