STUDY GUIDE

Updated 2026 Comprehensive Evidence-Based Guidelines for Facet Joint Interventions in the Management of Chronic Spinal Pain: American Society of Interventional Pain Physicians (ASIPP) Guidelines.

American Society of Interventional Pain Physicians (ASIPP) · 2026

Study Guide: 2026 ASIPP Guidelines for Facet Joint Interventions

This study guide provides a comprehensive overview of the **Updated 2026 Comprehensive Evidence-Based Guidelines for Facet Joint Interventions in the Management of Chronic Spinal Pain**, as issued by the American Society of Interventional Pain Physicians (ASIPP).

I. Key Concepts and Executive Summary

Overview of Chronic Spinal Pain

Chronic axial spinal pain is identified as a significant contributor to global disability and healthcare costs. Facet joints—the connections between the vertebrae of the spine—are recognized as an established source of this chronic pain.

Purpose of the Guidelines

The primary objective of these guidelines is to provide medical professionals with evidence-based directions for performing both diagnostic and therapeutic facet joint interventions.

Core Recommendations

The guidelines resulted in **37 specific recommendations** covering various aspects of patient care. These are categorized into three main areas:

1. **Diagnostic Interventions:** Identifying the facet joint as the pain source.
2. **Therapeutic Interventions:** Treatment methods for managing pain.

3. **Special Considerations:** Safety assessments, including sedation, concurrent antithrombotic therapy, and precautions for specific clinical circumstances.

Evidence and Strength of Recommendations

The guidelines utilize a tiered grading system to indicate the reliability of the supporting data:

Category	Level of Evidence	Strength of Recommendation
Diagnostic Interventions	II to III	Moderate to Strong
Therapeutic Interventions	II to III	Moderate to Strong
Special Considerations	II to V	Varies by clinical context
Safety Assessments	II to V	Varies by clinical context

II. Methodology and Development Process

The 2026 guidelines were developed through a rigorous, multidisciplinary approach to ensure clinical relevance and scientific accuracy.

The Expert Panel

- **Composition:** A multidisciplinary panel of 48 experts from various medical and pharmaceutical disciplines.
- **Convener:** The American Society of Interventional Pain Physicians (ASIPP).
- **Voting Body:** 39 of the 48 authors participated in the formal voting process.

Research Standards

The panel performed a comprehensive review of existing literature, including:

- Systematic and comprehensive reviews.
- Randomized controlled trials (RCTs).
- Observational studies.
- Existing clinical guidelines.

Evaluation Frameworks

The panel employed three distinct methodologies for grading evidence and recommendations:

1. **Modified ASIPP Approach:** Specifically described by the society.
2. **GRADE Methodology:** Grading of Recommendations Assessment, Development and Evaluation.
3. **AHRQ Methods:** Agency for Healthcare Research and Quality standards for grading strength.

Consensus Building: The Modified Delphi Technique

To minimize bias stemming from group interactions, the panel utilized a **modified Delphi technique**. This process involved:

- **Conflict of Interest Mitigation:** Only panelists without a primary conflict of interest were permitted to vote on specific guideline statements.
- **Revision Process:** Panelists could suggest wording changes and provide qualifying remarks regarding clinical implementation.
- **Consensus Threshold:** To be included in the final guidelines, a statement required at least **80% agreement** among eligible voting members. Notably, all 37 recommendations achieved **100% acceptance**.

III. Short-Answer Practice Questions

1. According to the document, what are the two main impacts of chronic axial spinal pain on the healthcare system and society? *Answer:* It is a major contributor to disability and healthcare expenditures.

2. Which specific medical society convened the multidisciplinary panel and issued these guidelines? *Answer:* The American Society of Interventional Pain Physicians (ASIPP).

3. What specific technique was used during the development of consensus statements to minimize bias? *Answer:* The modified Delphi technique.

4. How many recommendations were ultimately developed, and what was the final percentage of acceptance among voting members? *Answer:* 37 recommendations were developed, with 100% acceptance.

5. Why are these guidelines explicitly described as not being a "standard of care"? *Answer:* They are based on the best available evidence at the time but are not intended to be inflexible treatment recommendations due to the constantly changing body of evidence.

6. What is the evidence level range for special considerations and safety assessments? *Answer:* Level II to V.

7. Who was excluded from voting on specific guideline statements to ensure the integrity of the results? *Answer:* Panelists with a primary conflict of interest.

IV. Essay Prompts for Deeper Exploration

1. **The Evolution of Evidence-Based Medicine:** Discuss the significance of using multiple grading methodologies (ASIPP, GRADE, and AHRQ) in the development of these guidelines. How does this

multi-faceted approach enhance the authority and reliability of the 37 recommendations?

2. **Clinical Flexibility vs. Standardized Guidance:** The document states that these guidelines "do not constitute inflexible treatment recommendations" and are not a "standard of care." Analyze the tension between providing clear clinical guidance and the necessity for physician autonomy in the context of "changing bodies of evidence."
3. **The Role of Diagnostic Interventions:** Based on the evidence levels (II to III) and the "moderate to strong" recommendations provided, evaluate the importance of diagnostic facet joint interventions in the broader strategy of managing chronic spinal pain. Why is diagnostic accuracy critical before proceeding to therapeutic interventions?
4. **Addressing Limitations in Research:** The guidelines acknowledge a "paucity of high-quality studies in some aspects of diagnosis and therapy." Discuss how a multidisciplinary panel reaches a "strong" recommendation despite these limitations, and what this implies for future research priorities in interventional pain management.

V. Glossary of Important Terms

- **Axial Spinal Pain:** Pain that is localized to the central axis of the body (the spine) rather than radiating into the limbs.
- **Facet Joints:** Small joints located between and behind adjacent vertebrae that provide stability and allow the spine to bend and twist.
- **Interventional Pain Management:** A discipline of medicine devoted to the diagnosis and treatment of pain-related disorders through the use of invasive techniques (e.g., injections, nerve blocks).
- **Modified Delphi Technique:** A structured communication method used to reach a consensus among a panel of experts through multiple rounds of voting and controlled feedback.
- **RCT (Randomized Controlled Trial):** A study design that randomly assigns participants into an experimental group or a control group to evaluate the effectiveness of an intervention.
- **Systematic Review:** A high-level summary of primary research on a focused clinical question that identifies, selects, assesses, and synthesizes all high-quality evidence.
- **Antithrombotic Therapy:** Medications used to prevent the formation of blood clots, which require special consideration during invasive spinal interventions.
- **Methodologic Quality Assessment:** The process of systematically evaluating the design and implementation of a study to determine its validity and the reliability of its results.
