**ABSTRACT**

Reflux disease is a good candidate for the development of a protocol, with a fairly linear set of decision processes by an experienced physician. In this algorithm, diagnostic tests are generally reserved to those with moderate or high risk and those with low risk but unresponsive to the initial empiric acid-suppressive therapy.

**METHODS**

Using PubMed, we searched the following terms: (GERD or gastroesophageal reflux or LPR or laryngopharyngeal reflux or reflux) AND clinical protocol or clinical pathway or critical pathway or algorithm. Inclusion criteria were that an article (1) must be a clinical protocol or pathway or algorithm (2) must address GERD or LPR, and (3) must be in the English language. Exclusion criteria were (1) studies focused solely on the pediatric population, (2) studies focused solely on Barrett's esophagus, and (3) studies published before 2000. Once the articles were selected, the key components of the algorithm were identified and compared with the others. Components included medication management, whether “alarm” symptoms were used, and how to manage failure of medical therapy.

**REFERENCES**