

Spinal manipulative therapy for acute low back pain (2012)

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COCHRANE BACK REVIEW GROUP
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Overview of the study

Objectives

- To examine the effects of SMT for acute low-back pain

Methods

- Evidence current up to 31 March 2011
- Participants: Adults (≥ 18 years of age) with a mean duration of low back pain less than 6 weeks
- Intervention: Spinal manipulation and mobilization of the spine
- Outcomes measured:
 - Primary outcomes: pain, back-pain specific functional status, global improvement or perceived recovery
 - Secondary outcomes: perceived health status or QOL, return-to-work

Results & Conclusion

- 20 RCTs (total 2674 participants) included.

Intervention	Evidence	Quality of evidence
SMT	No difference in effect when compared to inert interventions, sham SMT, or when added to another	Very low to low
	No difference in effect for SMT when compared with other interventions (exercise, back school, physiotherapy)	Very low to moderate
	A significant and moderately clinically relevant short-term effect on <ul style="list-style-type: none"> - Pain relief when compared to inert interventions - Functional status when added to another intervention 	Low

⇒ SMT is no more effective than inert interventions, sham SMT, or when added to another intervention, or other interventions such as exercise or physiotherapy.