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A RANDOMIZED CONTROLLED CLINICAL TRIAL OF STAY-ACTIVE CARE VERSUS MANUAL THERAPY IN ADDITION TO STAY-ACTIVE CARE: FUNCTIONAL VARIABLES AND PAIN

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ABSTRACT

Objectives: To compare the effect of manual therapy in addition to the stay-active concept versus the stay-active concept only in low back pain patients.

Study Design: A randomized, controlled trial during 10 weeks.

Methods: One hundred sixty outpatients with acute or subacute low back pain were recruited from a geographically defined area. They were randomly allocated to a reference group treated with the stay-active concept and, in some cases, muscle stretching and an experimental group receiving manual therapy and, in some cases, steroid injections in addition to the stay-active concept. Pain and disability rating index were used as outcome measures.

Results: At baseline, the experimental group had somewhat more pain, a higher disability rating index, and more herniated disks than the reference group. After 5 and 10 weeks, the experimental group had less pain and a lower disability rating index than the reference group.

Conclusions: The manual treatment concept used in this study in low back pain patients appears to reduce pain and disability rating better than the traditional stay-active concept. (J Manipulative Physiol Ther 2004;27:431-41)

Key Indexing Terms: Low Back Pain; Disability Rating; Manipulation; Mobilization; Stay-Active Care