Authors' objectives
To identify treatment-related factors associated with successful return to work of patients with lower-back pain (LBP).

Searching
MEDLINE, PsycINFO, REHABDATA, CINAHL and Dissertation Abstracts, as well as surveys of back pain literature, were searched from 1975 to 1993 using the keywords 'back pain' and 'low back pain', for articles published in the English language.

Study selection
Study designs of evaluations included in the review
Randomised controlled trials (RCTs) with any concurrent reference comparison groups, including those that lacked a no-treatment or placebo control group, were included. Historical control studies were excluded.

Specific interventions included in the review
The article focuses on interventions for acute back pain (less than 4 weeks), in particular bedrest, exercise, back school, case management methods and manipulation.

Participants included in the review
Persons with LBP were included.

Outcomes assessed in the review
The following work-related outcomes were assessed: the number of days of sickness absence, initial episode, number of days unemployed, 1 year follow-up, employee compensation costs, and number of days unemployed in successive 2-week intervals.

How were decisions on the relevance of primary studies made?
The authors do not state how the papers were selected for the review, or how many of the authors performed the selection.

Assessment of study quality
The studies were assessed on a 26-point quality system based on reasonable concerns affecting outcomes of LBP studies, including aspects of patient characteristics, therapeutic interventions, outcome assessment and statistical methods. All articles were evaluated independently by two reviewers. Any disagreements were discussed and settled by consensus or by a third reviewer's opinion. Assessment was not blinded to author, institution or journal.

Data extraction
The authors do not state how the data were extracted for the review, or how many of the authors performed the data extraction.

Methods of synthesis
How were the studies combined?
The studies were synthesised narratively.

How were differences between studies investigated?

Database of Abstracts of Reviews of Effects (DARE)
Produced by the Centre for Reviews and Dissemination
Copyright © 2019 University of York
The studies were analysed by different subgroups, based on the treatment method employed.

**Results of the review**

Ten RCTs of interventions for acute (less than 4 weeks) LBP were included; these assessed bedrest (2 RCTs), exercise (4 RCTs), back school (4 RCTs), case management (2 RCTs) and manipulation (2 RCTs).

Bedrest: the published evidence suggests that a brief period of bedrest for acute nonradicular LBP is appropriate, though most patients respond well to early mobilisation.

Exercise: physical therapy exercise for acute LBP appears efficacious, whether through aerobic conditioning, flexibility and/or strengthening, with maximal benefit when the approach is individualised. In addition, long-term exercise appears beneficial in prevention of backache.

Back school: although an ergonomic education for recently injured workers makes inherent sense, there is no definitive, published evidence that back school is more efficacious than placebo for acute LBP.

Case management methods: studies provided no definitive conclusions that could be generalised to different populations.

Manipulation: the poor quality of the RCTs limit the evidence, thus making it difficult to judge the merits of spinal manipulation for the treatment of LBP.

**Authors' conclusions**

The authors indicate that only limited conclusions can be made from the available concerning LBP interventions for return to work, specifically:

(1) Bedrest for a very brief period (1 to 3 days) is reasonable for nonneurologic LBP.

(2) Exercise as typically prescribed has a limited role in acute LBP; there is no proven benefit of exercise for return to work after mild nonneurologic LBP; a generalised aerobic and flexibility approach for long-term prevention of acute episodes appears to be warranted.

(3) Back school has not been proven to expedite return to work in acute LBP; data on the efficacy of back school in reducing LBP recurrence are equivocal.

(iv) Randomised studies on spinal manipulation without cointervention, and utilising work-related outcomes, are still needed to establish its efficacy for acute LBP.

**CRD commentary**

The objective, participants, patient details, outcomes, study designs, search strategy, quality criteria and method of assessment were clearly stated. The process for assessing decisions of relevance or abstracting data were not discussed, and no cost information was provided.

**Bibliographic details**


**PubMedID**

7487440

**Indexing Status**

Subject indexing assigned by NLM
MeSH
Bed Rest; Employment; Exercise Therapy; Humans; Low Back Pain /rehabilitation; Manipulation, Orthopedic; Occupational Diseases /rehabilitation; Randomized Controlled Trials as Topic

AccessionNumber
11996005168

Date bibliographic record published
31/07/1997

Date abstract record published
31/07/1997

Record Status
This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.