Neurorreflejoterapia en el tratamiento del dolor lumbar inespecífico [Neuroreflexotherapy in the treatment of nonspecific low back pain]

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Record Status
This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.

Citation

Authors' objectives
To assess the efficacy, effectiveness and safety of NRT in the treatment of non-specific lower back pain in adults.

Authors' conclusions
Available scientific knowledge on neuroreflexotherapeutic intervention, as a complementary therapeutic option to conventional treatment for non-specific low back pain, is based on studies of adequate methodological quality. The neuroreflexotherapy has shown its efficacy and safety in the short-term treatment of adults with chronic non-specific low back pain, although the intervention was conducted in a small number of patients by a small group of very trained health professionals. Patients outcomes in the middle or long-term after treatment are unknown. There is scarce and limited evidence on the cost-effectiveness of neuroreflexotherapy, therefore conclusions can not be drawn. The fact that all the studies on neuroreflexotherapy interventions have been conducted by the same research team, consisting of highly specialised and experienced professionals, raises the question of neuroreflexotherapy's reproducibility in other health-care settings. The diffusion of neuroreflexotherapy for the treatment of nonspecific low back pain remains very low and it is not used routinely. A comprehensive description of the technique, including its training programme, would facilitate its replication. The introduction of neuroreflexotherapy is not recommended in the public health system without having previously conducted clinical trials, where the intervention would be carried out by health professionals belonging to the public health care system duly trained in the technique, and with an adequate long term follow up, that allows for assessment of recurrence and reintervention rates.

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