

Review finds limited value for spinal manipulation in acute LBP

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Sidney M. Rubinstein, Ph.D., of the VU University Medical Center in Amsterdam, and colleagues conducted a systematic review of 20 randomized, controlled trials, involving 2,674 patients, to assess the effects of SMT on acute <u>low back pain</u>. The effects of SMT were compared with inert interventions, sham SMT, other interventions, and adjunct SMT.



Twelve of the trials were not included in a previous review. The researchers found that six trials had a low risk of bias. Low- to very-low quality evidence suggested no difference for SMT compared with inert interventions, sham SMT, or adjunct SMT for the outcomes of pain and functional status. Variable quality of evidence suggested no difference in the effect of SMT versus other interventions. Sparse data were identified to show any impact of SMT on recovery, return-to-work, quality of life, or cost of care. SMT was not associated with any serious complications.

"SMT is no more effective for acute low back pain than inert interventions, sham SMT, or as adjunct therapy. SMT also seems to be no better than other recommended therapies," the authors write. "Our evaluation is limited by the few numbers of studies; therefore, future research is likely to have an important impact on these estimates."

More information: Abstract

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