

# Review finds recently popular chronic back pain therapy needs more rigorous study

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Credit: AI-generated image ([disclaimer](#))

A systematic review of relatively new treatment for chronic back pain—cognitive functional therapy—has found that it is no better than traditional therapies based on evidence from past studies.

Leading the review was Mr. Jack Devonshire, a Ph.D. candidate with

UNSW Sydney and Neuroscience Research Australia (NeuRA). He looked at studies of cognitive functional therapy (CFT) as a treatment for [chronic back pain](#) which, for the purposes of his research, was defined as pain experienced continuously for three months or more in the region between the 12th rib and the crease of the buttocks.

CFT has been growing in popularity and gaining attention among practitioners since the first clinical trial in 2013 based on theory developed in 2005. There have been multiple trials across the world on CFT since, says Mr. Devonshire.

"CFT integrates treatments that may be helpful in managing chronic lower back pain, such as pain education, exercise, and lifestyle coaching, into a model of care informed by a contemporary understanding of a person's entire pain experience," he says.

"The therapy aims to build upon the biopsychosocial model to provide health professionals with what we call a clear 'clinical reasoning framework' to tailor strategies to manage this chronic condition."

## **Global interest in CFT**

Despite the therapy being integrated into healthcare systems in the U.K. and Finland, as well as having multiple [training courses](#) online for clinicians, there hasn't yet been a comprehensive analysis of research into this therapy.

"So we decided to perform a systematic review and meta-analysis, the highest level of evidence, to look at past studies to find out how effective the treatment is on pain, disability and safety," Mr. Devonshire says.

After examining all the studies that fit the research criteria, Mr.

Devonshire and his fellow authors found that ultimately the effectiveness of CFT remains unknown at this stage, and the group calls for future trials featuring blinded participants—those who are unaware whether the therapy being administered is actual or sham—and studies that recruit larger sample sizes.

"The results of our study found that CFT may not reduce pain intensity and disability in people with [chronic low back pain](#), compared to manual therapy and core exercises, either at the end of treatment or at the 12-month follow-up," Mr. Devonshire says.

"This is important as we want our exercise physiologists, physios and other [health professionals](#) who manage people with [low back pain](#) to be armed with the best available information on the available effective treatments—especially since learning to deliver CFT as a therapist is quite intensive, taking an average 106 hours of training to properly deliver the treatment."

The researchers otherwise found that no adverse events were reported among patients after receiving the CFT treatment.

Mr. Devonshire notes that certainty in the researchers' [systematic review](#) was limited by differences between study controls, small sample sizes and a high risk of bias across all included studies, impacting the trustworthiness of the findings from these studies. The group looks forward to further research that improves current evidence via [clinical trials](#) on CFT.

The review was published recently in the *Journal of Orthopaedic & Sports Physical Therapy*.

**More information:** Jack J Devonshire et al, Effectiveness of cognitive functional therapy for reducing pain and disability in chronic low back

pain: a systematic review and meta-analysis, *Journal of Orthopaedic & Sports Physical Therapy* (2023). [DOI: 10.2519/jospt.2023.11447](https://doi.org/10.2519/jospt.2023.11447)

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