

<b>Abstract Title:</b>	The McKenzie Approach: How Many Clinical Trials support Its Effectiveness?
<b>Summary:</b>	A review and analyses of the scientific literature that supports the effectiveness of the McKenzie approach. It concludes that despite worldwide popularity, scientific validation of the method is still not available.
<b>Abstract Author:</b>	Belanger AY, Depres MC, Goulet H, Trottier F
<b>Journal:</b>	
<b>Biblio:</b>	Proceedings of the World Confederat
<b>Year Published:</b>	1991
<b>Category:</b>	Lumbar: Systematic Reviews
<b>Abstract Title:</b>	The Efficacy of the McKenzie Regimen - A Meta-analysis of Clinical Trials.
<b>Summary:</b>	Finds some support for the efficacy of McKenzie regimen, but the limited number of trials and their poor methodology make it impossible to draw firm conclusions.
<b>Abstract Content:</b>	Proceedings of 10th Biennial Conference of the Manipulative Physiotherapists Association of Australia. Melbourne, Australia
<b>Abstract Author:</b>	Reddeck T
<b>Journal:</b>	
<b>Biblio:</b>	Nov 156-161
<b>Year Published:</b>	1997
<b>Category:</b>	Lumbar: Systematic Reviews
<b>Abstract Title:</b>	A systematic review of efficacy of McKenzie therapy for spinal pain.
<b>Summary:</b>	Systematic review of 5 trials deemed to be truly evaluating McKenzie method with pooled data showing greater pain relief (8.6 on a 100 scale) and greater reduction in disability (5.4 on 100 scale) than comparison at short-term (less than 3 months). At 3 to 12 months results were unclear.
<b>Abstract Author:</b>	Clare HA, Adams R, Maher CG
<b>Journal:</b>	Aus J Physio
<b>Biblio:</b>	50:209-216
<b>Year Published:</b>	2004
<b>Category:</b>	Lumbar: Systematic Reviews
<b>Abstract Title:</b>	Physiotherapy exercises and back pain: a blinded review.
<b>Summary:</b>	Koes concludes that the quality of research on the effect of exercises in the treatment of LBP is disappointingly low and, therefore, no conclusion can be drawn on whether exercise is better than other treatments or whether a specific type of exercise is more effective.
<b>Abstract Content:</b>	OBJECTIVE--To determine the quality of randomised controlled trials of exercise therapy for back pain. DESIGN--Computer aided search of published papers and blinded assessment of the methods of studies. SUBJECTS--23 randomised controlled trials, of which 16 studied exercise therapy given by physiotherapists to individual patients with back pain. Other conservative treatments could be included. MAIN OUTCOME MEASURES--Score for quality of methods (based on four main categories: study population, interventions, measurement of effect, and data presentation and analysis) and main conclusion of author(s) with regard to exercise therapy. RESULTS--Only four studies scored more than 50 points (maximum 100), indicating that most were of poor quality. Six studies found that exercise was better than reference treatments and 10 reported it to be no better or worse than the reference treatment. Those reporting positive results tended to have higher methods scores (4/6 positive v 4/10 negative scored greater than or equal to 42). CONCLUSIONS--No conclusion can be drawn about whether exercise therapy is better than other conservative treatments for back pain or whether a specific type of exercise is more effective. Further trials are needed in which greater attention is paid to methods of study.
<b>Abstract Author:</b>	Koes BW, Bouter LM, Beckerman H, van der Heijden GJ, Knipschild PG.
<b>Journal:</b>	BMJ
<b>Biblio:</b>	Jun 29;302(6792):1572-6

<b>Year Published:</b>	1991
<b>Category:</b>	Lumbar: Systematic Reviews
<b>Abstract Title:</b>	Low-back pain. Frequency, management and prevention from an HTA perspective.
<b>Summary:</b>	This wide ranging review and guideline includes a summary of the McKenzie approach, both as a treatment and as a diagnostic method. They concluded there was limited evidence to support its use as a treatment for both acute and chronic back pain, and moderate evidence indicating its value as a diagnostic tool and prognostic indicator.
<b>Abstract Author:</b>	Danish Institute for Health Technology Assessment
<b>Journal:</b>	Danish Health Technology Assessment
<b>Biblio:</b>	1-106
<b>Year Published:</b>	1999
<b>Category:</b>	Lumbar: Systematic Reviews
<b>Abstract Title:</b>	The centralization phenomenon of spinal symptoms - a systematic review
<b>Summary:</b>	Systematic review of 14 studies into centralisation. Prevalence 70% in 731 sub-acute back pain patients and 52% in 325 chronic back pain patients. Centralisation was reliably assessed (kappa values 0.51 to 1.0). Centralisation was consistently associated with good outcomes, and failure to centralise with poor outcomes. Association was confirmed by high quality studies.
<b>Abstract Author:</b>	Aina A, May S, Clare H
<b>Journal:</b>	Manual Therapy
<b>Biblio:</b>	9.134-143
<b>Year Published:</b>	2004
<b>Category:</b>	Lumbar: Systematic Reviews
<b>Abstract Title:</b>	evidence-based clinical practice guidelines on selected rehabilitation interventions for low back pain
<b>Summary:</b>	These guidelines have been developed using a structured and rigorous methodology. For sub-acute and chronic back pain they recommend that there is good evidence to include certain specific exercises, including the McKenzie method.
<b>Abstract Author:</b>	Philadelphia Panel
<b>Journal:</b>	Physical Therapy
<b>Biblio:</b>	81; 1641-1674
<b>Year Published:</b>	2001
<b>Category:</b>	Lumbar: Systematic Reviews
<b>Abstract Title:</b>	Exercises: Which Ones Are Worth Trying, for Which Patients. and When?
<b>Summary:</b>	A review of 11 randomised exercise trials concerning exercise therapy. Two trials of McKenzie type exercises reported positive results but had low method scores.

<b>Abstract Content:</b>	<p>Study Design. Criteria-based review. Summary of Background Data. Reviews based on trials published up to 1990 conclude that the efficacy of exercise therapy in patients with low back pain is questionable. Objectives. To determine from recently published trials the efficacy of exercises in patients with acute, subacute, or chronic back pain. Methods. A Medline search for randomized trials concerning exercise therapy in patients with back pain published from 1991 until the first quarter of 1995 was conducted. All studies were given a method score (maximum, 100 points). Results. Eleven randomized trials were included: four in acute back pain, one in subacute, and six in patients with chronic back pain. Three trials had method scores lower than 40 points. For acute back pain, two trials with high method scores (&gt; 50 points) reported no efficacy of flexion or extension exercises; two trials of the McKenzie type of exercises reported positive results but had low method scores. For subacute pain, one trial (&gt; 50 points) reported positive results of exercises with a graded activity program. For chronic back pain, three trials reported positive results with different types of exercises; two trials reported better results with intensive exercising compared with low grade exercising, but after 12 months, this effect had disappeared. In chronic pain, no relation between method score and conclusions could be found. Conclusions. In acute back pain, exercise therapy is ineffective, whereas in subacute back pain, exercises with a graded activity program, and in chronic back pain, intensive exercising, deserve attention. More research on McKenzie therapy, on exercises with a graded activity program, and on different types of exercising in patients with chronic back pain is necessary. [Key words: efficacy, exercises, low back pain, physical therapy]</p>
<b>Abstract Author:</b>	Faas, A.
<b>Journal:</b>	Spine
<b>Biblio:</b>	21:2874-2879
<b>Year Published:</b>	1996
<b>Category:</b>	Lumbar: Systematic Reviews
<b>Abstract Title:</b>	Conservative Treatment of Acute and Chronic Nonspecific Low Back Pain A Systematic Review of Randomized Controlled Trials of the Most Common Interventions
<b>Summary:</b>	Probably the most thorough recent systematic review of a wide range of treatments. Amongst their findings – exercise therapy for acute back pain is ineffective; exercise therapy for chronic back pain is effective, but with no clear evidence in favour of any particular form of exercise.
<b>Abstract Content:</b>	<p>Study Design: A systematic review of randomized controlled trials. Objectives: To assess the effectiveness of the most common conservative types of treatment for patients with acute and chronic nonspecific low back pain. Summary of Background Data: Many treatment options for acute and chronic low back pain are available, but little is known about the optimal treatment strategy. Methods: A rating system was used to assess the strength of the evidence, based on the methodologic quality of the randomized controlled trials, the relevance of the outcome measures, and the consistency of the results. Results: The number of randomized controlled trials identified varied widely with regard to the interventions involved. The scores ranged from 20 to 79 points for acute low back pain and from 19 to 79 points for chronic low back pain on a 100-point scale, indicating the overall poor quality of the trials. Overall, only 28 (35%) randomized controlled trials on acute low back pain and 20 (25%) on chronic low back pain had a methodologic score of 50 or more points, and were considered to be of high quality. Various methodologic flaws were identified. Strong evidence was found for the effectiveness of muscle relaxants and nonsteroidal anti-inflammatory drugs and the ineffectiveness of exercise therapy for acute low back pain; strong evidence also was found for the effectiveness of manipulation, back schools, and exercise therapy for chronic low back pain, especially for short-term effects. Conclusions: The quality of the design, execution, and reporting of randomized controlled trials should be improved, to establish strong evidence for the effectiveness of the various therapeutic interventions for acute and chronic low back pain. [Key words: conservative treatment, low back pain, methodology, randomized controlled trials, systematic review]</p>

<b>Abstract Author:</b>	van Tulder, M.W., PhD; Koes, B.W., PhD; Bouter, L.M., PhD.
<b>Journal:</b>	Spine
<b>Biblio:</b>	22:2128-2156
<b>Year Published:</b>	1997
<b>Category:</b>	Lumbar: Systematic Reviews
<b>Abstract Title:</b>	Exercise therapy for low back pain: A systematic review within the framework of the cochrane collaboration back review group.
<b>Summary:</b>	Review of 39 trials to judge effectiveness of exercise for acute and chronic back pain; with particular judgements about flexion, extension and strengthening exercises. Their conclusions are as above: exercise therapy is ineffective in acute stage, there is conflicting evidence on the value of exercise in the chronic stage, there is no evidence for the effectiveness of any specific exercise. (see correspondence)
<b>Abstract Content:</b>	<p>STUDY DESIGN: A systematic review of randomized controlled trials was performed.</p> <p>SUMMARY OF BACKGROUND DATA: Exercise therapy is a widely used treatment for low back pain. OBJECTIVES: To evaluate the effectiveness of exercise therapy for low back pain with regard to pain intensity, functional status, overall improvement, and return to work. METHODS: The Cochrane Controlled Trials Register, Medline, Embase, PsycLIT, and reference lists of articles were searched. Randomized trials testing all types of exercise therapy for subjects with nonspecific low back pain with or without radiation into the legs were included. Two reviewers independently extracted data and assessed trial quality. Because trials were considered heterogeneous with regard to study populations, interventions, and outcomes, it was decided not to perform a meta-analysis, but to summarize the results using a rating system of four levels of evidence: strong, moderate, limited, or none. RESULTS: In this review, 39 trials were identified. There is strong evidence that exercise therapy is not more effective for acute low back pain than inactive or other active treatments with which it has been compared. There is conflicting evidence on the effectiveness of exercise therapy compared with inactive treatments for chronic low back pain. Exercise therapy was more effective than usual care by the general practitioner and just as effective as conventional physiotherapy for chronic low back pain. CONCLUSIONS: The evidence summarized in this systematic review does not indicate that specific exercises are effective for the treatment of acute low back pain. Exercises may be helpful for patients with chronic low back pain to increase return to normal daily activities and work.- Institute for Research in Extramural Medicine, Free University, Amsterdam, The Netherlands; the Finnish Institute of Occupational Health, Helsinki, Finland; McMaster University, Hamilton, Canada; and the Department of General Practice, Erasmu.</p>
<b>Abstract Author:</b>	van Tulder M, Malmivaara A, Esmail R, Koes B
<b>Journal:</b>	Spine
<b>Biblio:</b>	Nov 1;25(21):2784-96
<b>Year Published:</b>	2000
<b>Category:</b>	Lumbar: Systematic Reviews