# A classification algorithm for low back pain: matching patients to treatments that they are most likely to benefit from

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To evaluate the (cost)effectiveness of a classification algorithm, based on patient\*s symptoms and clinical presentation, that directs patients with non specific LBP to the therapy (exercise therapy ormanual therapy) that they are most likely to...

**Ethical review** Approved WMO **Status** Recruitment stopped

Health condition type Musculoskeletal and connective tissue deformities (incl

intervertebral disc disorders)

Study type Interventional

## **Summary**

#### ID

NL-OMON31626

Source

ToetsingOnline

**Brief title** 

**CABP** 

#### **Condition**

• Musculoskeletal and connective tissue deformities (incl intervertebral disc disorders)

#### **Synonym**

Low back pain

#### Research involving

Human

## **Sponsors and support**

**Primary sponsor:** Vrije Universiteit Medisch Centrum

Source(s) of monetary or material Support: ZonMw Doelmatigheidsonderzoek

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#### Intervention

**Keyword:** Exercise therapy, Low back pain, Manual therapy, Randomized controlled trial

#### **Outcome measures**

#### **Primary outcome**

General perceived recovery (7-point scale), functional status (ODI), pain

intensity (11-point NRS),

general health (SF-36) and quality of life (EuroQol). Assessments take place at

baseline, and 8, 26 and

52 weeks after randomization.

#### **Secondary outcome**

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# **Study description**

#### **Background summary**

Low back pain (LBP) is common and has major consequences. Exercise therapy and manual therapy

are frequently applied and there is strong evidence that both are more effective than no treatment. But

effects are modest and it is still unclear what patients benefit most from what type of treatment.

#### Study objective

To evaluate the (cost)effectiveness of a classification algorithm, based on patient\*s symptoms and

clinical presentation, that directs patients with non specific LBP to the therapy (exercise therapy or

manual therapy) that they are most likely to benefit from. In an US-based study, this algorithm has

proven to be effective. This is compared to the usual care.

#### Study design

A randomized controlled trial including cost-effectiveness and cost-utility analyses.

#### Intervention

Patients are randomized into the two groups. In the classification group patients receive treatment (exercise therapy or manual therapy) as decided by the classification algorithm. Patients in the control group receive usual care, that is without using the classification algorithm for treatment decision making.

#### Study burden and risks

The interventions as provided in this study are part of the daily routine in primary health care and therefore there are no risks in taking part in this study. The only extra burden is that some extra measurements will take place one before, and three afterwards in the course of one year. The physical measures (e.g. range of motion) are also part of daily routine in primary health care with no risks. The other measures include questionnaires only. This relative small burden is in proportion to the potential value as the results of this study can be used for improving the health care for patients with low back pain in the future.

## **Contacts**

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#### Scientific

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## **Trial sites**

#### **Listed location countries**

**Netherlands** 

# **Eligibility criteria**

#### Age

Adults (18-64 years) Elderly (65 years and older)

### **Inclusion criteria**

patients with non-specific LBP for more than 6 weeks who attend a physiotherapist or manual therapist (with or without a GP referral). Non specific LBP is defined as pain and discomfort, localized below the costal margin and above the inferior gluteal folds, with or without leg pain

#### **Exclusion criteria**

Pain caused by specific patho-physiological disorders (e.g. hernia nuclei pulposi, fracture or tumor).

# Study design

## **Design**

Study type: Interventional

Intervention model: Other

Allocation: Randomized controlled trial

Masking: Open (masking not used)

Control: Active

Primary purpose: Treatment

#### Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 15-05-2008

Enrollment: 150

Type: Actual

# **Ethics review**

Approved WMO

Date: 02-04-2008

Application type: First submission

Review commission: METC Amsterdam UMC

# **Study registrations**

## Followed up by the following (possibly more current) registration

No registrations found.

# Other (possibly less up-to-date) registrations in this register

ID: 23039

Source: Nationaal Trial Register

Title:

## In other registers

Register ID

CCMO NL20371.029.07 OMON NL-OMON23039