National Clinical Guideline Centre

Draft

Low back pain and sciatica

Low back pain and sciatica: management of non-specific low back pain and sciatica

NICE guideline <number>

Appendices I-J

February 2016

Draft for consultation

Commissioned by the National Institute for Health and Care Excellence

Royal College of Physicians

The Royal College of Surgeons of England

RCGP Royal College of General Practitioners

Royal College of Nursing

NICE accredited

Disclaimer
Healthcare professionals are expected to take NICE clinical guidelines fully into account when exercising their clinical judgement. However, the guidance does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of each patient, in consultation with the patient and, where appropriate, their guardian or carer.

Funding
National Institute for Health and Care Excellence

Contents

Appendices

Appendix I: Economic evidence tables

I.1 Clinical Examination

None.

I.2 Risk assessment tools/stratification

Table 1: Apeldoorn 2012[2,3]

Apeldoorn AT, Bosmans JE, Ostelo RW, de Vet HC, van Tulder MW. Cost-effectiveness of a classification-based system for sub-acute and chronic low back pain. European Spine Journal. 2012; 21(7):1290-1300. (Guideline Ref ID APELDOORN2012)				
Study details	**Population & interventions**	**Costs**	**Health outcomes**	**Cost effectiveness**
Economic analysis: CUA (health outcome: QALYs) **Study design:** Within-trial (RCT, associated clinical paper Apeldoorn2012A) **Approach to analysis:** EQ-5D data collected at baseline and 1 year follow-up to calculate QALYs. Within-trial reported resource use, including primary and secondary care utilisation, unit costs applied.	**Population:** Adults with low back pain (with or without sciatica) **Cohort settings:** Start age: 42.6 years Male: 42.9% **Intervention 1:** (n=82) Usual physical therapy care based on Dutch physical therapy low back pain guidelines. **Intervention 2:** (n=74)	**Total costs (mean per patient):** Intervention 1: £574 Intervention 2: £505 Incremental (2−1): saves £69 (95% CI: -£312 to £226; p=NR) **Currency & cost year:** 2009 Dutch Euros (presented here as 2009 UK pounds (a)) **Cost components incorporated:**	**QALYs (mean per patient):** Intervention 1: 0.80 Intervention 2: 0.82 Incremental (2−1): 0.02 (95% CI: -0.03 to 0.08; p=NR)	**ICER (Intervention 2 versus Intervention 1):** Intervention 2 dominates intervention 1 (lower costs and higher QALYs) (da) 95% CI: NR Probability Intervention 2 cost-effective (£20K/30K threshold): NR **Analysis of uncertainty:** Bootstrapping of ICER conducted but only from a societal perspective not a health care provider perspective. Therefore this is not reported here. Bootstrapping of costs conducted and confidence intervals are presented here. Additional sensitivity analyses were conducted (including using a per-protocol analysis and complete cases only) however

Perspective: Dutch healthcare payer perspective **Follow-up:** 1 year **Discounting:** Costs: n/a; Outcomes: n/a	Hicks/Delitto classification based interventions: spinal manipulation, stabilisation exercises or direction specific exercises for a minimum of 4 weeks.	Primary care utilisation including: GP contacts, physical and manual therapy, psychologist and professional home care. Secondary care utilisation including: X-ray, MRI scan, outpatient specialist visit, hospitalisation, herniated nucleus pulposus surgery, outpatient rehabilitation, epidural injection and facet denervation.		these were all from a societal perspective and so are not reported here.
Data sources				
Health outcomes: Within-trial analysis (RCT, Apeldoorn 2012A)[3,4]. Health outcomes included patient reported EQ-5D collected baseline and 1 year follow-up. **Quality-of-life weights:** Dutch EQ-5D tariff. **Cost sources:** Patient-reported resource use based on cost diaries completed at 8, 26, 39 and 52 weeks. Unit costs based on Dutch guidelines for costs studies and Dutch national medication costs.				
Comments				
Source of funding: Netherlands Organisation for Health Research and Development. **Limitations:** Dutch resource use data (2008-2010) and unit costs (2009) may not reflect current NHS context. Dutch EQ-5D tariff used. Not all risk stratification tools from the review protocol are included in this study. Within-trial analysis and so may not reflect full body of evidence for this comparison; Apeldoorn 2012A is 1 of 2 studies in the clinical review for risk stratification comparing Hicks/Delitto. Bootstrapping of ICER from NHS and PSS perspective not undertaken. **Other:** none.				
Overall applicability(b): Partially applicable **Overall quality(c):** Potentially serious limitations				

Abbreviations: 95% CI: 95% confidence interval; CUA: cost–utility analysis; da: deterministic analysis; EQ-5D: Euroqol 5 dimensions (scale: 0.0 [death] to 1.0 [full health], negative values mean worse than death); ICER: incremental cost-effectiveness ratio; NR: not reported; QALYs: quality-adjusted life years

(a) Converted using 2009 purchasing power parities[42]

(b) Directly applicable / Partially applicable / Not applicable

(c) Minor limitations / Potentially serious limitations / Very serious limitations

14 **Table 2: Whitehurst 2012[66,67]/Hill 2011[20,21]**

Whitehurst DGT, Bryan S, Lewis M, Hill J, Hay EM. Exploring the cost-utility of stratified primary care management for low back pain compared with current best practice within risk-defined subgroups. Annals of Rheumatic Diseases. 2012; 71(11):1796-1802. (Guideline Ref ID WHITEHURST2012)

Hill JC, Whitehurst DG, Lewis M, Bryan S, Dunn KM, Foster NE et al. Comparison of stratified primary care management for low back pain with current best practice (STarT Back): a randomised controlled trial. Lancet. 2011; 378(9802):1560-1571. (Guideline Ref ID HILL2011)

Study details	Population & interventions	Costs (a)	Health outcomes	Cost effectiveness
Economic analysis: CUA (health outcome: QALYs) **Study design:** Within-trial (RCT, associated clinical paper Hill 2011) **Approach to analysis:** EQ-5D data collected at baseline, 4 and 12 months follow-up. QALYs constructed through area under the curve method. Number of study-related physiotherapy sessions reported via case report forms and audit of clinical notes. All other healthcare resource use collected at 12-months follow-up via self-report questionnaires. Unit costs applied. **Perspective:** UK NHS **Follow-up:** 1 year **Discounting:** Costs: n/a; Outcomes: n/a	**Population:** Adults with low back pain (with or without sciatica) **Cohort settings:** Start age: 49.8 years Male: 41.2% **Intervention 1:** (n=283) Current best practice: STarT Back stratification followed by physiotherapist assessment lasting 30 minutes which included initial treatment advice and exercise with the option for onward referral for further physiotherapy, based on physiotherapist clinical judgement. **Intervention 2:** (n=568) STarT Back stratification followed by one of three treatment pathways based on risk. Physiotherapist assessment lasting 30	**Total costs (mean per patient)** Intervention 1: £243.52 Intervention 2: £212.88 Incremental (2−1): saves £30.64 (95% CI: NR; p=NR) **Intervention costs (mean per patient):** Intervention 1: £92.77 Intervention 2: £107.50 Incremental (2−1): £14.73 (95% CI: NR; p=NR) **Currency & cost year:** 2008/2009 UK pounds **Cost components incorporated:** Intervention cost; primary care utilisation including: GP and nurse contacts; secondary care utilisation including: consultant contacts, X-ray, MRI scan, CT scan, blood tests epidural	**QALYs (mean per patient):** Intervention 1: NR Intervention 2: NR Incremental (2−1): 0.039 (95% CI: 0.01 to 0.07; p=0.01)	**Overall ICER (Intervention 2 versus Intervention 1):** Intervention 2 dominates intervention 1 (lower costs and higher QALYs) (da) 95% CI: NR Probability Intervention 2 cost-effective (£20K threshold): NR **Analysis of uncertainty:** Bootstrapping of ICER undertaken however this included private healthcare costs as well as NHS costs. Therefore this is not reported here. Sensitivity analyses were conducted using the complete case analysis rather than the primary imputed analysis. Intervention 2 remained dominant (lower costs and higher QALYs).

	minutes, including initial treatment with advice on promoting appropriate levels of activity, return to work and a pamphlet about local exercise venues and self-help groups. All were shown a 15-minute educational video and given the Back Book. **Low risk group** only received above initial session. **Medium risk group** referred for standardised physiotherapy sessions to address symptoms and function. **High risk group** referred for psychologically-informed physiotherapy sessions to address symptoms and function and also psychosocial obstacles to recovery.	injections; other healthcare professional contacts including additional physiotherapy and prescribed medication.		

Data sources
Health outcomes: Within-trial analysis (RCT, Hill 2011) [20,21]. Health outcomes included patient reported EQ-5D collected baseline and 12 months follow-up. QALYs were calculated using the area under the curve approach adjusted for baseline utility. **Quality-of-life weights:** EQ-5D UK tariff. **Cost sources:** Number of study-related physiotherapy sessions reported via case report forms and audit of clinical notes. All other healthcare resource use collected at 12-months follow-up via self-report questionnaires. Unit costs form UK published sources including PSSRU, BNF and NHS reference costs.
Comments
Source of funding: Arthritis Research UK. **Limitations:** Not all risk stratification tools from the review protocol are included in this study. Within-trial analysis: Hill 2011 is 1 of 2 studies included in the clinical review for risk stratification comparing STarT Back. Bootstrapping of ICER from NHS and PSS perspective not undertaken. **Other:** None

Overall applicability(b)**:** Directly applicable **Overall quality**(c)**:** Potentially serious limitations

Abbreviations: 95% CI: 95% confidence interval; CUA: cost–utility analysis; EQ-5D: Euroqol 5 dimensions (scale: 0.0 [death] to 1.0 [full health], negative values mean worse than death); ICER: incremental cost-effectiveness ratio; NR: not reported; pa: probabilistic analysis; QALYs: quality-adjusted life years

(a) Hill 2011 presented total healthcare costs that included both NHS and private healthcare resource use, these were recalculated and costs presented here are for NHS only healthcare resource use only.

(b) Directly applicable / Partially applicable / Not applicable

(c) Minor limitations / Potentially serious limitations / Very serious limitations

Table 3: Whitehurst 2015[11,12,65,67]

Whitehurst DG, Bryan S, Lewis M, Hay EM, Mullis R, Foster NE. Implementing Stratified Primary care Management for low Back Pain: Cost Utility Analysis alongside a Prospective, Population-based, Sequential Comparison Study. Spine. 2015; Epublication. (Guideline Ref ID WHITEHURST2015) **Foster NE, Mullis R, Hill JC, Lewis M, Whitehurst DGT, Doyle C et al. Effect of stratified care for low back pain in family practice (IMPaCT Back): a prospective population-based sequential comparison. Annals of Family Medicine. 2014; 12(2):102-111 (Guideline Ref ID FOSTER2014)**				
Study details	**Population & interventions**	**Costs (a)**	**Health outcomes**	**Cost effectiveness**
Economic analysis: CUA (health outcome: QALYs) **Study design:** Within-trial (cohort study, associated clinical paper Foster 2014) **Approach to analysis:** EQ-5D data collected at baseline, 2 and 6 months follow-up. QALYs constructed through area under the curve method. Healthcare resource use collected at 6-months follow-up via self-report questionnaires. Unit costs applied. **Perspective:** UK NHS **Follow-up:** 6 months	**Population:** Adults with low back pain (with or without sciatica) **Cohort settings:** Start age: 48.7 years Male: 44.7% **Intervention 1:** (n=630) Usual care: Family physician management involving assessment, advice, medication, sickness certification and referral for investigations or further treatment as appropriate, based on clinical judgement. Community based physical therapists managed patients using clinical judgement to	**Total costs (mean per patient)** Intervention 1: £169.43 Intervention 2: £164.54 Incremental (2−1): saves £4.89 (95% CI: NR; p=NR) **Currency & cost year:** 2008/2009 UK pounds **Cost components incorporated:** Primary care utilisation including: GP and nurse contacts; physiotherapy service; secondary care utilisation including: consultant contacts, admissions, radiograph, MRI	**QALYs (mean per patient):** Intervention 1: NR Intervention 2: NR Incremental (2−1): 0.003 (95% CI: -0.01 to 0.02; p=NR)	**Overall ICER (Intervention 2 versus Intervention 1):** Intervention 2 dominates intervention 1 (lower costs and higher QALYs) (da) 95% CI: NR Probability Intervention 2 cost-effective (£20K threshold): NR **Analysis of uncertainty:** Bootstrapping of ICER undertaken however this included private healthcare costs as well as NHS costs and was done by risk group only. Therefore this is not reported here. Sensitivity analyses were conducted using the complete case analysis rather than the primary imputed analysis. Intervention 2 remained dominant (lower costs and higher QALYs).

Discounting: Costs: n/a; Outcomes: n/a	determine content and number of treatment sessions. **Intervention 2:** (n=1,017) STarT Back stratification followed by one of three treatment pathways based on risk. **Low risk group:** family physician provided written information on self-management and advice to keep active, prescription of pain medication where appropriate and reassurance regarding good prognosis. Single physical therapy session which included a minimal package of assessment, education and support for self-management. **Medium risk group:** Family physician encouraged to refer patients to physical therapy and address their back-related concerns highlighted by stratification tool. Physical therapy intervention focused on reducing pain and disability using activity, exercise and manual therapy and encouraging patients in	scan, CT scan, blood tests epidural injections; other healthcare professional contacts including acupuncture and osteopathy; and prescribed medication.		

	early return to work. **High risk group:** Family physician encouraged to refer patients to physical therapy and address their back-related concerns highlighted by stratification tool. Psychologically informed physical therapy provided.			

Data sources

Health outcomes: Within-trial analysis (cohort study, Foster 2014)[12]. Health outcomes included patient reported EQ-5D collected baseline, 2 and 6 months follow-up. QALYs were calculated using the area under the curve approach adjusted for baseline utility. **Quality-of-life weights:** EQ-5D UK tariff. **Cost sources:** Healthcare resource use collected at 6-months follow-up via self-report questionnaires. Unit cost sources not reported.

Comments

Source of funding: The Health Foundation. **Limitations:** Not all risk stratification tools from the protocol are included in study. A longer time horizon may be preferable if effects may persist beyond 6 months. Source of unit costs not reported. Within-trial analysis and so does not reflect full body of available evidence for this comparison; Foster 2014 is 1 of 2 studies included in risk stratification review comparing STarTBack to usual care. Appropriate bootstrapping of ICER not undertaken. **Other:** None

Overall applicability(b)**:** Directly applicable **Overall quality**(c)**:** Potentially serious limitations

Abbreviations: 95% CI: 95% confidence interval; CUA: cost–utility analysis; EQ-5D: Euroqol 5 dimensions (scale: 0.0 [death] to 1.0 [full health], negative values mean worse than death); ICER: incremental cost-effectiveness ratio; NR: not reported; pa: probabilistic analysis; QALYs: quality-adjusted life years

(a) Foster 2014 presented total healthcare costs that included both NHS and private healthcare resource use, these were recalculated and costs presented here are for NHS only healthcare resource use only.

(b) Directly applicable / Partially applicable / Not applicable

(c) Minor limitations / Potentially serious limitations / Very serious limitations

3 Imaging

Table 4: Gilbert 2004[14,15]

Gilbert FJ, Grant AM, Gillan MG, Vale LD, Campbell MK, Scott NW et al. Low back pain: influence of early MR imaging or CT on treatment and outcome. Multicenter randomized trial. Radiology. 2004; 231(2):343-351. (Guideline Ref ID GILBERT2004)

Gilbert FJ, Grant AM, Gillan MGC, Vale L, Scott NW, Campbell MK. Does early magnetic resonance imaging influence management or improve outcome in patients referred to secondary care with low back pain? A pragmatic randomised controlled trial. Health Technology Assessment. England 2004; 8(17):1-144. (Guideline Ref ID GILBERT2004A)

Study details	Population & interventions	Costs	Health outcomes	Cost effectiveness
Economic analysis: CUA (health outcome: QALYs) **Study design:** Within trial analysis (RCT, same paper) **Approach to analysis:** The main measure for assessing the effects on health was the EQ-5D (EuroQol-5 dimensions). The utility scores obtained at baseline, 8 months and 24 months for each participant were used to estimate QALYs. This was done by estimating the area under the lines that link the utility scores, obtained at the three time points. The Aberdeen Low Back Pain (ALBP) score, and the SF-36 (Short Form with 36 Items) were also	**Population:** Adults with low back pain (with or without sciatica) **Patient characteristics:** Mean age (intervention 1): 42.8 years Mean age (intervention 2): 43.9 years Male (intervention 1): 48.8% Male (intervention 2): 49.1% **Intervention 1 (n =389):** Delayed, selective imaging (no imaging unless a clear clinical indication developed) **Intervention 2 (n=393):** Early imaging (MRI or CT as	***Total costs (mean per patient):** Intervention 1: £427.21 Intervention 2: £488.28 Incremental (2−1): £61.07 (95% CI: –25.24, 147.36; p< 0.001) *Based on imputed costs because of missing questionnaire data **Currency & cost year:** 2000-01 UK Pounds **Cost components incorporated:** The areas of treatment considered were related to **hospital based services** (outpatient consultation; imaging; physiotherapy; hospital admission; surgery;	***QALYs (mean per patient):** Intervention 1: 1.03 Intervention 2: 1.07 Incremental (2−1): 0.04 (95% CI: –0.015, 0.10; p= 0.01) *Based on adjusted estimates taking into account differences at baseline.	**ICER (Intervention 2 versus Intervention 1):** £1527 per QALY gained (pa) 95% CI: NR Probability Intervention 2 cost-effective (20K threshold): 89.7% **Analysis of uncertainty:** Bootstrapping of ICER (using adjusted QALYs) was conducted from a health care payer perspective. The results are presented above. Additional sensitivity analyses were conducted to show the effect on cost per QALY gained from changing the estimated cost of imaging. This found as the cost of imaging increases, the likelihood that 'early imaging' would be cost-effective decreases. Bootstrapping was also conducted using unadjusted QALYs. This resulted in approximately a 98% probability that early imaging was cost-effective.

reported but not used in the analysis For some areas of resource only one source of data (participant completed questionnaires or case notes) was deemed appropriate. However, for other areas of resource use the choice was informed on by the results of a small study that investigated the similarities between different methods of data collection. **Perspective:** UK NHS **Follow-up** : 2 years **Discounting:** Costs: 6%; Outcomes: 0%	soon as practicable)	injection; provision of back supports, corsets, or braces), **primary care services** (general practitioner visits, use of prescription and nonprescription medicines), and other tests (blood and urine tests) and devices.		

Data sources

Health outcomes: Within-trial analysis (RCT, same paper). Health outcomes included patient reported EQ-5D collected at baseline, 8 months, and 24 months follow-up. QALYs were calculated by using the area under the curve approach obtained at the three time points.

Quality-of-life weights: EQ-5D,

UK tariff. The SF-36 and Aberdeen Low Back Pain (ALBP) score were also reported, but not used to estimate QALYs. **Cost sources:** Within-trial analysis of resource use was captured alongside clinical trial via self-completed questionnaires performed at 8 and 24 months. Resource use came from either data abstraction of patients' medical notes, patient questionnaire, or patient time and travel questionnaire. In general, resource use data came from case notes to provide estimates of care in secondary care and questionnaires were used as the source of data for primary care. Costing sources were the British National Formulary and Scottish Health Service Costs. In some case, bottom-up costing was conducted, expert opinion was sought, and in one case (GP consultations) another paper was referenced.

Comments

Source of funding: Scottish Executive Health Department. **Limitations:** Discounting only applied to costs at a rate of 6%, as opposed to 3.5% for both costs and effects (NICE reference case).Within-trial analysis (same paper): Gilbert 2004 is one of a number of studies included in the clinical review for this question and may not reflect the fully body of evidence. In addition, Because of some missing questionnaire data, some resource use areas required imputation. **Other:** None.

Overall applicability[a]: Partially applicable **Overall quality[b](b):** Potentially serious limitations

Abbreviations: 95% CI: 95% confidence interval; CUA: cost–utility analysis; EQ-5D: Euroqol 5 dimensions (scale: 0.0 [death] to 1.0 [full health], negative values mean worse than death); ICER: incremental cost-effectiveness ratio; NR: not reported; pa: probabilistic analysis; QALYs: quality-adjusted life years.

(a) Directly applicable / Partially applicable / Not applicable

(b) Minor limitations / Potentially serious limitations / Very serious limitations

B4 Self-management

Table 5: Hollinghurst 2008[23]

Hollinghurst S, Sharp D, Ballard K, Barnett J, Beattie A, Evans M et al. Randomised controlled trial of Alexander technique lessons, exercise, and massage (ATEAM) for chronic and recurrent back pain: economic evaluation. Spine. United Kingdom 2008; 337:a2656. (Guideline Ref ID HOLLINGHURST2008)									
Study details	**Population & interventions**	**Costs**	**Health outcomes**	**Cost effectiveness**					
Economic analysis: CUA (health outcome: QALYs) NB CEA also but not presented in this table. **Study design:** Within-trial analysis (ATEAM RCT – associated clinical paper Little 2008[35,36]) **Approach to analysis:** Analysis of individual level data for EQ-5D and resource use. Unit costs applied. **Perspective:** UK NHS	**Population:** People with chronic or recurrent low back pain recruited from primary care (without sciatica). **Patient characteristics:** N: 579 Mean age: 45 (SD 11) Male: 31% **Intervention 1:** Usual care (UC) **Intervention 2:** Massage (6 sessions) **Intervention 3:**	**Total costs (mean per patient):** Intervention 1: £54 Intervention 2: £258 Intervention 3: £218 Intervention 4: £610 Intervention 5: £154 Intervention 6: £267 Intervention 7: £240 Intervention 8: £661 **Cost breakdown** Intervention cost/other cost: Intervention 1: £0/£54 Intervention 2: £160/£98 Intervention 3: £159/£59	**QALYs (mean per patient):** NR Incremental versus usual care: Intervention 1: 0 Intervention 2: -0.01 Intervention 3: 0.03 Intervention 4: 0.05 Intervention 5: 0.04 Intervention 6: 0.06 Intervention 7: 0.06 Intervention 8: 0.09	**Full incremental analysis(a):with strategies ranked by ascending order of effectiveness**					
				Int	**Inc Cost vs base-line**	**Inc QALY vs base-line**	**Inc cost[(b)]**	**Inc QALY [(b)]**	**ICER[(b)]**
				2	£204	-0.01	Dominated		
				1	£0	0	Baseline		
				3	£163	0.03	Dominated		
				5	£100	0.04	£100	0.04	£2497
				4	£556	0.05	Dominated		
				6	£213	0.06	Dominated		
				7	£185	0.06	£86	0.02	£4280
				8	£607	0.09	£421	0.03	£14,042
				Probability cost effective not reported for full					

(participant and societal perspectives also analysed but not presented here) **Follow-up:** 12 months **Discounting:** Costs: n/a; Outcomes: n/a	Alexander technique (6 lessons) **Intervention 4:** Alexander technique (24 lessons) **Intervention 5:** UC + exercise prescription* **Intervention 6:** Exercise prescription* + massage (6 sessions) **Intervention 7:** Exercise prescription * + Alexander technique (6 lessons) **Intervention 8:** Exercise prescription * + Alexander technique (24 lessons) *Exercise prescription in the study was a prescription from a doctor for home-based general exercise and a practice nurse's behavioural counselling.	Intervention 4: £560/£50 Intervention 5: £30/£124 Intervention 6: £189/£79 Intervention 7: £198/£42 Intervention 8: £596/£65 **Currency & cost year:** 2005 UK pounds **Cost components incorporated:** Interventions (teaching and equipment), primary care contacts, outpatient appointments, inpatient hospital stays and medication.		incremental analyses.

Alexander technique strategies and usual care only(a):

Int (a)	Inc cost(b)	Inc QALY(b)	ICER(b)	Prob. CE
Without exercise prescription				
1	Baseline			
3	£163	0.03	£5,899	
4	£392	0.02	£20,993	
With exercise prescription				
5	Baseline			
7	£86	0.02	£5,332	
8	£421	0.03	£13,914	
With or without exercise prescription				
1/5	Baseline			
3/7	£124	0.022	£5,704	NR
4/8	£407	0.023	£17,454	NR

Massage and usual care only(a):

Int (a)	Inc cost(b)	Inc QALY(b)	ICER(b)	Prob. CE
Without exercise prescription				
1	Baseline			
2	£204	-0.01	Dominated	~30% (£5K threshold)
With exercise prescription				
5	Baseline			
6	£113	0.02	£5,304	>90% (£5k threshold)
With or without exercise prescription				

				1/5	Baseline			
				2/6	£158	0.015	£10,793	NR
				Unsupervised exercise and usual care only(a):				
				Int [(a)]	**Inc cost[(b)]**	**Inc QALY[(b)]**	**ICER[(b)]**	**Prob. CE**
				Without massage or AT				
				1	Baseline			
				5	£100	0.04	£2847	>95% (£5K threshold)
				With or without massage or AT				
				1/2/3/4	Baseline			
				5/6/7/8	£44	0.04	£1096	NR
				Analysis of uncertainty: Sensitivity analyses looked at the impact of: 1. 100% adherence to the interventions on cost – results mostly did not change. In the AT only comparison without exercise prescription, 24 sessions now had an ICER of £26,550.(a) 2. The exclusion of inpatient stay costs (3 hospital stays during the trial 2 in the exercise prescription only group and 1 in the massage plus exercise group). Overall conclusions were not impacted. Although massage and exercise now dominated AT 6 lessons and exercise prescription instead of the other way round. 3. Using complete cases only for analysis of QALYs. The overall conclusion that 24 AT lessons were cost effective. Normal care with exercise prescription, massage or 6 Alexander technique lessons had fewer QALYs than normal care alone and higher costs and so were all dominated. 4. Using complete case only for analysis of personal				

				costs was under taken but is not reported here.

Data sources
Health outcomes: QALYs were calculated using patient-level utility data collected at baseline, 3 months and 1 year and the area under the curve approach adjusted for baseline difference across the groups. Missing data was imputed (38%). **Quality-of-life weights:** EQ-5D UK tariff. **Cost sources:** Resource use: within-trial analysis of prospectively collected data. Intervention costs based on number of attended session. **Unit costs:** Mostly UK national sources with some data from published sources or trial participants.
Comments
Source of funding: Medical Research Council. **Limitations:** Study does not include all available non-invasive treatment options; resource use data (2002-2004) and unit costs (2005) may not reflect current NHS context. Time horizon may not be sufficient to capture all benefits and costs - authors suggest that the effects of Alexander technique lessons may be longer lasting than massage or an exercise prescription. Within-trial analysis and so does not reflect full body of available evidence for all comparators. Uncertainty has not been quantified for the full incremental analysis. Usual care not described and unclear if this is was provided also in the massage and AT groups.
Overall applicability(c): partially applicable **Overall quality(d):** AT = minor limitations; massage = potentially serious limitations; exercise prescription = potential serious limitations; overall analysis = potentially serious limitations

Abbreviations: CEA: cost-effectiveness analysis; 95% CI: 95% confidence interval; CUA: cost–utility analysis; EQ-5D: Euroqol 5 dimensions (scale: 0.0 [death] to 1.0 [full health], negative values mean worse than death); ICER: incremental cost-effectiveness ratio; NR: not reported; QALYs: quality-adjusted life years

(a) Calculated by NCGC

(b) Incremental cost/QALYs/cost effectiveness ratio compared to next most effect treatment option that is not ruled out by dominance or extended dominance. An option is ruled out by dominance when another option has higher QALYs and lower costs. An option is ruled out by extended dominance when it has a higher ICER than the next, more effective, option and so this option can never be the most cost effective.

(c) Directly applicable/Partially applicable/Not applicable

(d) Minor limitations/Potentially serious limitations/Very serious limitations

L5 Exercise

Table 6: Beam 2004[60]

UK BEAM Trial Team. United Kingdom back pain exercise and manipulation (UK BEAM) randomised trial: cost-effectiveness of physical treatments for back pain in primary care. Spine. 2004; 329:1381-1385:1381-1385. (Guideline Ref ID BEAM2004)				
Study details	**Population & interventions**	**Costs**	**Health outcomes**	**Cost effectiveness**
Economic analysis: CUA (health outcome: QALYs)	**Population:** Low back pain mixed population (with or without sciatica).	**Total costs (mean per patient):** Intervention 1: £346	**QALYs (mean per patient):** Intervention 1: 0.618	**ICER (Intervention 2 versus Intervention 1):** **Full incremental analysis[(a)]:**

Int	Cost	QALY	Inc	Inc	ICER [(c)]

Study design: Within-trial analysis (UK BEAM RCT – associated clinical paper Underwood 2004[61,61])

Approach to analysis: Analysis of individual level data for EQ-5D (adjusted for baseline differences) and resource use. Unit costs applied.

Perspective: UK NHS

Follow-up: 1 year

Discounting: Costs: n/a; Outcomes: n/a

Adults 18-65 years with non-specific low back pain who had experienced pain: 1) every day for the 28 days before randomisation; or for 21 out of 28 days and also 21 out of the 28 days before that. Those complaining mainly of pain below the knee were excluded.

Subgroup of full UK BEAM trial with sufficient data for economic analysis (97%).

Patient characteristics:

N = 1297

Mean age: NR (SD: NR)

Male: NR

Intervention 1: Best care (self management [SM] – programme & advice to stay active)

Intervention 2: Best care + 'Back to fitness programme' (SM + biomechanical exercise) (initial assessment and up to 9 classes over 12 weeks)

Intervention 3: Best care + spinal manipulation therapy (SM + mixed modality manual therapy) (8 sessions over 12 weeks)

Intervention 4: Best care +

Intervention 2: £486

Intervention 3: £541

Intervention 4: £471

For incremental analysis see cost effectiveness column

Subanalysis exercise not available (n=623):

Intervention 1: £346

Intervention 3: £541

Incremental (2−1): £195

(95% CI NR; p=NR)

Subanalysis manipulation not available (n=668):

Intervention 1: £346

Intervention 2: £486

Incremental (2−1): £140

(95% CI NR; p=NR)

Cost breakdown

Intervention cost/other costs:

Intervention 1: £0/£346

Intervention 2: £41/£445

Intervention 3: £147/£394

Intervention 4: £152/£319

Currency & cost year:

2000/1 UK pounds

Cost components

Intervention 2: 0.635

Intervention 3: 0.659

Intervention 4: 0.651

For incremental analysis see cost effectiveness column

Subanalysis exercise not available (n=623):

Intervention 1: 0.622

Intervention 3: 0.663

Incremental (2−1): 0.041

(95% CI NR; p=NR)

Subanalysis manipulation not available (n=668):

Intervention 1: 0.610

Intervention 2: 0.627

Incremental (2−1): 0.017

(95% CI NR; p=NR)

3

[a]	[b]	[b]	cost [c]	QALY [c]	
1	£346	0.618	Baseline		
2	£486	0.635	Dominated by 4		
4	£471	0.651	£126	0.033	£3,800
3	£541	0.659	£70	0.008	£8,700

Probability cost-effective (£20K/30K threshold)[(d)]:

Intervention 1: 0%/0%

Intervention 2: <10%/<10%

Intervention 3: >50%/>55%

Intervention 4: ~39%/~37%

Subanalysis exercise not available (n=623):

3 vs 1: £4,800 per QALY gained

95% CI: NR

Probability intervention 3 cost-effective (£20K/30K threshold)[(d)]: >95%/100%

Subanalysis manipulation not available (n=668):

2 vs 1: £8,300 per QALY gained

95% CI: NR

Probability intervention 3 cost-effective (£20K/30K threshold)[(d)]: ~60%/~70%

Analysis of uncertainty: Bivariate multilevel analysis was used to quantify uncertainty due to sampling variation. Three sensitivity analyses relating to costs were undertaken:

- Exclusion of high cost outliers (>£2000): interventions 2 and 4 become ruled out by extended dominance by 3. The ICER for 3 versus 1 is £3000 per QALY gained. In subgroup analysis where manipulation is not

	'Back to fitness programme'+ spinal manipulation therapy (SM + biomechanical exercise + mixed modality manual therapy) (same as above except 6 weeks of manipulation followed by 6 weeks of CPP)	**incorporated:** Interventions, primary care contacts (GP, practice nurse, physiotherapist, other), secondary care contacts (hospital admissions and outpatient appointments).		available the ICER for intervention 2 versus 1 was £4100. • Costing assuming NHS buys all manipulation from private sector: ICERs increased to £8600 (4 versus 1) and £10,600 (3 versus 4) • Costing assuming NHS buys some manipulation from private sector (as per trial rates): ICERs increased to £6600 (4 versus 1) and £8700 (3 versus 4)
Data sources				
Health outcomes: QALYs were calculated using patient-level utility data collected at baseline, 3 and 12 months and the area under the curve approach adjusted for baseline differences across the groups. **Quality-of-life weights:** Within-RCT analysis: EQ-5D UK tariff. **Resource use:** Within-RCT analysis. Intervention cost was based on the number of attended sessions. **Cost sources:** UK national sources for NHS provided care and a major insurance provider for privately provided care. Base case analysis costs all manipulation as provided by NHS irrespective of how provided in trial (explored in sensitivity analysis).				
Comments				
Source of funding: Medical Research Council & NHS **Limitations:** Study does not include all non-invasive treatment options. Resource use data (1999-2002) and unit costs (2000/01) may not reflect the current NHS context. A longer time horizon may be preferable given than interventions continued to show benefit at 12 months. Within-trial analysis and so does not reflect full body of available evidence for this intervention; Underwood 2004 is 1 of 8 studies included in the clinical review for mixed manual therapy – although the only one compared to usual care and with EQ5D data. **Other:**				
Overall applicability[(e)]: Partially applicable **Overall quality[(f)]:** mixed MT = Minor limitations				

Abbreviations: 95% CI: 95% confidence interval; CUA: cost–utility analysis; EQ-5D: Euroqol 5 dimensions (scale: 0.0 [death] to 1.0 [full health], negative values mean worse than death); ICER: incremental cost-effectiveness ratio; NR: not reported; QALYs: quality-adjusted life years

(a) Intervention number in order of least to most effective in terms of QALYs

(b) Total cost/QALYs

(c) Incremental cost/QALYs/cost effectiveness ratio compared to next most effect treatment option that is not ruled out by dominance or extended dominance. An option is ruled out by dominance when another option has higher QALYs and lower costs. An option is ruled out by extended dominance when it has a higher ICER than the next, more effective, option and so this option can never be the most cost effective.

(d) Estimated from graph

(e) Directly applicable / Partially applicable / Not applicable

(f) Minor limitations / Potentially serious limitations / Very serious limitations

Table 7: Chuang 2012[7,8]

Chuang LH, Soares MO, Tilbrook H, Cox H, Hewitt CE, Aplin J et al. A pragmatic multicentered randomized controlled trial of yoga for chronic low back pain: economic evaluation. Spine. 2012; 37(18):1593-1601. (Guideline Ref ID CHUANG2012)

Study details	Population & interventions	Costs	Health outcomes	Cost effectiveness
Economic analysis: CUA (health outcome: QALYs) **Study design:** Within-trial analysis (RCT – associated clinical paper Tilbrook 2011[57,57]) **Approach to analysis:** Analysis of individual level data for EQ-5D and resource use with missing data imputed and adjusted for baseline differences. Unit costs applied. **Perspective:** UK NHS (societal also analysed but not presented here) **Follow-up:** 12 months **Discounting:** Costs: n/a; Outcomes: n/a	**Population:** People 18-65 that had consulted their GP for low back pain in past 18 months. **Patient characteristics:** N: 313 Mean age: 46 years (SD 11) Male: 30% **Intervention 1:** Usual care including The Back Book, and one yoga class after the final follow-up. **Intervention 2:** Yoga (75 minute weekly group class [maximum 15 participants] for 12 weeks, relaxation CD, yoga manual, yoga mat; participants were encouraged to practice at home for 30 minutes daily or at least 2 times per week and use the relaxation CD) plus usual care including The Back Book.	**Total costs (mean per patient):** Intervention 1: NR Intervention 2: NR Incremental (2−1): £507 (95% CI £159 to £855); p=NR) **Cost breakdown (unadjusted and without imputation)** Intervention cost/NHS costs: Intervention 1: £0/£530 Intervention 2: £293/£762 **Currency & cost year:** 2008/9 UK pounds **Cost components incorporated:** Intervention, primary care contacts (GP, practice nurse, physiotherapist and other) and secondary care contacts (emergency service, outpatient appointments, inpatient hospital stays, physiotherapist, other).	**QALYs (mean per patient):** Intervention 1: NR Intervention 2: NR Incremental (2−1): 0.037 (95% CI 0.006 to 0.069; p=NR)	**ICER (Intervention 2 versus Intervention 1):** £13,606 per QALY gained 95% CI: NR Probability intervention 2 cost-effective (£20K/30K threshold): 72%/~87% **Analysis of uncertainty:** Method for estimating probability cost effective was not stated. As an alternative to using results based on imputing missing data, complete case analysis was undertaken: ICER: £9,266 per QALY gained The impact of the cost of yoga was explored. While the value of the ICER did change, yoga remained cost effective even when a higher cost of £486 (based on the cost of cardiac rehabilitation) was used.
Data sources				
Health outcomes: QALYs were calculated using patient level utility data collected at baseline, 3, 6 and 12 months and the area under the curve approach adjusted for baseline differences across the groups. Missing data was imputed (usual care 23%; Yoga 28%). **Quality-of-life weights:** Within-RCT analysis: EQ-5D, tariff used is not stated although as this is a UK study it is judged likely to be the UK tariff. **Resource use:** within-trial analysis of prospectively collected data adjusted for baseline differences across the groups. Missing data was imputed (usual care 18%; yoga 26%). Intervention cost was the average cost per patient based on total cost of classes				

and equipment and total number of patients. **Unit costs:** Mostly UK national sources with some data from published sources or trial participants.	
Comments	
Source of funding: Arthritis Research UK. **Limitations:** Study does not include all non-invasive treatment options. The EQ-5D tariff used is not stated although as this is a UK study it is judged likely to be the UK tariff. Follow-up may not be sufficient to capture all benefits and costs - authors suggest that if participants continue to practice yoga it might continue to have an impact on their back function and they noted that 60% of participants in the yoga arm who answered the question continued practising yoga at home. Medication costs are not included. Within-trial analysis and so does not reflect full body available evidence for this comparison - Tilbrook is 1 of 7 studies that included this comparison.	
Overall applicability[(a)]: partially applicable	**Overall quality[(b)]:** potentially serious limitations

Abbreviations: 95% CI, 95% confidence interval; CUA, cost–utility analysis; EQ-5D, EuroQol 5 dimensions (scale: 0.0 [death] to 1.0 [full health], negative values mean worse than death); ICER, incremental cost-effectiveness ratio; NR, not reported; QALYs: quality-adjusted life years

(a) Directly applicable/Partially applicable/Not applicable

(b) Minor limitations/Potentially serious limitations/Very serious limitations

Table 8: Critchley 2007[9]

Critchley DJ, Ratcliffe J, Noonan S, Jones RH, Hurley M, V. Effectiveness and cost-effectiveness of three types of physiotherapy used to reduce chronic low back pain disability: a pragmatic randomized trial with economic evaluation. Spine. 2007; 32(14):1474-1481. (Guideline Ref ID CRITCHLEY2007)

Study details	Population & interventions	Costs	Health outcomes	Cost effectiveness
Economic analysis: CUA (health outcomes: QALYs) **Study design:** Within-trial analysis (RCT – clinical results in same paper) **Approach to analysis:** Analysis of individual level data for EQ-5D (adjusted for baseline differences in utility) and resource use. Unit costs applied. **Perspective:** UK NHS **Follow-up:** 18	**Population:** 18 years old or older, low back pain >12 weeks duration with or without leg symptoms or neurologic signs **Patient characteristics** N = 212 Mean age = 44 Male = 35.8% **Intervention 1:** Biomechanical exercise. Spinal stabilisation physiotherapy; individual transversus abdominis and multifidus muscle training, group spinal stability exercises, maximum of 8 supervised sessions of 90 minutes. (n=72) **Intervention 2:** Combination: Manual therapy plus self-management. Individual physiotherapy; a combination of joint	**Total costs (mean per patient):** Intervention 1: £379 Intervention 2: £474 Incremental 3: £165 Incremental (2−1): £95 (95% CI: NR; p=NR) Incremental (3−1): −£214 (95% CI: NR; p=0.16) Incremental (3−2): −£309 (95% CI: NR; p=0.16) Cost breakdown (initial treatment/other) Intervention 1: £80/£299	**QALYs (mean per patient):** Intervention 1: 0.90 Intervention 2: 0.99 Intervention 3: 1.00 Incremental (2−1): 0.09 (95% CI: NR; p=NR) Incremental (3−1): 0.10 (95% CI: NR; p=NR) Incremental (3−2): 0.01 (95% CI: NR; p=NR)	**Fully incremental analysis** MBR programme dominates both biomechanical exercise and combined manual therapy and self-management with higher QALYs and lower costs 95% CIs: NR Probability cost-effective (£20K/30K threshold): • Intervention 1: ~33%/~35% • Intervention 2: ~0%/~0% • Intervention 3: 67%/65% **Analysis of uncertainty:** Sensitivity analysis testing multiple scenarios; a)

months **Discounting:** Costs: 3.5%; Outcomes: 3.5%	mobilisations, joint manipulation and massage, trunk muscle retraining, stretching and spinal mobility exercises taught to perform at home, back care advice; up to 12 sessions of 30 minutes. (n=71) **Intervention 3:** MBR programme (3 elements: physical, cognitive, education). Structured back pain education, group general strengthening, stretching and aerobic exercises, cognitive-behavioural approach to reduce fear, encourage self-management; maximum of 8 supervised sessions of 90 minutes. (n=69)	Intervention 2: £90/£384 Intervention 3: £75/£90 **Currency & cost year:** 2003 UK pounds **Cost components incorporated:** Physiotherapy, other healthcare visits (GP, consultant, other NHS, investigations, inpatient procedures), medication		including patients with imputed missing data, b) excluding costly outliers In both cases the pain management program continues to be the most cost effective option. Costs excluding spinal surgery patients: Intervention 1: £188 Intervention 2: £401 Incremental 3: £165
Data sources				
Health outcomes: QALYs were calculated using patient-level utility data collected at baseline, 6, 12 and 18 months and the area under the curve approach adjusted for baseline utility. **Quality-of-life weights:** EQ5D, tariff used not stated (although as this is a UK study it is judged likely to be UK tariff) **Cost sources:** resource use was captured through physiotherapy notes and cost questionnaires, unit costs were obtained from the personal social services research unit database, NHS reference costs, and British National Formulary				
Comments				
Source of funding: NR **Limitations:** Resource use data (2002-2005) and unit costs (2003/3) may not reflect the current NHS context. EQ-5D tariff used is not stated (although as UK study judged likely to be UK tariff). Study does not include all non-invasive treatment options. Time horizon may not be sufficient to capture all benefits and costs if benefits persist beyond 18 months. Within-trial analysis and so does not reflect full body of available evidence for this intervention; Critchley 2007 is 1 of 19 studies included in the clinical review for MBR.				
Overall applicability[(a)]: partially applicable **Overall quality[(b)]:** minor limitations				

Abbreviations: 95% CI: 95% confidence interval; CUA: cost–utility analysis; da: deterministic analysis; EQ-5D: Euroqol 5 dimensions (scale: 0.0 [death] to 1.0 [full health], negative values mean worse than death); ICER: incremental cost-effectiveness ratio; NR: not reported; pa: probabilistic analysis; QALYs: quality-adjusted life years; CSRI: client services receipt inventory

(a) Directly applicable / Partially applicable / Not applicable

(b) Minor limitations / Potentially serious limitations / Very serious limitations

Table 9: Niemisto 2003[41,41]/Niemisto 2005[40,41]

Niemisto L, Lahtinen-Suopanki T, Rissanen P, Lindgren KA, Sarna S, Hurri H. A randomized trial of combined manipulation, stabilizing exercises, and physician consultation compared to physician consultation alone for chronic low back pain. Spine. 2003; 28(19):2185-2191. (Guideline Ref ID NIEMISTO2003) **Niemisto L, Rissanen P, Sarna S, Lahtinen-Suopanki T, Lindgren K-A, Hurri H. Cost-effectiveness of combined manipulation, stabilizing exercises, and physician**

consultation compared to physician consultation alone for chronic low back pain: a prospective randomized trial with 2-year follow-up. Spine. 2005; 30(10):1109-1115. (Guideline Ref ID NIEMISTO2005)				
Study details	**Population & interventions**	**Costs** [(d)]	**Health outcomes**	**Cost effectiveness**
Economic analysis: CCA (various health outcomes) **Study design:** Within-trial analysis (RCT – clinical results in same paper) **Approach to analysis:** Analysis of individual level data for health outcomes and resource use. Unit costs applied. **Perspective:** Dutch healthcare costs (societal costs analysed but not presented here) **Follow-up** 12/24 months **Discounting:** Costs: 0%; Outcomes: 0%	**Population:** 24-46 years with chronic low back pain (with or without sciatica) of at least 3 months duration with ODI was at least 16%. Severe sciatica in the straight leg raising test with less than 35 degrees was an exclusion criterion. **Patient characteristics** N = 204 Mean age = 37 years (SD: NR) Male = 46% **Intervention 1:** Self management programme. Physician consultation alone; clinical evaluation (60 minutes) plus educational booklet, instruction regarding posture and spinal exercise recommendation. (n=102) **Intervention 2:** Combination: Self management programme ,manual therapy (manipulation/mobilisation) and biomechanical exercise. As intervention 1 plus manipulation using muscle energy technique and muscle control and stabilising exercises, treatment and exercise weekly sessions for 5 weeks. (n=102)	**12 months: total costs (mean per patient):** Intervention 1: £278 Intervention 2: £303 Incremental (2−1): £25 (95% CI: NR; p=NS) **24 months: Annual total costs (mean per patient):** Intervention 1: £234 Intervention 2: £289 Incremental (2−1): £56 (95% CI: NR; p=NS) Cost breakdown of intervention/other costs not reported. **Currency & cost year:** 2000 Finland Euros presented as 2000 US dollars (presented here as 2000 UK pounds[(a)]) **Cost components incorporated:** Visits to physicians, visits to physiotherapy, outpatient visits, inpatient care, x-ray examinations	**12 months** See clinical review **24 months** **VAS (mean per patient):** Intervention 1: NR Intervention 2: NR Incremental (2−1): 4.97 (95% CI: 4.83 to 5.12; p=NR) **ODI (mean per patient):** Intervention 1: NR Intervention 2: NR Incremental (2−1): 1.24 (95% CI: 1.18 to 1.30; p=NR) **15D (mean per patient):** Authors report no difference in 15D.	n/a **Analysis of uncertainty:** Uncertainty around the point estimates of incremental effects was assessed through bootstrapping but for societal costs not healthcare costs.
Data sources				

Health outcomes: Within-trial analysis (measurements at baseline, 5, 12, 24 months). **Quality-of-life weights:** 15D utility instrument, Finnish population, VAS-based tariff. **Cost sources:** Within-trial analysis of resource use was captured through cost questionnaires administered at baseline, 12, 24 months. Finnish standard national prices used (average costs of Finnish healthcare providers).	
Comments	
Source of funding: The social insurance institute of Finland and Finska Lakarsallskapet. **Limitations:** Finnish resource use data (1999-2001) and unit costs (2000) may not reflect the current NHS context. Non-NICE reference case utility measure used (15D) and this uses a non-comparable valuation method (VAS) from the Finnish population. QALYs were not calculated using area under the curve. Discounting was not applied (24 month analysis). Study does not include all non-invasive treatment options. Within-trial analysis and so does not reflect full body of available evidence for this comparison Niemisto 2003 is 1 of several studies included in the clinical review for individual combinations. Limited sensitivity analysis.	
Overall applicability[(a)]: partially applicable **Overall quality[(c)]:** potentially serious limitations	

Abbreviations: CCA: cost–consequence analysis; 95% CI: 95% confidence interval; CUA: cost–utility analysis; da: deterministic analysis; NR: not reported; pa: probabilistic analysis; ODI: oswestry disability index; VAS: visual analogue scale

(a) Converted using 2000 purchasing power parities[42]

(b) Directly applicable / Partially applicable / Not applicable

(c) Minor limitations / Potentially serious limitations / Very serious limitations

(d) Original analysis adopted a societal perspective, costs presented here were re-estimated to reflect NHS perspective only

Table 10: Smeets 2009[47]

Smeets RJ, Severens JL, Beelen S, Vlaeyen JW, Knottnerus JA. More is not always better: Cost-effectiveness analysis of combined, single behavioral and single physical rehabilitation programs for chronic low back pain. European Journal of Pain. 2009; 13(1):71-81. (Guideline Ref ID SMEETS2009)				
Study details	**Population & interventions**	**Costs**	**Health outcomes**	**Cost effectiveness**
Economic analysis: CUA (health outcome: QALYs) **Study design:** Within-trial analysis (RCT – associated clinical paper Smeets 2006/2008a[48,49] **Approach to analysis:** Analysis of individual level data for EQ-5D (adjusted for baseline differences in	**Population:** 18-65 years, non-specific low back pain for more than 3 months resulting in disability (RDQ >3) and ability to walk at least 100m. With or without sciatica. **Patient characteristics** N = 160 Mean age: 42 years (SD: 10) Male: 55% **Intervention 1:**	**Total costs (mean per patient):** Intervention 1: £2089 Intervention 2: £1182 Intervention 3: £2618 Incremental (2−1): saves £908 (95% CI: NR; p=NR) Incremental (3−1): £530 (95% CI: £120 to £897; p=NR) Incremental (3−2): £1433 (95% CI: £1166 to £1688; p=NR)	**QALYs (mean per patient):** Intervention 1: 0.693 Intervention 2: 0.723 Intervention 3: 0.679 Incremental (2−1): 0.03 (95% CI: NR; p=NR) Incremental (3−1): -0.014 (95% CI: -0.094 to 0.066; p=NR) Incremental (3−2): -0.045 (95% CI: -0.119 to 0.029; p=NR)	**Full incremental analysis:** cognitive behavioural approaches dominates both exercise and combination treatment with higher QALYs and lower costs. 95% CI: NR Probability cost-effective (£20K/30K threshold): NR **Analysis of uncertainty:** Bootstrapping used to quantify uncertainty around ICER but for

utility) and resource use. Unit costs applied. **Perspective:** Netherlands direct health care costs (societal also analysed but not presented here) **Follow-up:** 62 weeks **Discounting:** Costs: n/a; Outcomes: n/a	Mixed modality exercise. 30 minutes aerobic training on bicycle and 75 minutes strength and endurance training of their lower back and upper leg muscles, 3 times a week during 10 weeks. **Intervention 2:** Cognitive behavioural approach. Operant behavioural graded activity training (physiotherapist or occupational therapist, 3 group sessions and a maximum of 17 individual sessions of 30 minutes, no physical training element) and problem solving training (clinical psychologist or social worker, 10 sessions of 1.5 hours to a maximum of 4 patients at a time) **Intervention 3:** MBR programme (2 core elements: physical and cognitive).Combination of interventions 1 and 2. Therapists were told about the integrative nature of combination treatment.	Cost breakdown of intervention/other costs not reported. **Total lost productivity costs (mean per patient):** Incremental (3−1): -£1137 (95% CI: -£6706 to £4511; p=NR) Incremental (3−2): £3051 (95% CI: -£2933 to £8862; p=NR) **Currency & cost year:** 2003 Netherlands euros (presented here as 2003 UK pounds(a)) **Cost components incorporated:** Interventions, GP, medical specialist including radiology, occupational physician, physiotherapist, manual therapist, Cesar or Mensensieck therapist, psychologist, medication, hospitalisation, medical procedures.		societal costs not direct medical Analysis where utility analysis was not adjusted for baseline utility: QALYs for 3-1 changed from -0.01 to 0.01. However, intervention 2 still had the highest QALYs and lowest costs.
Data sources				
Health outcomes: QALYs were calculated using patient-level utility data collected at baseline, 3, 6 and 12 months and the area under the curve approach adjusted for baseline utility. Missing data was imputed. **Quality-of-life weights:** EQ-5D, UK tariff. **Costs:** Costs were calculated using patient-level resource use data collected during the 10 weeks treatment period, 1-12, 13-24, 25-36 and 37-52 weeks post treatment. Patients who did not return at least 3 cost diaries were excluded, otherwise missing data was imputed. Intervention cost was based on the number of attended sessions (mean intervention costs not reported). Unit costs were based on Dutch				

national sources.
Comments
Source of funding: Netherlands Organization for Health Research and Development. **Limitations:** Dutch resource use data (2002-2004) and unit costs (2003) may not reflect current NHS context. Study does not include all non-invasive treatment options. Within-trial analysis and so does not reflect full body of available evidence for this intervention; Smeets 2006a is 1 of 7 studies included in the clinical review for mixed modality exercise, 1 of 5 where the mix was biomechanical + aerobic, although is the only one compared with cognitive behavioural approaches; 1 of 9 studies included in the clinical review for cognitive behavioural approach and one of 19 for MBR programmes. **Other:**
Overall applicability(b): partially applicable **Overall quality**(c)**:** potentially serious limitations

Abbreviations: 95% CI: 95% confidence interval; CUA: cost–utility analysis; EQ-5D: Euroqol 5 dimensions (scale: 0.0 [death] to 1.0 [full health], negative values mean worse than death); ICER: incremental cost-effectiveness ratio; NR: not reported; QALYs: quality-adjusted life years

(a) Converted using 2003 purchasing power parities[42]

(b) Directly applicable / Partially applicable / Not applicable

(c) Minor limitations / Potentially serious limitations / Very serious limitations

b6 Postural therapy

For Hollinghurst 2008[23] please see Table 5 (Self-management) above.

b7 Orthotics

None.

b8 Manual therapy

For Beam 2004[60] please see Table 6 (Exercise) above.

For Hollinghurst 2008[23] please see Table 5 (Self-management) above.

Table 11: Vavrek 2014[64]

Vavrek D, Sharma R, Haas M. Cost-analysis related to dose-response for spinal manipulative therapy for chronic low back pain: outcomes from a randomized controlled trial. Journal of Alternative and Complementary Medicine. 2014; 20(5):A18. (Guideline Ref ID VAVREK2014)

Study details	Population & interventions	Costs	Health outcomes	Cost effectiveness
Economic analysis: CCA (various health outcome) **Study design:** Within-trial analysis (RCT – associated clinical paper Haas 2014[16]) **Approach to analysis:** Analysis of individual level data for resource use. Unit costs applied. Costs imputed for weeks not covered by patient reports. Adjusted cost ratios and QALY based on regression analyses. **Perspective:** USA direct medical costs **Follow-up:** 1 year **Discounting:** Costs: n/a; Outcomes: n/a	**Population:** Adults with low back pain without sciatica >3 months. **Patient characteristics:** N = 400 Mean age (range between arms): 40.9-41.8 (SD:13.8-14.8) Male (range between arms): 48-51% **Intervention 1:** Sham **Intervention 2:** Spinal manipulation therapy (SMT) 6 sessions **Intervention 2:** SMT 12 session **Intervention 2:** SMT 18 sessions	**Total costs (unadjusted mean per patient):** Intervention 1: £206 Intervention 2: £540 Intervention 3: £502 Intervention 4: £586 Incremental (3-1): £296 (95% CI NR; p=NR) **Cost breakdown** Intervention cost/other costs: Intervention 1: £0/£206 Intervention 2: £133/£407 Intervention 3: £266/£236 Intervention 4: £399/£188 **Adjusted cost ratios** Intervention 2 vs 1: 1.15 (95% CI: 0.63 to 2.11) Intervention 3 vs 1: 1.18 (95% CI: 0.64 to 2.18) Intervention 4 vs 1: (95% CI: 0.78 (0.43 to 1.43) **Currency & cost year:** 2009 US dollars (presented here as 2009 UK pounds[(a)]) **Cost components incorporated:** Interventions (reported separately in paper but added in to unadjusted costs above; excluded from cost ratio	**QALYs (unadjusted mean per patient):** Intervention 1: 0.81 Intervention 2: 0.80 Intervention 3: 0.83 Intervention 4: 0.81 Incremental (3-1): 0.02 (95% CI NR; p=NR) QALYs (adjusted analysis) Relative to Intervention 1 (sham) each dose of SMT yielded an additional 0.00 to 0.01 QALYs. No significant differences between groups.	**ICER:** 3 vs 1: £14,800 (calculated by NCGC based on unadjusted data) ICER based on adjusted data NR. Note that QALY gain in adjusted analysis potentially lower than in unadjusted analysis. Full incremental analysis was not reported in study as differences in QALYs between interventions and across time was not statistically significant. Probability CE was not reported. **Analysis of uncertainty:** A sensitivity analysis was conducted where the weeks not covered by patient reports were excluded from the cost analysis. The results were similar to the base case analysis.

		analysis), primary care contacts (GP, practice nurse, physiotherapist, other), secondary care contacts (surgeon/neurologist and psychologist/psychiatrist consultations, emergency department visits and other), chiropractic manipulation, massage therapy and patient reported medication for low back pain.		

Data sources
Health outcomes: QALYs were calculated using patient-level utility data collected at baseline, 12, 24, 39 and 52 weeks. **Quality-of-life weights:** Within-RCT analysis: EQ-5D, tariff not stated. **Resource use:** Within-RCT analysis. Intervention cost was based on the number of attended sessions. **Cost sources:** Within-trial resource use and 'resource-based relative value units'. Unit costs from Medicare 2009 national non-facility (i.e. non-hospital) payments.
Comments
Source of funding: NR. **Limitations:** Study does not include all non-invasive treatment options. USA resource use data (2007-2011) and unit costs (2009) may not reflect current NHS context. EQ-5D tariff used unclear. Within-trial analysis and so does not reflect full body of available evidence for this comparison; Haas 2014 is 1 of 8 included studies comparing manipulation/mobilisation to sham. Cost per QALY results were not reported (although QALYs were estimated); here the ICER has been calculated based on the reported unadjusted cost and QALY result however authors undertake a regression analysis to adjust costs and QALYs. Only minimal sensitivity analyses were carried out to quantify uncertainty.
Overall applicability[(b)]: Partially applicable **Overall quality[(c)]:** Potentially serious limitations

Abbreviations: CCA: cost–consequence analysis; 95% CI: 95% confidence interval; da: deterministic analysis; EQ-5D: Euroqol 5 dimensions (scale: 0.0 [death] to 1.0 [full health], negative values mean worse than death); ICER: incremental cost-effectiveness ratio; NR: not reported; pa: probabilistic analysis; QALYs: quality-adjusted life years

(a) Converted using 2009 purchasing power parities[42]

(b) Directly applicable / Partially applicable / Not applicable

(c) Minor limitations / Potentially serious limitations / Very serious limitations

9 Acupuncture

Table 12: Ratcliffe 2006[45,45], Thomas 2005[54,56]

Thomas KJ, MacPherson H, Ratcliffe J, Thorpe L, Brazier J, Campbell Mea. Longer term clinical and economic benefits of offering acupuncture care to patients with chronic low back pain. Health Technology Assessment. 2005; 9:iii-x:iii-iix. (Guideline Ref ID THOMAS2005)
Ratcliffe J, Thomas KJ, MacPherson H, Brazier J. A randomised controlled trial of acupuncture care for persistent low back pain: cost effectiveness analysis. British Medical Journal. 2006; 333:626-628:626-628. (Guideline Ref ID RATCLIFFE2006)

Study details	Population & interventions	Costs	Health outcomes	Cost effectiveness
Economic analysis: CUA (health outcome: QALYs) **Study design:** Within-trial analysis (RCT – associated clinical paper Thomas 2005[54] and Thomas 2006[55]) **Approach to analysis:** Analysis of individual level data for EQ-5D/SF-6D and resource use. Unit costs applied. **Perspective:** UK NHS (societal also analysed but not presented here) **Follow-up:** 2 years **Discounting:** Costs: 3.5%; O outcomes: 3.5%	**Population:** Adults 18-65 years with non-specific low back pain (with or without sciatica) of 4-52 weeks duration. **Patient characteristics:** N = 241 Mean age: 43 years (SD: 11) Male: 40% **Intervention 1:** Usual care (at discretion of GP). **Intervention 2:** Acupuncture (initial consultation and treatment plus up to nine further treatment) plus usual care.	**Total costs (mean per patient):** *EQ-5D complete case analysis (n=85)* Intervention 1: NR Intervention 2: NR Incremental (2−1): £255 (95% CI £203 to £387; p<0.05) *SF-6D complete case analysis (n=122)* Intervention 1: £345 Intervention 2: £460 Incremental (2−1): £115 (95% CI -£40 to £269; p=NR) **Cost breakdown (n=181)** Intervention cost/other NHS costs: Intervention 1: £0/£332 Intervention 2: £214/£257 **Currency & cost year:** 2002/3 UK pounds **Cost components incorporated:** Intervention, primary care contacts (GP, practice nurse, non-study intervention NHS acupuncture, chiropractic,	**QALYs (mean per patient):** *EQ-5D complete case analysis(n=85)* Intervention 1: NR Intervention 2: NR Incremental (2−1): 0.071 (95% CI -0.036 to 0.178; p=NR) *SF-6D complete case analysis (n=122)* Intervention 1: 1.426 Intervention 2: 1.453 Incremental (2−1): 0.027 (95% CI -0.056 to 0.110; p=NR)	**ICER (Intervention 2 versus Intervention 1):** *EQ-5D complete case analysis* *£3598 per QALY gained* 95% CI: £188 to £22,149 Probability Intervention 2 cost-effective (£20K/30K threshold): NR *SF-6D complete case analysis* £4241 per QALY gained 95% CI: £191 to £28,026 Probability Intervention 2 cost-effective (£20K/30K threshold): ~97%/~100% **Analysis of uncertainty:** Bootstrapping was undertaken to estimate uncertainty around the ICER. Alternative analyses: • SF-6D analysis with missing data imputed for costs and QALYs: £4209 per QALY gained (95% CI £182 to £27,899) • Excluding those permanently unable to work: £2104 per QALY gained (95% CI £128 to £19,340)

		osteopathy, other) and secondary care contacts (emergency service, inpatient hospital stays, outpatient appointments (generic, pain clinic, physiotherapy), physiotherapy at GP surgery).		

Data sources
Health outcomes: QALYs were calculated using patient-level utility data collected at baseline, 3, 12 and 24 months and the area under the curve approach adjusted for baseline differences across the groups. Those with complete case utility and cost data were used in the cost-effectiveness analysis base case. **Quality-of-life weights:** Within-RCT analysis: EQ-5D, UK tariff and SF-6D, UK tariff. **Resource use:** Within-trial analysis of prospectively collected data. Intervention cost was based on the number of attended sessions. **Unit costs:** Mostly UK national sources with some data from trial participants.
Comments
Source of funding: UK NHS Executive health technology programme. **Limitations:** Study does not include all non-invasive treatment options. Resource use data (1999-2002) and unit costs (2002/3) may not reflect the current NHS context. Within-trial analysis and so does not reflect full body of available evidence for this comparison; Thomas 2005/Thomas2006 is 1 of 16 included studies comparing acupuncture to usual care. The probability cost effective is not reported for the EQ-5D based analysis. **Other:**
Overall applicability[(a)]: Partially applicable **Overall quality[(b)]:** potentially serious limitations

Abbreviations: 95% C,: 95% confidence interval; CUA, cost–utility analysis; EQ-5D, Euroqol 5 dimensions (scale: 0.0 [death] to 1.0 [full health], negative values mean worse than death); ICER, incremental cost-effectiveness ratio; NR, not reported; QALYs, quality-adjusted life years

(a) Directly applicable / Partially applicable / Not applicable

(b) Minor limitations / Potentially serious limitations / Very serious limitations

I.10 Electrotherapy

None.

I.11 Psychological

Table 13: Jellema2007[24,26]

Jellema P, van der Roer N, Van Der Windt DAWM, van Tulder MW, Van Der Horst HE, Stalman WAB et al. Low back pain in general practice: Cost-effectiveness of a minimal psychosocial intervention versus usual care. European Spine Journal. 2007; 16(11):1812-1821. (Guideline Ref ID JELLEMA2007)

Study details	Population & interventions	Costs	Health outcomes	Cost effectiveness
Economic analysis: CUA (health outcome: QALYs) **Study design:** Within-trial analysis (RCT – associated clinical paper Jellema 2005[25,26] **Approach to analysis:** Analysis of individual level data for EQ-5D and resource use. Unit costs applied. **Perspective:** Netherlands direct healthcare costs (societal also analysed but not presented here) **Follow-up:** 1 year **Discounting:** Costs: n/a; Outcomes: n/a	**Population:** Adults (18-65 years) with non-specific low back pain of >12 weeks duration or exacerbation of mild symptoms. With or without sciatica. **Patient characteristics** N = 250 (cost analysis complete cases)/213 (costs and QALYs complete cases) Mean age: 43 years (SD: NR) Male: 52% **Intervention 1:** Usual care (Provided by GP; no explicit content but assumed would follow Dutch national guidelines which recommend wait and see <6weeks and referral for physical therapy 6-12weeks if persistent disability. Explicit guidance on psychosocial factors is lacking.) **Intervention 2:** Minimal intervention strategy (categorised as cognitive behavioural approaches) – 20 minute GP consultation aimed at identification and discussion	**Total costs (mean per patient):** Intervention 1: £122 Intervention 2: £126 Incremental (2−1): £4 (95% CI: -£45 to £51; p=NS) Cost breakdown (primary care/secondary care/medication)(b) Intervention 1: £106/£16/£6 Intervention 2: £111/£15/£6 **Currency & cost year:** 2002 Dutch Euros (presented here as 2002 UK pounds(a)) **Cost components incorporated:** Primary care (GP, intervention costs, physical therapist, manual therapist, exercise therapist, back school, chiropractor, physiofitness program, professional home carer, psychologist), secondary care (outpatient appointments, hospitalization, surgery, radiograph, MRI scan), medication. (Other non-	**QALYs (mean per patient):** Intervention 1: 0.837 Intervention 2: 0.833 Incremental (2−1): 0.004 QALYs lost (95% CI: NR; p=NR)	**ICER (Intervention 2 versus Intervention 1):** Intervention 1 dominant (lower costs and better health outcomes 95% CI: NR Probability Intervention 2 cost-effective (£20K/30K threshold): NR **Analysis of uncertainty:** Bootstrapping is reported as undertaken to estimate uncertainty around the ICER but results are not reported for the cost per QALY analysis. As an alternative to the complete case analysis undertaken for the base case analysis, an analysis was undertaken where all missing cost data was imputed. However, results are reported for total costs only and direct healthcare costs alone are not available.

	of psychosocial factors covering exploration, information and self-care aspects; a follow-up appointment was recommended.)	health care costs were complementary care, informal care, equipment aids and absenteeism from paid and unpaid work but not reported here.)		
Data sources				
Health outcomes: QALYs were calculated using patient-level utility data collected at baseline, 3, 6 and 12 months and the area under the curve approach. Complete case analysis was used. **Quality-of-life weights:** EQ-5D, UK tariff. **Costs:** Costs were calculated using patient-level resource use data collected for periods of baseline-3 months, 3-6 months, 6-9 months and 9-12 months. Complete case analysis was used. Mean intervention costs were not reported separately. Unit costs were based on Dutch national sources.				
Comments				
Source of funding: Netherlands Organization for Health Research and Development. **Limitations:** Dutch resource use data (2001-2003) and unit costs (2002) may not reflect current NHS context. Study does not include all non-invasive treatment options. Within-trial analysis and so does not reflect full body of available evidence for this comparison; Jellema2005 is 1 of 9 studies included in the clinical review for cognitive behavioural approach - although 1 of 2 compared to usual care with EQ5D data. No exploration of uncertainty available relevant to guideline. **Other:**				
Overall applicability(c): partially applicable **Overall quality(d):** potentially serious limitations				

Abbreviations: 95% CI: 95% confidence interval; CUA: cost–utility analysis; EQ-5D: Euroqol 5 dimensions (scale: 0.0 [death] to 1.0 [full health], negative values mean worse than death); ICER: incremental cost-effectiveness ratio; NR: not reported; NS: not significant (at 0.05); QALYs: quality-adjusted life years

(a) Converted using 2002 purchasing power parities[42]

(b) Intervention costs were not reported as a separate category

(c) Directly applicable/Partially applicable/Not applicable

(d) Minor limitations/Potentially serious limitations/Very serious limitations

Table 14: Lamb 2010[29,30]

Lamb SE, Lall R, Hansen Z, Castelnuovo E, Withers EJ, Nichols V et al. A multicentred randomised controlled trial of a primary care-based cognitive behavioural programme for low back pain. the back skills training (BeST) trial. Health Technology Assessment. 2010; 14(41):1-281. (Guideline Ref ID LAMB2010A) **Lamb SE, Hansen Z, Lall R, Castelnuovo E, Withers EJ, Nichols V et al. Group cognitive behavioural treatment for low-back pain in primary care: a randomised controlled trial and cost-effectiveness analysis. Lancet. United Kingdom 2010; 375(9718):916-923. (Guideline Ref ID LAMB2010B)**				
Study details	**Population & interventions**	**Costs**	**Health outcomes**	**Cost effectiveness**
Economic analysis: CUA (health outcome: QALYs)	**Population:** Adults (18+) with at least moderately troublesome low back pain	**Total costs (mean per patient):**	**QALYs (mean per patient):** Intervention 1: 0.604	**ICER (Intervention 2 versus Intervention 1):** £1786 per QALY gained

Study design: Within-trial analysis (RCT – associated clinical paper Lamb 2012[31,32] **Approach to analysis:** Analysis of individual level data for EQ-5D (adjusted for baseline differences) and resource use. Unit costs applied. **Perspective:** UK NHS **Follow-up:** 1 year **Discounting:** Costs: n/a; Outcomes: n/a	of >6 weeks duration, and had consulted for low back pain in primary care within the preceding 6 months. **Patient characteristics** N = 528 (cases with complete follow-up at least for 3 months) Mean age: 55 years (SD: NR) Male: 41% **Intervention 1:** Self management. Active management in general practice (a 15-min session with a nurse or physiotherapist - advice to remain active, avoid bed rest and appropriate pain medication usage and symptom management; provision of the Back Book). **Intervention 2:** Self management (active management) + cognitive behavioural approach (1.5hr individual assessment and 6 group sessions; delivered by physiotherapist, nurse, psychologist or occupational therapist)	Intervention 1: £279 Intervention 2: £457 Incremental (2−1): £178 (95% CI: NR; p=NR) Cost (unadjusted) breakdown (initial treatment/other) Intervention 1: £17/£207 Intervention 2: £204/£217 **Currency & cost year:** 2008 UK pounds **Cost components incorporated:** Intervention costs (contact time, non-contact time [e.g. writing notes, admin, travel], supervisory support time, consumables, equipment, training); other NHS resource use (contacts with GPs, nurses, physiotherapists, psychologists, other health-care consultations, diagnostic tests (x-rays, MRI scans, CT scans, blood tests), A&E attendances, hospital admissions; pharmacological treatments	Intervention 2: 0.703 Incremental (2−1): 0.099 (95% CI: NR; p=NR)	95% CI: NR Probability Intervention 2 cost-effective (£20K/30K threshold): ~99%/99% **Analysis of uncertainty:** Bootstrapping was undertaken to estimate uncertainty around the ICER. Subgroup analyses were undertaken for: • Males/females: £2422/£1461 • >60 / <60 years old: £1855/£1538 • Duration low back pain ≤3/>3 years: £1829/£1585 • RMQ scores ≥4/<4: £1524/ AM+cognitive behavioural approaches dominated by AM (higher costs and lower QALYs) Sensitivity analysis was undertaken: excluding cost outliers (above 90th percentile); excluding inverse weights in the estimation of costs and QALYs. This had very little impact on results.
Data sources				
Health outcomes: QALYs were calculated using patient-level utility data collected at baseline, 3, 6 and 12 months and the area under the curve approach adjusted for				

relevant baseline characteristics including utility. Missing data was imputed using multiple imputation techniques for those with at least one item response. **Quality-of-life weights:** EQ-5D, UK tariff. **Costs:** Costs were calculated using patient-level resource use data collected at baseline, 3, 6 and 12 months and were adjusted for relevant baseline characteristics including utility. Missing data was imputed using unconditional mean imputation methods if some resource use items were present. Intervention cost was based on the number of attended sessions (mean cost cognitive behavioural approaches £187). Unit costs were based on standard UK national sources.	
Comments	
Source of funding: NIHR HTA programme. **Limitations:** Study does not include all non-invasive treatment options. A longer time horizon may be preferable if differences seen at 1 year persist beyond this time. Within-trial analysis and so does not reflect full body of available evidence for this comparison; Lamb 2010 is 1 of 13 studies included in the clinical review for cognitive behavioural approach - although 1 of 2 compared to usual care with EQ5D data. **Other:**	
Overall applicability[(a)]: partially applicable	**Overall quality[(b)]:** potentially serious limitations

Abbreviations: 95% CI: 95% confidence interval; CUA: cost–utility analysis; EQ-5D: Euroqol 5 dimensions (scale: 0.0 [death] to 1.0 [full health], negative values mean worse than death); ICER: incremental cost-effectiveness ratio; NR: not reported; QALYs: quality-adjusted life years

(a) Directly applicable / Partially applicable / Not applicable

(b) Minor limitations / Potentially serious limitations / Very serious limitations

For Smeets 2009[47] please see Table 10 (Exercise) above.

I.12 Pharmacological

Table 15: Lloyd 2004[37]

Lloyd A, Scott DA, Akehurst RL, Lurie-Luke E, Jessen G. Cost-effectiveness of low-level heat wrap therapy for low back pain. Value in Health. 2004; 7(4):413-422. (Guideline Ref ID LLOYD2004)				
Study details	**Population & interventions**	**Costs**	**Health outcomes**	**Cost effectiveness**
Economic analysis: CEA (health outcome: successful treatment - defined as a 2-point improvement in the 6 point pain NRS on at least 3 of the 4 days AND a 2-point improvement or	**Population:** Low back pain (without sciatica). Adults with acute uncomplicated, muscular, non-traumatic, non-specific low back pain. People with severe underlying morbidity or sciatica and other	**Total costs (mean per patient):** Intervention 1: £34.22 Intervention 2: £36.04 Incremental (2−1): £1.84 (95% CI: NR; p=NR)	**Proportion successfully treated:** Intervention 1: 0.26 Intervention 2: 0.18 Incremental (2−1): -0.08 (95% CI: NR; p=NR)	**ICER (Intervention 2 versus Intervention 1):** Paracetamol dominates ibuprofen (lower costs and better health outcomes **Analysis of uncertainty:** PSA not conducted. An analysis was also undertaken with only initial drugs costs – the conclusion was essentially the same although the difference

better on the 24-point RMDQ from baseline at day 4) **Study design:** Within-trial analysis (RCT – associated clinical paper Nadler 2002[39]) with modelled post-trial extrapolation **Approach to analysis:** Patient level analysis of successful treatment and adverse events. Decision tree including three outcomes for patients: successful treatment, unsuccessful treatment or an AE. Each outcome was associated with different resource use in order to model the downstream cost implications of treatments. **Perspective:** UK NHS **Time horizon:** 4 days for outcomes, cost perspective not stated but also short-term **Discounting:** Costs: n/a; Outcomes: n/a	secondary causes of low back pain were excluded. **Patient characteristics:** N = 371 Mean age: Intervention 1: 34.90 (SD: 11.29) Intervention 2: 36.61 (SD: 10.4) Male: Intervention 1: 43.4 Intervention 2: 40.6 **Intervention 1:** Paracetamol 1000mg 4x daily for 2 days (n=113) **Intervention 2:** Ibuprofen (NSAID) 400mg 3x daily (n=106) Note that study also included heat wrap but this comparator does not meet the guideline protocol.	Cost breakdown (initial treatment/other) Intervention 1: £0.26 Intervention 2: £0.28 **Currency & cost year:** 2001/2002 UK pounds **Cost components incorporated:** Initial prescription costs (NHS price of treatment, plus dispensing charge, corrected for patient contribution; assuming non-exempt patients (76%) buy OTC and so zero cost to NHS), GP reconsultation for AE or unsuccessful treatment, referral to physiotherapy for unsuccessful treatment, paracetamol prescription costs for those not referred to physiotherapy initial treatment was unsuccessful.		in cost was very small (2-1: £0.02). Sensitivity analyses were undertaken with: different definitions of success (range 2-1: 0.0 to -0.08); varying proportions of patients exempt from prescription charges (max 85%; increased difference in initial treatment costs 2-1 to £0.10).
Data sources				
Health outcomes: Within trial analysis for health outcome of successfully treated patients (both analyses) and treatment-related AE rates (model only). **Quality-of-life**				

weights: n/a. **Cost sources:** The proportion of patients exempt from prescription charges was stated as based on population data but not referenced; rate of reconsultation if not successful or AE was estimated (50%) but validated with UK survey data; rate of referral to physiotherapy was estimated (18%) and validated using NHS data; unit costs from standard UK national sources.	
Comments	
Source of funding: Proctor & Gamble Health Sciences Limited (manufacturers of the heat wrap in the study). **Limitations:** Study does not include all non-invasive treatment options; resource use data (pre-1999) and unit costs (2001/2) may not reflect current NHS context. QALYs were not used as the health outcome measure. Modelled extrapolation of within-trial analysis and so does not reflect full body of available evidence: 1 of 1 study identified in clinical review directly comparing ibuprofen and paracetamol (although no protocol outcomes available); however, a number of placebo controlled studies are available for ibuprofen and paracetamol and so indirect evidence is available that is not incorporated. Downstream resource use rates based on estimates, although validated with UK data. PSA was not undertaken. **Other:**	
Overall applicability(a): Partially applicable Overall quality(b): Potentially serious limitations	

Abbreviations: CEA: cost-effectiveness analysis; 95% CI: 95% confidence interval; da: deterministic analysis; ICER: incremental cost-effectiveness ratio; NR: not reported; NRS = numerical rating scale; QALYs: quality-adjusted life years

(a) Directly applicable/Partially applicable/Not applicable

(b) Minor limitations/Potentially serious limitations/Very serious limitations

Table 16: Morera-Dominguez 2010[38]

Morera-Dominguez C, Ceberio-Balda F, Florez G, Masramon X, Lopez-Gomez V. A cost-consequence analysis of pregabalin versus usual care in the symptomatic treatment of refractory low back pain: sub-analysis of observational trial data from orthopaedic surgery and rehabilitation clinics. Clinical Drug Investigation. 2010; 30(8):517-531. (Guideline Ref ID MORERADOMINGUEZ2010)				
Study details	**Population & interventions**	**Costs**	**Health outcomes**	**Cost effectiveness**
Economic analysis: CCA (various health outcomes) **Study design:** within-trial analysis (cohort study – associated clinical paper Morera-Dominguez 2010[38] **Approach to analysis:** Analysis of individual level data for health outcomes	**Population:** Adults with low back pain due to radiculopathy (sciatica) (>6 months) refractory to at least one course of previous analgesics **Patient characteristics** N = 683 Mean age: 55.0 years (SD:	**Total costs (mean change from baseline per patient):** Intervention 1: £41 Intervention 2: -£26 Incremental (2−1): -£68 (95% CI: -£280 to £145; p≤0.540) Cost breakdown – incremental (2-1):	**From clinical review (2 vs. 1):** • Pain (BPI): MD -1.40 (CI: -1.81, -0.99) • Quality of life (SF-12 physical summary score): MD 3.90 (CI: 2.21, 5.59) • Quality of life (SF-12 mental summary score):	**ICER (Intervention 2 versus Intervention 1):** n/a **Analysis of uncertainty:**

and resource use. Unit costs applied. **Perspective:** Spain direct medical costs (societal also analysed but not presented here) **Follow-up:** 12 weeks **Discounting:** Costs: n/a; Outcomes: n/a	12.7) Male: 50.5% **Intervention 1:** Care not including pregabalin **Intervention 2:** Care including pregabalin (mean dose 189.9 mg/day, SD 141.7) (gabapentinoid anticonvulsant)	Pharma treatment: £236 Non-pharma treatment: -£94 Medical visits and hospital admissions: -£243 Complementary tests: £34 **Currency & cost year:** 2007 Spanish Euros (presented here as 2007 UK pounds(a)) **Cost components incorporated:** Pharmacological treatment, non-pharmacological treatment, medical visits and hospital admissions and complementary tests (e.g. CT and MRI). Does not include any cost of adverse events of drugs.	MD 5.30 (CI: 3.71, 6.89) • Psychological distress (HADS - anxiety): MD -1.80 (CI: -2.42, -1.18) • Psychological distress (HADS - depression): MD -1.90 (CI: -2.58, -1.22)	
Data sources				
Health outcomes: Within-RCT analysis. **Quality-of-life weights:** n/a **Cost sources:** Costs were calculated using patient-level resource use data collected at baseline and 12 weeks. Unit costs were based on Spanish list prices for drugs and a healthcare cost database for other resource items.				
Comments				
Source of funding: Pfizer (manufacturer of pregabalin). **Limitations:** Spanish resource use data (2006-7) and unit costs (2007) may not reflect current NHS context. QALYs were not used as the health outcome measure. Study does not include all non-invasive treatment options. Analysis is based on a cohort study. Within-trial analysis and so does not reflect full body of available evidence for this comparison; Morera-Dominguez is 1 of 2 studies included in the clinical review for gabapentinoid anticonvulsants; 1 cohort and 1 RCT. No exploration of uncertainty. The analysis was funded by the manufacturer of pregabalin. **Other:** In the arm without pregabalin use of gabapentin was significantly higher.				
Overall applicability(b): partially applicable **Overall quality(c):** potentially serious limitations				

Abbreviations: BPI: brief pain index, 0-100; CCA: cost–consequence analysis; 95% CI: 95% confidence interval; HADS: hospital anxiety and depression scale, 0-21; ICER: incremental cost-effectiveness ratio; MD = mean difference; NR: not reported; QALYs: quality-adjusted life years; SF-12: short-form 12, 0-100

130 *(a) Converted using 2007 purchasing power parities*[42]
131 *(b) Directly applicable/Partially applicable/Not applicable*
132 *(c) Minor limitations/Potentially serious limitations/Very serious limitations*

133 **Table 17: Wielage 2013**[68]

Wielage RC, Bansal M, Andrews JS, Wohlreich MM, Klein RW, Happich M. The cost-effectiveness of duloxetine in chronic low back pain: a US private payer perspective. Value in Health. 2013; 16(2):334-344. (Guideline Ref ID WIELAGE2013)

Study details	Population & interventions	Costs	Health outcomes	Cost effectiveness
Economic analysis: CUA (health outcome: QALYs) **Study design:** Probabilistic decision analytic model **Approach to analysis:** Markov model based on NICE Osteoarthitis (OA) 2008 clinical guideline. Health states include treatment, death and 12 states associated with persistent adverse events (symptomatic ulcer, complicated GI bleed, myocardial infarction, stroke, heart failure and fracture). Proton-pump inhibitor usage and transient adverse events (dyspepsia, nausea, diarrhoea, constipation, insomnia, pruritus, vomiting, dizziness, somnolence and opioid abuse) were included in	**Population:** Chronic low back pain (with or without sciatica), >3 months, post first line treatment with paracetamol **Cohort settings:** Start age: NR Male: NR **Intervention 1:** Duloxetine (SNRI), 60-120mg **Intervention 2:** Celecoxib (NSAID), 200mg once daily **Intervention 3:** Naproxen (NSAID), 500mg twice daily **Intervention 4:** Pregabalin (gabapentinoid anticonvulsant), 300mg twice daily	**Total costs (mean per patient):** Intervention 1: £35,920 Intervention 2: £35,213 Intervention 3: £34,989 Intervention 4: £35,842 Intervention 5: £36,188 Intervention 6: £36,876 Intervention 7: £38,090 Intervention 8: £35,758 *For incremental analysis see cost effectiveness column* **Currency & cost year:** 2011 USA dollars (presented here as 2011 UK pounds(b)) **Cost components incorporated:** Drug costs and medical utilisation for management of adverse events, titration and	**QALYs (mean per patient):** Intervention 1: 12.2123 Intervention 2: 12.1887 Intervention 3: 12.1899 Intervention 4: 12.1884 Intervention 5: 12.1973 Intervention 6: 12.1974 Intervention 7: 12.2029 Intervention 8: 12.2043 *For incremental analysis see cost effectiveness column*	**ICER (Intervention 2 versus Intervention 1):** **Full incremental analysis(c)(d):** **Int** / **Cost** / **QALY** / **Inc cost** / **Inc QALY** / **ICER** 4 / £35,842 / 12.1884 / Dominated by 2 2 / £35,213 / 12.1887 / Dominated by 3 3 / £34,989 / 12.1899 / Baseline 5 / £36,188 / 12.1973 / Dominated by 8 6 / £36,876 / 12.1974 / Dominated by 8 7 / £38,090 / 12.2029 / Dominated by 8 8 / £35,758 / 12.2043 / Extendedly dominated 1 / £35,920 / 12.2123 / £931 / 0.0224 / £41,521 PSA not reported for full incremental analysis. For pairwise analyses, probability cost-effective (~£20K/30K threshold): Intervention 1 versus 3: 0%/10%(e) Intervention 1 versus 8: 57%/95% Probability 1 dominant over 5: 99.9% Other comparisons not reported. **Analysis of uncertainty:** One way sensitivity

model. 3 month cycles to the maximum length of treatment, 1 year cycles thereafter. Treatment specific utilities and probabilities of adverse events applied. Persistent AE specific utilities applied. Age-dependent and persistent AE-related mortality rates applied. Following end of treatment a 'post-discontinuation basket of treatments' which was composed of all comparators weighted by market share. **Perspective:** USA healthcare payer perspective **Time horizon:** Lifetime **Treatment effect duration(a):** Same as treatment duration (see intervention description). **Discounting:** Costs: 3%; Outcomes: 3%	**Intervention 5:** Oxycodone/acetaminophen (opioid/paracetamol), 7.5/325-15/650mg every 6 hours **Intervention 6:** Oxycodone extended release (opioid), 10-30mg twice daily **Intervention 7:** Tapentadol extended release (opioid), 300-600mg once daily **Intervention 8:** Tramadol immediate release (opioid), 200-300mg once daily. Duration of treatment was the lesser of: 1 year, until discontinuation or until occurrence of a persistent AE.	discontinuation.		analyses conducted for duloxetine versus naproxen. When the probabilities of CV adverse events associated with NSAIDs were increased or when the start age in the model was increased to 65 years, duloxetine was cost effective compared to naproxen at £20,000 per QALY. Probabilistic sensitivity analysis for duloxetine versus naproxen, duloxetine versus tramadol and duloxetine versus oxycodone/acetaminophen.
Data sources				
Health outcomes: AE rates from OA 2008 NICE guideline and published literature (meta-analysis), with exception of duloxetine which was from chronic low back pain RCTs. Expert opinion used for small number of inputs (e.g. PPI usage). Discontinuation rates for initial 3 months taken from low back pain RCTs for duloxetine; OA RCTs for NSAIDs and opioids; neuropathic pain RCTs for pregabalin. Discontinuation for subsequent 3 months based on expert opinion. Age-dependent mortality taken from USA life tables and persistent AE-related mortality from published literature. **Quality-of-life weights:** Systematic review of pain scores from chronic low back pain RCTs conducted. Pain scores converted to EQ-5D (USA preference weight) using 'a transfer to utility' regression equation. Patient level data from three Eli Lilly sponsored trials of duloxetine versus placebo in low back pain used in this analysis to build regression and for validation. No trials reporting drug efficacy (pain scores) were identified for celecoxib, pregabalin, tramadol, oxycodone/acetaminophen. Celecoxib and naproxen assumed to have same efficacy as pooled efficacy of etoricoxib and naproxen, equivalent efficacies were assumed for tramadol and tramadol/acetaminophen, and for oxycodone/ acetaminophen and oxycodone. Pregabalin was				

assumed to have same efficacy as placebo effect seen in placebo arms of the other RCTs. Population utility weights for age and sex from USA national source and for adverse events taken from literature (unclear if these utilities are EQ-5D). **Cost sources:** Drug costs from average 2011 wholesale USA prices, discounted at 16% to reflect actual acquisition prices. For titration and discontinuation-related medical costs Medicare reimbursement rates were used, adjusted by using a Medicare/private payer ratio. Published literature costs used for AE-related medical costs (inflated to 2011 USA dollars). Resource use from published data and expert opinion.

Comments

Source of funding: Eli Lilly and Company (manufacturer of duloxetine). **Limitations:** Study does not include all non-invasive treatment options. USA unit costs from 2011 and resource use from various time points may not reflect current NHS context. Utilities obtained by converting pain scores to EQ-5D with a US preference weight, other utilities were included in the model and methods were unclear. Costs and health effects were discounted at a non-reference case rate (3%), although similar. Important outcomes may not be captured by model. Adverse events included were symptomatic ulcer, complicated GI bleed, myocardial infarction, stroke, heart failure, fracture, dyspepsia, nausea, diarrhoea, constipation, insomnia, pruritus, vomiting, dizziness, somnolence and opioid abuse adverse events omitted were renal failure, opioid misuse related mortality, bleeding, hepatotoxicity and suicidality. Full effect of treatment may not be captured as a result of mapping pain scores only (e.g. impact of disability and mental distress). Relative treatment effects for QoL were based on a meta-analysis: Skljarevski 2009, 2010A and 2010B are 3 of 10 studies comparing antidepressants to placebo; Pallay 2004 and Birbara 2003 are 2 of 6 studies comparing NSAIDs to placebo; Peloso 2004 is 1 of 4 studies comparing opioid combinations to placebo; Buynak 2009, Ruoff 2003 and Webster 2006 are 3 of 9 studies comparing opioids to placebo. Four studies were used in the model, which were excluded from the clinical review (Skljarevski 2010C, Binsfield 2010, Wild 2010, Hale 2009). AE rates for all comparators with the exception of duloxetine were from a different patient population; efficacy data for five of the comparators were based on assumptions: celecoxib and naproxen assumed to have same efficacy as pooled efficacy of etoricoxib and naproxen, equivalent efficacies were assumed for tramadol and tramadol/acetaminophen, and for oxycodone/ acetaminophen and oxycodone, pregabalin was assumed to have same efficacy as placebo effect seen in placebo arms of the other RCTs. Discontinuation rates in subsequent 3 months based on expert opinion. PSA results were not reported for the full incremental analysis. Study funded by Eli Lilly (manufacturer of duloxetine). **Other:** A limitation noted in the OA 2008 NICE model was that the adverse event risks were based on dose adjustment assumption. Unclear if this limitation also applies here.

Overall applicability[(f)]: Partial applicability Overall quality[(g)]: Potentially serious limitations

Abbreviations: AE: adverse event; CUA: cost–utility analysis; CV: cardiovascular; EQ-5D: Euroqol 5 dimensions (scale: 0.0 [death] to 1.0 [full health], negative values mean worse than death); ICER: incremental cost-effectiveness ratio; NR: not reported; pa: probabilistic analysis; NSAID: non-steroidal anti-inflammatories; OA: osteoarthritis; SNRI: serotonin–norepinephrine reuptake inhibitors; QALYs: quality-adjusted life years.

(a) For studies where the time horizon is longer than the treatment duration, an assumption needs to be made about the continuation of the study effect. For example, does a difference in utility between groups during treatment continue beyond the end of treatment and if so for how long.

(b) Converted using 2011 purchasing power parities[42]

(c) Intervention number in order of least to most effective in terms of QALYs

(d) Full incremental analysis of available strategies: first strategies are ruled out that are dominated (another strategy is more effective and has lower costs) or subject to extended dominance (the strategy is more effective and more costly but the incremental cost effectiveness ratio is higher than the next most effective option and so it would never be the most cost effective option); incremental costs, incremental effects and incremental cost effectiveness ratios are calculated for the remaining strategies by comparing each to the next most effective option

(e) Estimated from graph

(f) Directly applicable/Partially applicable/Not applicable

(g) Minor limitations/Potentially serious limitations/Very serious limitations

I.13 MBR

For Critchley 2007[9] please see Table 8 (Exercise) above.

For Smeets 2009[47] please see Table 10 (Exercise) above.

I.14 Return to work

For return to work interventions both an NHS and an employer perspective were considered relevant on the basis that potentially employers could provide such interventions – information relevant to both perspectives is therefore included in evidence tables for this intervention. Note that applicability and methodological quality assessment relate to the NHS perspective and NHS decision making only.

Table 18: Hlobil 2007[22]

Hlobil H, Uegaki K, Staal JB, Bruyne M, Smid T, Mechelen W. Substantial sick-leave costs savings due to a graded activity intervention for workers with non-specific sub-acute low back pain. Eur Spine J.: Springer-Verlag. 2007; 16(7):919-924. (Guideline Ref ID HLOBIL2007)				
Study details	**Population & interventions**	**Costs**	**Health outcomes**	**Cost effectiveness**
Economic analysis: CCA (clinical outcomes reported in separate paper[51]) **Study design:** Within-trial analysis (RCT – associated clinical paper Staal 2004[51]) **Approach to analysis:** Analysis of individual level data for resource use (and sick leave days) and clinical outcomes. Unit costs applied. **Perspective:** Direct healthcare costs (productivity costs also	**Population:** Sick listed employees who had low back pain for a minimum of 4 weeks without sciatica. **Patient characteristics** N = 134 Mean age: 38 years (SD: NR) Male: 94% **Intervention 1:** Usual care from GP and guidance from occupational physician. Not allowed to attend physiotherapy practice where intervention group were treated.	**Total healthcare costs 12 months (mean per patient):** Intervention 1: £515 Intervention 2: £576 Incremental (2−1): saves £60 (95% CI: -£336 to £181; p=NR) Cost breakdown (initial treatment/other) Intervention 1: £0/£515 Intervention 2: £342/£234 **Total lost productivity costs 3 years (mean per patient):** Gross lost productivity days (total days workers were completely or partially sick listed) Incremental (2−1): £5455 (95% CI: -£2,347 to £12,483; p=NR)	See clinical review Staal2004	**ICER (Intervention 2 versus Intervention 1):** n/a **Analysis of uncertainty:** Net productivity loss was re-estimated assuming 25%/50% decreased work performance. Results for year 1 went from £719 to £1197 and £1674

reported). **Follow-up**: 1 year (healthcare costs) / 3 years (productivity costs) **Discounting:** Costs: none; Outcomes: none	**Intervention 2:** Graded activity, a physical exercise programme based on operant-conditioning behavioural principles. Physiotherapist. Two 1-hour sessions per week. Education. Exercises (aerobic, abdominal, back and leg) and individually tailored exercises to simulate and practice problematic tasks at work or ADL; gradually increased. Return to work plan.	Net lost productivity days (Percentage work absence i.e accounting for partial lost days) Incremental (2−1): £1195 (95% CI: -£2989 to £4974; p=NR) **Currency & cost year:** 1999 Netherlands Euros (presented here as 1999 UK pounds(a)) **Cost components incorporated:** Healthcare costs: intervention, physiotherapy, scans, xrays, consultations (GP, specialist, alternative therapist), pain medication. Productivity costs: sick leave days.		respectively. Other results not reported.
Data sources				
Health outcomes: Within-trial analysis (reported separately in Staal 2004). **Quality-of-life weights:** n/a **Cost sources:** Health care costs were calculated using patient-level resource use data collected in 3 cost diaries over the first 12 months with missing data imputed. Intervention cost was based on the number of attended sessions (mean intervention cost £342). Unit costs were based on Dutch national sources.				
Comments				
Source of funding: Dutch Health Insurance Executive Council. **Limitations:** Dutch resource use data (1999-2002) and unit costs (1999) may not reflect current NHS context. QALYs were not used as the health outcome measure. Within-trial analysis and so does not reflect full body of available evidence for this comparison. Staal 2004 is 1 of 8 studies included in the clinical review for return to work interventions. Limited sensitivity analyses were undertaken. **Other:**				
Overall applicability(a): partially applicable **Overall quality(b):** potentially serious limitations				

Abbreviations: CCA: cost–consequence analysis; 95% CI: 95% confidence interval; NR: not reported; pa: probabilistic analysis; QALYs: quality-adjusted life years
(a) Converted using 1999 purchasing power parities[42]
(b) Directly applicable / Partially applicable / Not applicable
(c) Minor limitations / Potentially serious limitations / Very serious limitations

Table 19: Lambeek 2010[33]

Lambeek LC, Bosmans JE, van Royen BJ, van Tulder MW, van MW, Anema JR. Effect of integrated care for sick listed patients with chronic low back pain: economic evaluation alongside a randomised controlled trial. British Medical Journal. 2010; 341:c6414:c6414. (Guideline Ref ID LAMBEEK2010)				
Study details	**Population & interventions**	**Costs**	**Health outcomes**	**Cost effectiveness**
Economic analysis:	**Population:**	**Total healthcare costs (mean per**	**QALYs (mean per**	**ICER (Intervention 2**

CUA (health outcome: QALYs) **Study design:** Within-trial analysis (RCT – associated clinical paper Lambeek2010A[34]) **Approach to analysis:** Analysis of individual level data for EQ-5D and resource use (and sick leave days). Unit costs applied. **Perspective:** Dutch NHS (productivity costs also reported; informal care costs also reported but not reported here). **Follow-up:** 12 months **Discounting:** Costs: n/a; Outcomes: n/a	Adults 18-65 years with low back pain lasting more than 12 weeks (with/without sciatica), had paid work and were on (partial) sick leave. **Patient characteristics** N = 134 Mean age: 46 years (SD: NR) Male: 58% **Intervention 1:** Usual care. Delivered by occupational therapist and/or GP according to the Dutch guidelines for low back pain. (n=68) **Intervention 2:** Integrated care. Workplace intervention protocol based on ergonomics and a graded activity protocol with an aim to restore occupational functioning, delivered by a team of a medical specialist, occupational therapist, physiotherapist and clinical occupational physician. (n=66)	**patient):** Intervention 1: £1104 Intervention 2: £1375 Incremental (2−1): £271 (95% CI: NR; p=NR) Cost breakdown (initial treatment/other) Intervention 1: £0/£1104 Intervention 2: £1077/£298 **Total lost productivity costs 3 years (mean per patient):** Intervention 1: £17,213 Intervention 2: £11,686 Incremental (2−1): -£5527 (95% CI: -£10,042 to -£740; p=NR) **Currency & cost year:** 2007 Dutch Euros (reported as 2007 UK pounds(a)). **Cost components incorporated:** GP, physiotherapist, occupational physician, manual therapy, psychologist, clinical occupational physician, diagnostic tests, hospital stay, medical specialist.	**patient):** Intervention 1: 0.65 Intervention 2: 0.74 Incremental (2−1): 0.09 (95% CI: 0.01 to 0.16; p=NR) **Absenteeism from work (mean days per patient):** Intervention 1: 130.4 Intervention 2: 88.5 Incremental (2−1): -41.9 (95% CI: NR; p=NR)	**versus Intervention 1):** £3011 per QALY gained (da) 95% CI: NR Probability Intervention 2 cost-effective (£20K/30K threshold): NR for healthcare costs only perspective. **Analysis of uncertainty:** Uncertainty was quantified for the full analysis but not for the healthcare costs only perspective. A series of alternative analyses were also undertaken but again only from the aggregated cost perspective.
Data sources				
Health outcomes: QALYs were calculated using patient-level utility data and the area under the curve approach. EQ-5D was administered to patients at four time points. **Quality-of-life weights:** EQ5D, Dutch tariff (TTO). **Cost sources:** Resource use captured from patient cost questionnaires at 3, 6, 9, 12 months. Unit costs were from Dutch national sources. Integrated care costs were constructed through a bottom-up approach (£1077).				
Comments				

Source of funding: funded by VU University medical centre, TNO work and employment, Dutch health insurance executive council, Stichting Instituut GAK, and the Netherlands organisation and development R&D **Limitations:** Dutch resource use data (2005-2009) and unit costs (2009) may not reflect current NHS context. Dutch EQ5D tariff used (time-trade off method). Within-trial analysis and so does not reflect full body of available evidence for this comparison. Lambeek2010A is 1 of 8 studies included in the clinical review for return to work interventions. Although uncertainty was explored in the analysis, no sensitivity analyses were available for the healthcare perspective relevant to the guideline. **Other:**	
Overall applicability(b)**:** partially applicable **Overall quality**(c)**:** potentially serious limitations	

Abbreviations: 95% CI: 95% confidence interval; CUA: cost–utility analysis; da: deterministic analysis; EQ-5D: Euroqol 5 dimensions (scale: 0.0 [death] to 1.0 [full health], negative values mean worse than death); ICER: incremental cost-effectiveness ratio; NR: not reported; QALYs: quality-adjusted life years; TTO: time-trade off

(a) Converted by authors using 2007 purchasing power parities

(b) Directly applicable / Partially applicable / Not applicable

(c) Minor limitations / Potentially serious limitations / Very serious limitations

Table 20: Steenstra 2006[52,53]

Steenstra IA, Anema JR FAU - van Tulder M, van Tulder MW FAU - Bongers P, Bongers PM FAU - de Vet H, de Vet HC FAU - van Mechelen W, van MW. Economic evaluation of a multi-stage return to work program for workers on sick-leave due to low back pain. Journal of Occupational Rehabilitation. 2006; 16(4):557-578. (Guideline Ref ID STREENSTRA2006A)

Study details	Population & interventions	Costs	Health outcomes	Cost effectiveness
Economic analysis: CUA (health outcome: QALYs) **Study design:** Within-trial analysis (RCT – associated clinical paper Anema2007[1]). **Approach to analysis:** Analysis of individual level data for EQ-5D and resource use (and sick leave days). Unit costs applied. **Perspective:** Dutch NHS (costs of lost paid work days also reported; costs	**Population:** Workers with low back pain on sick leave from regular work for 2-6 weeks, 18-65 years. With/without sciatica. **Patient characteristics** N = 196 Mean age: 42 years (SD: NR) Male: 66% **Intervention 1:** Usual care. Recommendation to take sick-leave, resuming daily activities and work within two weeks, supervised by GP	**Total costs (mean per patient):** Intervention 1: £1,314 Intervention 2: £1,541 Incremental (2−1): £228 (95% CI: -£116 to £557; p=NR) Cost breakdown of intervention/other costs not reported. **Total lost productivity costs (mean per patient):** Intervention 1: £3,879	**QALYs (mean per patient):** Intervention 1: 0.26 Intervention 2: 0.21 Incremental (2−1): -0.04 (95% CI: -0.12 to 0.04; p=NR)	**ICER (Intervention 2 versus Intervention 1):** Intervention 2 dominated by intervention 1 **Analysis of uncertainty:** Uncertainty was quantified using bootstrapping for some analyses but not for the healthcare costs only perspective. Three sensitivity analyses around the calculation of indirect costs were undertaken. Relevant numerical results were not reported.

of lost unpaid work days and indirect healthcare costs also reported but not reported here). **Follow-up** 12 months **Discounting:** Costs: n/a; Outcomes: n/a	**Intervention 2:** Usual care plus multidisciplinary programme with a return to work focus (individual workplace intervention). Workplace assessment with work modifications (involving ergonomist or occupational health nurse), co-ordination between occupational physician and worker's GP. Note, this study has 2 randomisation stages; first randomisation occurred at 2 weeks for all recruited participants into the two intervention groups, second randomisation was at 8 weeks for only those people who were still off work due to their back pain. In this second randomisation they were re-randomised to either graded activity or usual care. Only the first randomisation is presented here.	Intervention 2: £3,413 Incremental (2−1): saves £467 (95% CI: -£1,381 to £495; p=NR) **Currency & cost year:** 2002 (assumed cost year as not reported) Netherlands Euros (presented here as 2002 UK pounds(a)] **Cost components incorporated:** Direct healthcare costs: intervention costs, additional healthcare visits (GP, manual therapist, physiotherapist, medical specialist, other healthcare professionals), prescription medication, professional home care and hospitalisation. Productivity costs: days lost of paid work.		
Data sources				
Health outcomes: Health outcome questionnaires administered at baseline, 3, 6, 12 months, missing data was imputed. However it appears that the CUA is calculated using the mean difference in change in EQ-5D from baseline to 12 months rather than estimating QALYs taking into account the time spent at different utility levels. **Quality-of-life weights:** EQ5D, UK tariff. **Cost sources:** Analysis of individual-level resource use captured through questionnaires administered at 3, 6 and 12 months, missing data was imputed. Unit costs sources were the Dutch NHS prices based on Dutch guidelines, Dutch society of pharmacy and market prices (for graded activity). **Other:**				
Comments				

Source of funding: The Netherlands Organisation for Health Research and Development **Limitations:** Dutch resource use (2000-2003) and unit cost (year not stated) data may not reflect current NHS context. The CUA ICER is calculated as the difference in EQ5D utility between baseline and last follow-up rather than using the time spent at different EQ5D levels to calculate QALYs. There is a significant difference in baseline EQ5D between two of the arms. Within-trial analysis and so does not reflect full body of available evidence for this comparison; Anema2007 is 1 of 8 studies included in the clinical review for return to work interventions. Limited sensitivity analyses.	
Overall applicability(b)**:** partially applicable **Overall quality**(c)**:** potentially serious limitations	

Abbreviations: CUA: cost–utility analysis; da: deterministic analysis; EQ-5D: Euroqol 5 dimensions (scale: 0.0 [death] to 1.0 [full health], negative values mean worse than death); ICER: incremental cost-effectiveness ratio; NR: not reported; pa: probabilistic analysis; QALYs: quality-adjusted life years

(a) Converted using 2002 purchasing power parities[42]

(b) Directly applicable / Partially applicable / Not applicable

(c) Minor limitations / Potentially serious limitations / Very serious limitations

I15 Spinal Injections

None.

I16 Radiofrequency ablation

Table 21: van Wijk 2005[63]

van Wijk RMAW, Geurts JWM, Wynne HJ, Hammink E, Buskens E, Lousberg R et al. Radiofrequency denervation of lumbar facet joints in the treatment of chronic low back pain: a randomized, double-blind, sham lesion-controlled trial. Clinical Journal of Pain. 2005; 21(4):335-344. (Guideline Ref ID VANWIJK2005)				
Study details	**Population & interventions**	**Costs**	**Health outcomes**	**Cost effectiveness**
Economic analysis: CCA (health outcomes: SF-36, VAS-back, global perceived effect on back pain, analgesic intake) **Study design:** RCT (within trial analysis) **Approach to analysis:** Health outcome and resource collated through diaries and questionnaires	**Population:** >17 year olds with low back pain, with/without sciatica, > 6 months with focal tenderness over the facet joints **Cohort settings:** n: 81 Start age: 48	**Total costs (mean per patient):** Intervention 1: £68 Intervention 2: £254 Incremental (2−1): £186 (95% CI: NR; p=NR) **Cost breakdown (mean per patient):** Intervention cost	See clinical review van Wijk 2005 (SF-36, VAS-back, global perceived effect on back pain, analgesic intake).	**ICER (Intervention 2 versus Intervention 1):** n/a **Analysis of uncertainty:** No sensitivity analysis conducted.

administered prior to treatment and at 3 months. 1 year data for health outcomes was supposed to be reported by the study, however at this time-point most patients were un-blinded and there was loss-to follow-up. Dutch unit costs applied. **Perspective:** Netherlands healthcare payer perspective **Follow-up:** 3 months **Discounting:** Costs: n/a; Outcomes: n/a	Male: 28% **Intervention 1:** (n=41) Sham lesion **Intervention 2:** (n=40) Radiofrequency lesion (80°C lesion for 60 seconds, lesion made on 1 or both sides). Both groups given intra-articular joint injection prior to radiofrequency ablation. Responders were randomised.	Intervention 1: £0 Intervention 2: £197 Medical consumption over 3 months: Intervention 1: £68 Intervention 2: £57 **Currency & cost year:** Year NR assumed 2003 Euros (presented here as 2003 UK pounds[(a)]) **Cost components incorporated:** Intervention costs (including staff time, materials, overheads, administration, accommodation and day care facilities) Additional medical consumption over 3 month follow-up (medical, paramedical, and pharmaceutical treatment).		

Data sources

Health outcomes: Within-trial analysis (same paper). Health outcome collated through diaries and questionnaires administered prior to treatment and at 3, 6, 9 and 12 months. Data beyond 3 months not reported for all outcomes as at these later time points most patients were un-blinded and there was loss-to follow-up. **Quality-of-life weights:** n/a. **Cost sources:** Resource use for interventions recorded by trial investigators, other resource use captured from patient questionnaires. Source of unit costs not reported. Study reported the cost of sham lesion to be equal to radiofrequency ablation. Including the cost of a sham was deemed inappropriate and was excluded here.

Comments

Source of funding: Dutch Health Insurance Council and Pain Expertise Center, The Netherlands. **Limitations:** Dutch resource use data (1996-1999) and unit costs (year not reported, assumed to be 2003) may not reflect current NHS context. QALYs were not used as the health outcome measure (SF-36 reported, however QALYs were not calculated). A longer time horizon may be preferable if effects may persist beyond 3 months. Within-trial analysis and so does not reflect full body of available

evidence for this comparison; van Wijk 2005 is 1 of 7 studies included in the clinical review for radiofrequency ablation versus placebo sham. No sensitivity analyses undertaken. Source of unit costs unclear. **Other:** n/a	
Overall applicability[(b)]: Partially applicable	**Overall quality**[(c)]**:** Potentially serious limitations

Abbreviations: CCA: cost–consequence analysis; 95% CI: 95% confidence interval; ICER: incremental cost-effectiveness ratio; NR: not reported; QALYs: quality-adjusted life years
(a) Converted using 2003 purchasing power parities[42]
(b) Directly applicable / Partially applicable / Not applicable
(c) Minor limitations / Potentially serious limitations / Very serious limitations

I.17 Epidurals

Table 22: Price 2005[44,44]

Price C, Arden N, Coglan L, Rogers P. Cost-effectiveness and safety of epidural steroids in the management of sciatica. Health Technology Assessment. United Kingdom 2005; 9(33):iii, 1-iii,58. (Guideline Ref ID PRICE2005)				
Study details	**Population & interventions**	**Costs**	**Health outcomes**	**Cost effectiveness**
Economic analysis: CUA (health outcome: QALYs) **Study design:** Within-trial analysis (associated clinical paper Arden 2005) **Approach to analysis:** Analysis of individual level data of SF-36 data (converted to SF-6D utility) at baseline, 3, 6, 12, 26 and 52 weeks. QALYs constructed through area under the curve method. Resource use captured from within trial and unit costs applied. **Perspective:** UK NHS	**Population:** Adults with low back pain and sciatica (unclear spinal pathology). **Cohort settings:** Start age: 43 Male: 47% **Intervention 1:** (n=108) Placebo (injection of 2ml of normal saline into the interspinous ligament) **Intervention 2:** (n=120) Steroid plus local anaesthetic epidural, non-image guided (lumbar	**Total costs (mean per patient):** Intervention 1: £0 Intervention 2: £265 Incremental (2−1): £265 (95% CI: NR; p=NR) **Currency & cost year:** 2002-2003 UK pounds **Cost components incorporated:** For those receiving intervention 2 only: assessment and review by clinician, medical and nursing time incurred during procedure, nursing time on recovery post-procedure,	**QALYs (mean per patient):** Intervention 1: NR Intervention 2: NR Incremental (2−1): 0.0059350 (95% CI: NR; p=NR)	**ICER (Intervention 2 versus Intervention 1):** £44,701 per QALY gained (da) 95% CI: NR **Analysis of uncertainty:** No bootstrapping undertaken. A sensitivity analysis was conducted where the costs were adjusted assuming only one epidural injection was administered and the impact on QALYs is assumed to be unchanged. ICER = £25,746. Additional sensitivity analyses were undertaken, where the maximum healthcare professional resource use reported in the trial were used to estimate intervention costs and where the patient is assumed to require an overnight stay. In both cases this increased the total cost of intervention 2 and

Follow-up: 1 year **Discounting:** Costs: n/a; Outcomes: n/a	epidural injection of 80mg triamcinolone acetonide and 10ml of 0.125% bupivacaine) All participants received a standard physiotherapy package prior (education and exercise) and analgesia as required. Injections were repeated at 3 and 6 weeks in relation to response. The indication for repeat injection was less than a 75% improvement in Oswestry Disability Questionnaire from the baseline visit.	drug and equipment use associated with procedure and pathology and radiology use.		therefore the ICER.
Data sources				
Health outcomes: QALYs were calculated using patient-level SF-36 data, converted to SF-6D utility, collected at baseline, 3, 6, 12, 26 and 52 weeks. At 12 weeks the average scores converged for intervention 1 and 2. The area under the curve approach was used to calculate incremental QALYs. **Quality-of-life weights:** SF-6D, tariff used unclear. **Cost sources:** Resource use for interventions as reported by clinicians. Unit costs from NHS trusts finance departments and UK national published sources. No costs were collected for the placebo arm. Usual care cost not included as it was received by both groups and assumed to be the same.				
Comments				
Source of funding: NHS R&D HTA Programme. **Limitations:** UK resource use data (1999-2002) and unit costs (2002/3) may not reflect current NHS context. Non-NICE reference case utility measure used to estimate QALYs (SF-6D), unclear if UK population valuations were used. Within-trial analysis and so does not reflect full body of available evidence for this comparison; Arden 2005 is 1 of 2 studies included in the clinical review for steroid epidurals + local anaesthetic versus placebo (non-image guided). Limited sensitivity analyses undertaken. **Other:** None				
Overall applicability[(a)]: Partially applicable **Overall quality[(b)]:** Potentially serious limitations				

Abbreviations: 95% CI: 95% confidence interval; CUA: cost–utility analysis; da: deterministic analysis; ICER: incremental cost-effectiveness ratio; NR: not reported; QALYs: quality-adjusted life years; SF-6D: Short form 6 dimensions (scale: 0.0 [death] to 1.0 [full health]; SF-36: Short form 36 – quality of life questionnaire

(a) Directly applicable / Partially applicable / Not applicable

(b) Minor limitations / Potentially serious limitations / Very serious limitations

187

188 **Table 23: Spijker-Huiges 2014[50]**

Spijker-Huiges A, Vermeulen K, Winters JC, van WM, van der Meer K. Costs and cost-effectiveness of epidural steroids for acute lumbosacral radicular syndrome in general practice: an economic evaluation alongside a pragmatic randomized control trial. Spine. 2014; 39(24):2007-2012. (Guideline Ref ID SPIJKER2014)				
Study details	**Population & interventions**	**Costs (d)**	**Health outcomes**	**Cost effectiveness**
Economic analysis: CEA (health outcome: 1 point improvement in NRS back pain score) **Study design:** Within-trial analysis (RCT, associated clinical paper Spijker-Huiges 2014A) **Approach to analysis:** Analysis of individual level data for health outcomes and resource use (based on patient questionnaire) collected at baseline, 2, 4, 6, 13, 26 and 52 weeks. Unit costs applied. **Perspective:** Dutch health care provider (societal costs analysed but not presented here) **Follow-up:** 1 year **Discounting:** Costs: n/a; Outcomes: n/a	**Population:** Adults with sciatica (unclear spinal pathology). **Cohort settings:** Start age: 44 Male: 45% **Intervention 1: (n=33)** Usual care provided by GP (pain treatment with analgesics, advice to maintain normal activities and referral if necessary) **Intervention 2: (n=30)** Steroid epidural, non-image guided (segmental epidural injection of 80mg of triamcinolone in normal saline)	**Total costs (mean per patient):** Intervention 1: £1,042 Intervention 2: £1,100 Incremental (2−1): £58 (95% CI: NR; p=NR) **Currency & cost year:** Year unclear, assumed to be 2007 Euros (presented here as 2007 UK pounds(a)) **Cost components incorporated:** Intervention cost (for intervention 2 only), GP care, hospital care, additional examinations, medication, physiotherapy, alternative therapies and home help visits.	**NRS back pain score (mean change per patient):** Intervention 1: NR Intervention 2: NR Incremental (2−1): 0.97	**ICER (Intervention 2 versus Intervention 1):** £60 per 1 point improvement in NRS back pain (da) 95% CI: NR **Analysis of uncertainty:** Bootstrapping undertaken but only from a societal perspective which is not presented here. No other sensitivity analyses were conducted.
Data sources				
Health outcomes: Within-trial analysis (RCT, associated clinical paper Spijker-Huiges 2014A) measurements at baseline, 2, 4, 6, 13, 26 and 52 weeks. Mean change in NRS back pain score calculated from point estimate for the ICER reported in the study. **Quality-of-life weights:** n/a. **Cost sources:** Resource use from questionnaires				

completed by participants. Unit costs sourced from Dutch guidelines for costs and Dutch national medication costs.	
Comments	
Source of funding: Department of General Practice, University Medical Center Groningen, Netherlands. **Limitations:** Dutch resource use data (2005-2007) and unit costs (date unclear) may not reflect current NHS context. QALYs were not used as the health outcome measure. Within-trial analysis and so does not reflect full body of available evidence for this comparison. No sensitivity analyses undertaken. **Other:** None	
Overall applicability(b): Partially applicable **Overall quality(c):** Potentially serious limitations	

Abbreviations: CEA: cost-effectiveness analysis; 95% CI: 95% confidence interval; da: deterministic analysis; EQ-5D: Euroqol 5 dimensions (scale: 0.0 [death] to 1.0 [full health], negative values mean worse than death); ICER: incremental cost-effectiveness ratio; NR: not reported; NRS: numerical rating scale; QALYs: quality-adjusted life years

(a) Converted using 2007 purchasing power parities[42]

(b) Directly applicable / Partially applicable / Not applicable

(c) Minor limitations / Potentially serious limitations / Very serious limitations

(d) Original analysis adopted a societal perspective, costs presented here were re-estimated to reflect NHS perspective only

I18 Surgery and prognostic factors

None.

I19 Spinal decompression

Table 24: Tosteson 2008[59]

Tosteson ANA, Skinner JS, Tosteson TD, Lurie JD, Andersson GB, Berven S et al. The cost effectiveness of surgical versus nonoperative treatment for lumbar disc herniation over two years: Evidence from the Spine Patient Outcomes Research Trial (SPORT). Spine. 2008; 33(19):2108-2115[59]				
Study details	**Population & interventions**	**Costs**	**Health outcomes**	**Cost effectiveness**
Economic analysis: CUA (health outcome: QALY) **Study design:** both randomised and observational cohorts of the SPORT trial combined and analysed according to treatment received using regression	**Population:** Adults with a diagnosis of intervertebral disc herniation. **Cohort settings:** N: Intervention 1: 775 Intervention 2: 416	**Total costs (mean per patient):** Intervention 1: £12,806 Intervention 2: £3,673 Incremental (2–1): £9,133 (95% CI: NR; p=NR) **Currency & cost year:**	**QALYs (mean per patient):** Intervention 1: 1.64 Intervention 2: 1.44 Incremental (2–1): 0.21 (95% CI: 0.16 – 0.25; p=NR)	**ICER (Intervention 2 versus Intervention 1):** £43,490 per QALY gained (da) 95% CI: NR – only reported for total costs which include indirect costs. Probability Intervention 2 cost-effective (£20K/30K threshold): NR

models **Approach to analysis:** Analysis of individual level data for EQ-5D and patient-reported resource use. Unit costs applied. Both costs and EQ-5D are collected at 6 weeks, 3, 6, 12 and 24 months. QALYs were estimated through time-weighted sums of EQ-5D values adjusted to the overall mean baseline health state value. **Perspective:** USA health care **Follow-up:** 2 years **Treatment effect duration**[(c)]**:** 2 years **Discounting:** Costs: 3%; Outcomes: 3%	Start age: Intervention 1: 40.7 Intervention 2: 43.8 Male: Intervention 1: 56% Intervention 2: 59% **Intervention 1:** Standard open laminotomy/laminectomy with removal of the herniation and examination of the involved nerve root. Surgeons only performed other procedures when it was deemed necessary. **Intervention 2:** Usual care chosen individually by patients and physicians.	2004 US dollars (presented here as 2004 UK pounds[(d)]) **Cost components incorporated:** Surgery, health care visits, diagnostic test, medications, other health care services. Indirect costs were included but analysed separately and not reported here.		**Analysis of uncertainty:** none
Data sources				
Health outcomes: within-trial analysis **Quality-of-life weights:** EQ-5D US tariff. **Cost sources:** resource use from patient-reported data; unit costs from Medicare payments and Redbook for drugs.				
Comments				
Source of funding: National institute of Arthritis and Musculoskeletal and Skin Diseases. **Limitations:** Study conducted in the USA; discount rate is 3%. Outcomes were based also on observational data, not on RCT; costs from US Medicare payments which may not reflect actual costs; resource use was based on patient-reported data which may not be accurate; unclear what parameters at baseline were used to adjust EQ5D data; no sensitivity analyses were conducted and the 95% CI of the ICER was reported only for the total costs (direct and indirect too). **Other:** it was reported that a total of 63 repeat surgeries occurred in 53 (6.8%) surgery patients. No difference in health care visits, physical therapy visits, chiropractor visits, acupuncture, device use; people in the surgery group reported more diagnostic test use and medication use.				
Overall applicability[(a)]**:** Partially applicable **Overall quality**[(b)]**:** Potentially serious limitations				

Abbreviations: 95% CI: 95% confidence interval; CUA: cost–utility analysis; da: deterministic analysis; EQ-5D: Euroqol 5 dimensions (scale: 0.0 [death] to 1.0 [full health], negative values mean worse than death); ICER: incremental cost-effectiveness ratio; N: sample size; NR: not reported; QALYs: quality-adjusted life years

(c) For studies where the time horizon is longer than the treatment duration, an assumption needs to be made about the continuation of the study effect. For example, does a difference in utility between groups during treatment continue beyond the end of treatment and if so for how long.

(d) Converted using 2013 purchasing power parities[42]

(e) Directly applicable / Partially applicable / Not applicable

(f) Minor limitations / Potentially serious limitations / Very serious limitations

Table 25: Tosteson 2008 [58]

Tosteson AN, Lurie JD, Tosteson TD, Skinner JS, Herkowitz H, Albert T et al. Surgical treatment of spinal stenosis with and without degenerative spondylolisthesis: cost-effectiveness after 2 years. Annals of Internal Medicine. 2008; 149(12):845-853 [58]				
Study details	**Population & interventions**	**Costs**	**Health outcomes**	**Cost effectiveness**
Economic analysis: CUA (health outcome: QALY) **Study design:** both randomised and observational cohorts of the SPORT trial combined and analysed according to treatment received using regression models (analysed separately in a sensitivity analysis) **Approach to analysis:** Analysis of individual level data for EQ-5D and patient-reported resource use. Unit costs applied. Both costs and EQ-5D are collected at 6 weeks, 3, 6, 12 and 24 months. QALYs were estimated through time-weighted sums of EQ-5D values adjusted to baseline age, sex, comorbid stomach	**Population:** Adults with symptoms for at least 12 weeks and image-confirmed diagnosis of spinal stenosis without degenerative spondylolisthesis. **Cohort settings:** N: Intervention 1: 394 Intervention 2: 240 Start age: Intervention 1: 63.6 Intervention 2: 66.3 Male: Intervention 1: 61% Intervention 2: 60% **Intervention 1:**	**Total costs (mean per patient):** Intervention 1: £11,193 Intervention 2: £4,531 Incremental (2−1): £6,661 (95% CI: NR; p=NR) **Currency & cost year:** 2004 US dollars (presented here as 2004 UK pounds[(d)]) **Cost components incorporated:** Surgery, health care visits, diagnostic test, medications, other health care services. Indirect costs were included but analysed separately and not reported here.	**QALYs (mean per patient):** Intervention 1: 1.54 Intervention 2: 1.37 Incremental (2−1): 0.17 (95% CI: NR; p=NR)	**ICER (Intervention 2 versus Intervention 1):** £44,865 per QALY gained (da) 95% CI: 31,617 – 66,191 Probability Intervention 2 cost-effective (£20K/30K threshold): NR **Analysis of uncertainty:** indirect costs were included in all the sensitivity analyses conducted: observational and randomised cohorts were analysed separately and no major difference between the two ICERs was observed; adjusting for observed mortality decreased the ICER only slightly; the ICER increased when QALYs were estimated with SF-6D and when higher surgery cost was used.

conditions, straight leg raise or femoral tension sign, smoking, comorbid joint conditions, patient self-assessed health trend, annual income, compensation, BMI, EQ5D and centre. **Perspective:** USA health care **Follow-up:** 2 years **Treatment effect duration**[(c)]**:** 2 years **Discounting:** Costs: 3%; Outcomes: 3%	Standard posterior laminectomy. **Intervention 2:** Usual care chosen individually by patients and physicians.			
Data sources				
Health outcomes: within-trial analysis **Quality-of-life weights:** EQ-5D US tariff. **Cost sources:** resource use from patient-reported data; unit costs from Medicare payments and Redbook for drugs.				
Comments				
Source of funding: National institute of Arthritis and Musculoskeletal and Skin Diseases. **Limitations:** Study conducted in the USA; discount rate is 3%. Outcomes were based also on observational data, not on RCT; costs from US Medicare payments which may not reflect actual costs; resource use was based on patient-reported data which may not be accurate; sensitivity analyses were conducted using both direct and indirect costs. **Other:** No difference in health care visits, physical therapy visits, chiropractor visits, acupuncture, device use; people in the surgery group reported more diagnostic test use and medication use.				
Overall applicability[(a)]**:** Partially applicable **Overall quality**[(b)]**:** Potentially serious limitations				

Abbreviations: 95% CI: 95% confidence interval; CUA: cost–utility analysis; da: deterministic analysis; EQ-5D: Euroqol 5 dimensions (scale: 0.0 [death] to 1.0 [full health], negative values mean worse than death); ICER: incremental cost-effectiveness ratio; N: sample size; NR: not reported; QALYs: quality-adjusted life years

(a) For studies where the time horizon is longer than the treatment duration, an assumption needs to be made about the continuation of the study effect. For example, does a difference in utility between groups during treatment continue beyond the end of treatment and if so for how long.

(b) Converted using 2013 purchasing power parities[42]

(c) Directly applicable / Partially applicable / Not applicable

(d) Minor limitations / Potentially serious limitations / Very serious limitations

Table 26: van den Hout 2008[62]

van den Hout WB, Peul WC, Koes BW, Brand R, Kievit J, Thomeer RT. Prolonged conservative care versus early surgery in patients with sciatica from lumbar disc

herniation: cost utility analysis alongside a randomised controlled trial. BMJ. Netherlands 2008; 336(7657):1351-1354[62]				
Study details	**Population & interventions**	**Costs**	**Health outcomes**	**Cost effectiveness**
Economic analysis: CUA (health outcome: QALY) **Study design:** Within-trial analysis (associated clinical paper Peul 2008[43]) **Approach to analysis:** Analysis of individual level data for EQ-5D and patient-reported resource use. Unit costs applied. Both costs and EQ-5D are collected at 2, 4, 8, 12, 26, 38 and 52 weeks. **Perspective:** Dutch health care **Follow-up:** 1 years **Treatment effect duration**[(c)]**:** 6 months **Discounting:** Costs: n/a; Outcomes: n/a	**Population:** patients aged 18 to 65 with a radiologically confirmed disc herniation and lumbosacral radicular syndrome that had lasted for 6 to 12 weeks. **Cohort settings:** N: Intervention 1: 141 Intervention 2: 142 Start age: Intervention 1: 42 Intervention 2: 43 Male: Intervention 1: 63% Intervention 2: 68% **Intervention 1:** Early surgery; disc herniation was removed through a unilateral transflaval approach using magnification. **Intervention 2:** Prolonged conservative care provided by the GP; if sciatica persisted at 6 months, microdiscectomy was offered.	**Total costs (mean per patient):** Intervention 1: £4,347 Intervention 2: £2,942 Incremental (2−1): £1,405 (95% CI: 651 – 2,156; p<0.001) **Currency & cost year:** 2008 Euros (presented here as 2008 UK pounds[(d)]) **Cost components incorporated:** Surgery with admissions to hospital, physical therapy, visits, homecare, drugs and aids. Indirect and societal costs were included but analysed separately and not reported here.	**QALYs (mean per patient):** Intervention 1: 0.78 Intervention 2: 0.73 Incremental (2−1): 0.044 (95% CI: 0.005-0.083; p=0.03)	**ICER (Intervention 2 versus Intervention 1):** £ 31,932 per QALY gained 95% CI: 10,817 – 332,249 Probability Intervention 2 cost-effective (£20K/30K threshold): NR **Analysis of uncertainty:** when SF-6D was used as an alternative utility measure the QALY difference was 0.024, resulting in an ICER of £58,541.

	Increasing leg pain not responsive to drugs and progressive neurological deficit were reasons for performing surgery earlier than 6 months.			
Data sources				
Health outcomes: within-trial analysis **Quality-of-life weights:** EQ-5D UK tariff. **Cost sources:** resource use from patient-reported data; unit costs from prices set up by the hospital for the intervention; other costs from Dutch standard prices.				
Comments				
Source of funding: Netherlands Organization for Health research and Development. **Limitations:** Study conducted in the Netherlands. Intervention not described in detail in this paper. Patients in the usual care group could have surgery after the initial 6 months and outcomes were collected up to 1 year. Short time horizon; resource use was based on patient-reported data which may not be accurate; hospital prices were used. **Other:** During the first year surgery was performed in 89% of patients in the early surgery group and 40% of the prolonged conservative care group.				
Overall applicability[(a)]: Partially applicable **Overall quality[(b)]:** Potentially serious limitations				

Abbreviations: 95% CI: 95% confidence interval; CUA: cost–utility analysis; da: deterministic analysis; EQ-5D: Euroqol 5 dimensions (scale: 0.0 [death] to 1.0 [full health], negative values mean worse than death); ICER: incremental cost-effectiveness ratio; N: sample size; n/a: not applicable; NR: not reported; QALYs: quality-adjusted life years

(a) For studies where the time horizon is longer than the treatment duration, an assumption needs to be made about the continuation of the study effect. For example, does a difference in utility between groups during treatment continue beyond the end of treatment and if so for how long.

(b) Converted using 2013 purchasing power parities[42]

(c) Directly applicable / Partially applicable / Not applicable

(d) Minor limitations / Potentially serious limitations / Very serious limitations

I20 Spinal fusion

Table 27: Fritzell 2011[13] (also published by Berg 2011[5])

Fritzell P, Berg S, Borgstrom F, Tullberg T, Tropp H. Cost effectiveness of disc prosthesis versus lumbar fusion in patients with chronic low back pain: randomized controlled trial with 2-year follow-up. European Spine Journal. 2011; 20(7):1001-1011. (Guideline Ref ID FRITZELL2011)				
Study details	**Population & interventions**	**Costs**	**Health outcomes**	**Cost effectiveness**
Economic analysis: CUA (health outcome: QALYs) **Study design:** Within-trial analysis (RCT, associated	**Population:** Adults (21-55 years) with low back pain with/without sciatica. Patients had suffered at least 12 months	**Total costs (mean per patient):** Intervention 1: £10,194 Intervention 2: £11,780	**QALYs (mean per patient):** Intervention 1: 0.41 Intervention 2: 0.40 Incremental (2–1): -0.01	**ICER (Intervention 2 versus Intervention 1):** Intervention 1 dominates intervention 2 (lower costs and higher QALYs) 95% CI: NR Probability Intervention 2 cost-effective

clinical paper Berg 2009) **Approach to analysis:** EQ-5D data collected pre-operatively, 1 year and 2 years follow-up. QALYs constructed through area under the curve method. Resource use captured from patient cost diaries (at 1, 3, 6, 12, 18 and 24 months), unit costs applied. Surgical procedure resource use estimated from index episode. **Perspective:** Swedish healthcare payer perspective **Follow-up**: 2 years **Discounting:** No discounting applied in base case analysis	from what was understood to be discogenic low back pain in one or two motion segments between L3 and S1; they could also have additional nonspecific leg pain. **Cohort settings:** Start age: 39 Male: 59% **Intervention 1:** (n=80) Total disc replacement surgery **Intervention 2:** (n=72) Fusion (either ALIF or PLIF according to surgeon preference)	Incremental (2−1): £1,587 (95% CI: £83 to £2,971; p=NR) **Cost breakdown (mean per patient):** **Hospital cost index procedure:** Intervention 1: £7,287 Intervention 2: £7,390 **Hospital costs after index procedure:** Intervention 1: £1,070 Intervention 2: £2,301 **Primary/Private care:** Intervention 1: £1,666 Intervention 2: £1,844 **Back-related drugs:** Intervention 1: £172 Intervention 2: £246 **Currency & cost year:** 2006 Swedish Krona (presented here as 2006 UK pounds[(a)]) **Cost components incorporated:** Intervention cost (index procedure for surgery),	(95% CI: NR; p=NR)	(£20K/30K threshold): NR **Analysis of uncertainty:** Bootstrapping of ICER conducted but only from a societal perspective not a health care provider perspective. Therefore this is not reported here. Two additional sensitivity analyses were conducted. - The costs were discounted at 3%, this did not impact the total cost difference between the two comparators. - Reoperation costs were excluded from total healthcare costs. The total costs (mean per patient) were: Intervention 1: £9,710 Intervention 2: £10,235 Incremental (2−1): £525 (95% CI: -£827 to £1,710; p=NR)

		post-surgery hospital cost (including re-operation costs), primary care costs (including private care) and back-related drug costs.		

Data sources

Health outcomes: Within-trial analysis (RCT, Berg 2009)[6]. Health outcomes included patient reported EQ-5D collected pre-operatively, 1 year and 2 years follow-up , other outcomes included Oswestry Disability Index, back pain (VAS) and patient-reported outcome (see clinical review, Berg 2009). QALYs were calculated using the area under the curve approach adjusted for baseline utility. **Quality-of-life weights:** EQ-5D, Swedish tariff. **Cost sources:** Resource use and cost for interventions and post-surgery hospital stay based on index procedures/episodes (within-trial and Stockholm Spine Center). Other resource use captured from patient cost diaries. Unit costs from Swedish national board of health and welfare and Swedish published drug costs.

Comments

Source of funding: DePuySpine, Medtronic and Synthesis, manufacturers of surgical devices. **Limitations:** Swedish resource use data (2002-2005) and unit costs (2006) may not reflect current NHS context. No discounting applied in base case analysis, discounting of costs at 3% applied in sensitivity analysis, however this is not in line with NICE reference case. Within-trial analysis and so does not reflect full body of available evidence for this comparison; Berg 2009 is one of the studies included in the clinical review for disc replacement surgery. Bootstrapping of ICER not undertaken from a healthcare payer perspective. Potential conflict of interest, study funded by manufacturers of surgical devices. **Other:** n/a

Overall applicability(b)(a): Partially applicable **Overall quality(c):** Potentially serious limitations

Abbreviations: 95% CI: 95% confidence interval; CUA: cost–utility analysis; EQ-5D: Euroqol 5 dimensions (scale: 0.0 [death] to 1.0 [full health], negative values mean worse than death); ICER: incremental cost-effectiveness ratio; NR: not reported; QALYs: quality-adjusted life years

(a) Converted using 2006 purchasing power parities[42]

(b) Directly applicable / Partially applicable / Not applicable

(c) Minor limitations / Potentially serious limitations / Very serious limitations

Table 28: Rivero-Arias 2005[46]

Rivero-Arias O, Campbell H, Gray A, Fairbank J, Frost H, Wilson-MacDonald J. Surgical stabilisation of the spine compared with a programme of intensive rehabilitation for the management of patients with chronic low back pain: cost utility analysis based on a randomised controlled trial. British Medical Journal. 2005; 330: 1239-1243:1239-1243. (Guideline Ref ID RIVEROARIAS2005)

Study details	Population & interventions	Costs	Health outcomes	Cost effectiveness
Economic analysis: CUA (health outcome: QALYs) **Study design:** Within-trial	**Population:** Adults with chronic low back pain **Cohort settings:**	**Total costs (mean per patient):** Intervention 1: £4,419 Intervention 2: £7,718	**QALYs (mean per patient):** Intervention 1: 0.936 Intervention 2: 1.004 Incremental (2−1): 0.068	**ICER (Intervention 2 versus Intervention 1):** £48,515 per QALY gained (pa) 95% CI: NR Probability Intervention 2 cost-effective

(RCT, associated clinical paper Fairbank 2005) **Approach to analysis:** EQ-5D data collected at baseline, 6, 12 and 24 months follow-up. QALYs constructed through area under the curve method. Within-trial reported resource use, including patient-reported resource use for medication use, over 24 months, unit costs applied. **Perspective:** UK NHS **Follow-up:** 2 years **Discounting:** Costs: 3.5%; Outcomes: 3.5%	Age range: 18-55 years Male: 49% **Intervention 1:** (n=139) Intensive rehabilitation programme-3 element MBR program (paced exercise and education programme based on cognitive behavioural approaches). Total duration approximately 75 hours. **Intervention 2:** (n=151) Fusion(technique based on surgeon preference)	Incremental (2−1): £3,299 (95% CI: £2,322 to £4,267; p<0.001) **Cost breakdown (mean per patient):** **Intervention cost:** Intervention 1: £1,410 Intervention 2: £6,011 **Other back-related related NHS contacts (up to 24 months):** Intervention 1: £3,009 Intervention 2: £1,707 **Currency & cost year:** 2002-2003 UK pounds **Cost components incorporated:** Intervention costs (including staff time and other resource use such as surgical implants and equipment) and other back pain related NHS contacts up to 24 months (including surgical follow-up appointments, physiotherapy outpatient appointments, unplanned or other back-related hospital admission, HCP contacts,	(95% CI: -0.02 to 0.156; p=0.13)	(£20K): ~5% (reading from graph) – *see caveat regarding perspective below.* **Analysis of uncertainty:** Bootstrapping of ICER conducted but only using a total costs including patient-related costs (broader perspective) not a NHS perspective. Sensitivity analyses were conducted assuming different surgical technique costs: - posterolateral technique (least expensive procedure): ICER 2 vs 1 = £35,338 per QALY - 360 degree fusion (most expensive procedure): ICER 2 vs 1 = £60,765 per QALY Further sensitivity analysis by varying the time horizon to 4 years (assuming treatment differences for utilities were maintained): ICER = £25,398 per QALY. Finally, they examined impact of patients receiving other interventions subsequent to allocated intervention (at 2 years 45 patients had received both interventions) by assuming that people in each arm continued to receive both treatments in years 3,4 and 5 at rates observed in year 1 and 2: ICER =£16,824 per QALY. The same sensitivity analysis was done but assuming half the rate observed at year 1 and 2 applied: ICER = £31,838 per QALY. Note, these were all conducted using the broader perspective (including patient-related costs).

		prescriptions).		
Data sources				
Health outcomes: Within-trial analysis (RCT, Fairbank 2005)[10]. Health outcomes included patient reported EQ-5D collected baseline, 6, 12 and 24 months follow-up. QALYs were calculated using the area under the curve approach adjusted for baseline utility. **Quality-of-life weights:** EQ-5D UK tariff. **Cost sources:** Within-trial reported resource use and patient-reported resource use for medication use, over 24 months. UK national average unit costs.				
Comments				
Source of funding: UK Medical Research Council. **Limitations:** UK NHS resource use data (1996-2002) and unit cost (2002-2003) may not reflect current NHS context. Within-trial analysis and so does not reflect full body of available evidence for this comparison; Fairbank 2005 is 1 of 4 studies included in the clinical review for spinal fusion versus other treatments. Sensitivity analyses were conducted using a broader perspective which included patient-related costs. **Other:**				
Overall applicability(a): Partially applicable **Overall quality(b):** Potentially serious limitations				

Abbreviations: 95% CI: 95% confidence interval; CUA: cost–utility analysis; da: deterministic analysis; EQ-5D: Euroqol 5 dimensions (scale: 0.0 [death] to 1.0 [full health], negative values mean worse than death); ICER: incremental cost-effectiveness ratio; NR: not reported; QALYs: quality-adjusted life years

(a) Directly applicable / Partially applicable / Not applicable

(b) Minor limitations / Potentially serious limitations / Very serious limitations

I21 Disc replacement

For Fritzell 2011[13] (also published by Berg 2011[5]) please see Table 27 (Spinal fusion) above.

Table 29: Johnsen 2014[28]

Johnsen LG, Hellum C, Storheim K, Nygaard OP, Brox JI, Rossvoll I et al. Cost-effectiveness of total disc replacement versus multidisciplinary rehabilitation in patients with chronic low back pain: A norwegian multicenter RCT. Spine. 2014; 39(1):23-32[28]				
Study details	**Population & interventions**	**Costs**	**Health outcomes**	**Cost effectiveness**
Economic analysis: CUA (health outcome: QALYs) **Study design:** Within-trial analysis (RCT, same paper and other associated clinical paper Hellum 2011[17-19,27]	**Population:** Patients with chronic low back pain for more than one year and degenerative changes in lumbosacral intervertebral discs.	**Total costs (mean per patient):** Intervention 1: £8299 Intervention 2: £5054 Incremental (2−1): £3245 (95% CI: NR; p=NR)	**QALYs (mean per patient):** Intervention 1: 1.29 Intervention 2: 0.95 Incremental (2−1): 0.34 (95% CI: 0.18-0.5; p<0.001)	**ICER (Intervention 2 versus Intervention 1):** £9544 per QALY gained (da) **Analysis of uncertainty:** Bootstrapping analysis was conducted using a societal perspective and therefore the 95% CI around the ICER is not reported.

Approach to analysis: EQ-5D data collected at baseline, 6 weeks, and 3, 6, 12, 24 months follow-up. QALYs constructed through area under the curve method. Resource use captured from patient cost diaries (at 6 weeks, and at 3, 6, 12, 18 and 24 months), unit costs applied. Multiple imputation was used when data were missing. **Perspective:** Norwegian healthcare payer **Follow-up:** 2 years **Discounting:** none	**Cohort settings:** Start age: 41 Male: 47% **Intervention 1:** Total disc replacement **Intervention 2:** multidisciplinary rehabilitation (outpatient programme with an emphasis on exercises and cognitive intervention; the treatment was interdisciplinary and directed by a team of physiotherapists and specialists in physical medicine and rehabilitation and lasted for approximately 60 hours during 3 to 5 weeks)	**Currency & cost year:** 2012 euros (presented here as 2012 UK pounds**(d)**) **Cost components incorporated:** Cost of intervention, hospital follow up (reoperations, admissions, visits), GP consultations, physical therapist consultations, visits to complementary practitioners, medications.		Using the intention to treat analysis total disc replacement was more costly but also more effective, however the costs included the societal perspective therefore results are reported. Where missing data were not inputed but dropped, the effectiveness of total disc replacement was lower, however the costs included the societal perspective therefore results are reported. When SF-6D instead of EQ5D was used, the incremental QALY gain was 0.11, and the ICER was £29,500.
Data sources				
Health outcomes: within-trial analysis (same study and Hellum 2011[17-19,27] **Quality-of-life weights:** EQ-5D UK tariff and SF-6D **Cost sources:** For rehab a top-down approach was used, that is the total cost of a spine clinic was estimated and then how much of the clinic's costs were associated with MDR was determined; spare capacity was included; Norwegian national sources were used.				
Comments				
Source of funding: national funds through the Norwegian Back Pain association funds. **Limitations:** Norwegian resource use data (2004-2007) and unit costs may not reflect current NHS context. No discounting conducted. Within-trial analysis and so does not reflect full body of available evidence for this comparison. Bootstrapping of ICER not undertaken. **Other:**				
Overall applicability(a): Partially applicable **Overall quality(b):** Potentially serious limitations				

Abbreviations: 95% CI: 95% confidence interval; CUA: cost–utility analysis; da: deterministic analysis; EQ-5D: Euroqol 5 dimensions (scale: 0.0 [death] to 1.0 [full health], negative values mean worse than death); ICER: incremental cost-effectiveness ratio; NR: not reported; QALYs: quality-adjusted life years

242 *(g) Converted using 2012 purchasing power parities*[42]
243 *(h) Directly applicable / Partially applicable / Not applicable*
244 *(i) Minor limitations / Potentially serious limitations / Very serious limitations*
245

Appendix J: GRADE tables

J.1 Clinical examination

None.

J.2 Risk assessment tools and stratification

Table 30: Clinical evidence profile: Hicks/Delitto classification versus no risk tool stratification

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Stratified treatment versus non-stratified treatment-Delitto Classification	Control	Relative (95% CI)	Absolute		
QoL (SF-36, PCS,0-100) ≤4 months (follow-up 4 weeks; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	37	41	-	MD 6.2 higher (8.74 lower to 21.14 higher)	⊕OOO VERY LOW	CRITICAL
QoL(SF-36,PCS,0-100) >4 months - 1 year (follow-up >4 months - 1 year; Better indicated by lower values)												
2	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	111	123	-	MD 0.59 lower (3.7 lower to 2.52 higher)	⊕⊕OO LOW	CRITICAL
QoL (SF-36, MCS,0-100) ≤4 months (follow-up mean 4 weeks; Better indicated by lower values)												

1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	37	41	-	MD 1.6 higher (13.34 lower to 16.54 higher)	⊕OOO VERY LOW	CRITICAL
QoL(SF-36,MCS,0-100) >4 months - 1 year (follow-up >4 months - 1 year; Better indicated by lower values)												
2	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	111	123	-	MD 0.94 higher (2.24 lower to 4.12 higher)	⊕⊕OO LOW	CRITICAL
Pain(NRS,0-10) ≤ 4 months (follow-up 8 weeks; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	156	-	-	MD 0.49 lower (1.34 lower to 0.36 higher)	⊕OOO VERY LOW	CRITICAL
Pain(NRS,0-10) >4 months - 1 year (follow-up 1 year; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	156	-	-	MD 0.13 higher (0.83 lower to 1.09 higher)	⊕OOO VERY LOW	CRITICAL
Function(ODI,0-100) ≤ 4 months (follow-up ≤4 months; Better indicated by lower values)												
2	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	111	123	-	MD 1.16 lower (5.13 lower to 2.82 higher)	⊕⊕OO LOW	CRITICAL
Function(ODI,0-100) > 4 month (follow-up >4 months - 1 year; Better indicated by lower values)												
2	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	111	123	-	MD 0.23 higher (4.09 lower to 4.54 higher)	⊕⊕OO LOW	CRITICAL
Responder criteria(NRS>30% improvement) ≤ 4 months (follow-up 8 weeks)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	44/74 (59.5%)	73.2%	RR 0.81 (0.65 to 1.02)	139 fewer per 1000 (from 256 fewer to 15 more)	⊕OOO VERY LOW	IMPORTANT
Responder criteria(NRS>30% improvement)>4 months - 1 year (follow-up 1 years)												

1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	57/74 (77%)	74.4%	RR 1.04 (0.87 to 1.24)	30 more per 1000 (from 97 fewer to 179 more)	⊕⊕OO LOW	IMPORTANT
Responder criteria(ODI>30% improvement) ≤ 4 months (follow-up 8 weeks)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	27/74 (36.5%)	45.1%	RR 0.81 (0.55 to 1.19)	86 fewer per 1000 (from 203 fewer to 86 more)	⊕OOO VERY LOW	IMPORTANT
Responder criteria(ODI>30% improvement)>4 months - 1 year (follow-up 1 years)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	60/74 (81.1%)	68.3%	RR 1.19 (0.99 to 1.43)	130 more per 1000 (from 7 fewer to 294 more)	⊕OOO VERY LOW	IMPORTANT
Number of therapy appointments ≤ 4 months (follow-up 4 weeks; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	37		41	-	MD 0.3 lower (1.68 lower to 1.08 higher)	⊕OOO VERY LOW	IMPORTANT
Number of therapy appointments >4 months - 1 year (follow-up 1 years; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	37		41	-	MD 0.5 lower (2.66 lower to 1.66 higher)	⊕⊕OO LOW	IMPORTANT

1 Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias

2 Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs.

Table 31: Clinical evidence profile: O'Sullivan classification system versus no risk tool classification

Quality assessment	No of patients	Effect	Quality	Importanc

											e
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Stratified treatment versus non-stratified treatment-O'Sullivan Classification**	**Control**	**Relative (95% CI)**	**Absolute**	
Pain(VAS,0-10) ≤ 4 months (follow-up 3 months; Better indicated by lower values)											
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	51	43	-	MD 2.1 lower (2.83 to 1.37 lower)	⊕⊕OO LOW	CRITICAL
Pain(VAS,0-10)>4 months - 1 year (follow-up 1 years; Better indicated by lower values)											
1	randomised trials	very serious	no serious inconsistency	no serious indirectness	serious[2]	none	51	43	-	MD 1.5 lower (2.33 to 0.67 lower)	⊕OOO VERY LOW	CRITICAL
Function(ODI,0-100) ≤ 4 months (follow-up 3 months; Better indicated by lower values)											
1	randomised trials	very serious	no serious inconsistency	no serious indirectness	no serious imprecision	none	51	43	-	MD 10.9 lower (13.94 to 7.86 lower)	⊕⊕OO LOW	CRITICAL
Function(ODI,0-100)>4 months - 1 year (follow-up 1 years; Better indicated by lower values)											
1	randomised trials	very serious	no serious inconsistency	no serious indirectness	serious	none	51	43	-	MD 9.8 lower (14.21 to 5.39 lower)	⊕OOO VERY LOW	CRITICAL

[1] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias

[2] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs.

Table 32: Clinical evidence profile: STarT Back classification versus no risk tool classification

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Straitified treatment versus non-stratified treatment-STarTBack		Relative (95% CI)	Absolute		
Quality of life (SF-12, PCS,0-100) <4 months (follow-up 4 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	568	283	-	MD 2.3 higher (0.42 to 4.18 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-12, PCS,0-100) >4 months (follow-up 12 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	568	283	-	MD 2.3 higher (0.73 to 3.87 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-12, MCS,0-100) <4 months (follow-up 4 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	568	283	-	MD 0 higher (1.58 lower to 1.58 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-12, MCS,0-100) >4 months (follow-up 12 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	568	283	-	MD 0.5 higher (1.39 lower to 2.39 higher)	⊕⊕OO LOW	CRITICAL
Pain(VAS/NRS,0-10)< 4 months (follow-up <4 months; Better indicated by lower values)												
2	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	635	316	-	not pooled	⊕⊕OO LOW	CRITICAL
Pain(VAS,0-10)>4 months (follow-up 12 months; Better indicated by lower values)												
1	randomised	serious[1]	no serious	no serious	no serious	none	568	283	-	MD 0.2 lower (0.58 lower to 0.18	⊕⊕⊕O	CRITICAL

	trials		inconsistency	indirectness	imprecision					higher)	MODERATE	
Function(RMDQ/ODI,0-24)< 4 months (follow-up <4 months; Better indicated by lower values)												
2	randomised trials	very serious[1]	serious[3]	no serious indirectness	serious[2]	none	635	316	-	SMD 0.34 lower (0.47 to 0.2 lower)	⊕OOO VERY LOW	CRITICAL
Function(RMDQ,0-24)>4 months (follow-up 12 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	568	283	-	MD 1 lower (1.89 to 0.11 lower)	⊕⊕OO LOW	
Psychological Distress (HADS, anxiety subscale, 0-21)< 4 months (follow-up 4 months; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	568	283	-	MD 0.5 lower (1.05 lower to 0.05 higher)	⊕⊕⊕O MODERATE	CRITICAL
Psychological Distress (HADS, anxiety subscale, 0-21)> 4 months (follow-up 12 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	568	283	-	MD 0.3 lower (0.9 lower to 0.3 higher)	⊕⊕OO LOW	CRITICAL
Psychological Distress (HADS, depression subscale, 0-21)< 4 months (follow-up 4 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	568	283	-	MD 0.3 lower (0.87 lower to 0.27 higher)	⊕⊕OO LOW	CRITICAL
Psychological Distress (HADS, depression subscale, 0-21) >4 months (follow-up 12 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	568	283	-	MD 2.3 lower (2.88 to 1.72 lower)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-12, PCS,0-100) <4 months(stratified) - Low-Risk (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	148	73	-	MD 1.4 higher (1.31 lower to 4.11	⊕OOO VERY LOW	CRITICAL

										higher)		
Quality of life (SF-12, PCS,0-100) <4 months(stratified) - Medium-risk (follow-up 4 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	263	131	-	MD 2.7 higher (0.39 to 5.01 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-12, PCS,0-100) <4 months(stratified) - High-risk (follow-up 4 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	157	79	-	MD 2.5 higher (1.71 lower to 6.71 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-12, PCS,0-100) >4 months(stratified) - Low-Risk (follow-up 12 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	148	73	-	MD 1.6 higher (1.19 lower to 4.39 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-12, PCS,0-100) >4 months(stratified) - Medium-risk (follow-up 12 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	261	131	-	MD 3.1 higher (0.66 to 5.54 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-12, PCS,0-100) >4 months(stratified) - High-risk (follow-up 12 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	157	79	-	MD 1.8 higher (1.66 lower to 5.26 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-12, MCS,0-100) <4 months(stratified) - Low-Risk (follow-up 4 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	148	73	-	MD 1.5 lower (4.58 lower to 1.58 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-12, MCS,0-100) <4 months(stratified) - Medium-risk (follow-up 4 months; Better indicated by lower values)												

1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	263	131	-	MD 0.4 higher (2.01 lower to 2.81 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-12, MCS,0-100) <4 months(stratified) - High-risk (follow-up 4 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	157	79	-	MD 0.7 higher (3.01 lower to 4.41 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-12,MCS,0-100) <4 months(stratified) - Low-Risk (follow-up 12 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	148	73	-	MD 1.7 lower (4.55 lower to 1.15 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-12,MCS,0-100) <4 months(stratified) - Medium-risk (follow-up 12 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	263	131	-	MD 1.1 higher (1.53 lower to 3.73 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-12,MCS,0-100) <4 months(stratified) - High-risk (follow-up 12 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	157	79	-	MD 1.9 higher (1.83 lower to 5.63 higher)	⊕OOO VERY LOW	CRITICAL
Pain(VAS,0-10)< 4 months(stratified) - Low-Risk (follow-up <4 months; Better indicated by lower values)												
2	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	163	87	-	MD 0.14 lower (0.68 lower to 0.4 higher)	⊕OOO VERY LOW	CRITICAL
Pain(VAS,0-10)< 4 months(stratified) - Medium-risk (follow-up <4 months; Better indicated by lower values)												
2	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	294	143	-	MD 0.81 lower (1.25 to 0.37 lower)	⊕OOO VERY LOW	CRITICAL

Pain(VAS,0-10)< 4 months(stratified) - High-risk (follow-up <4 months; Better indicated by lower values)												
2	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	178	86	-	MD 0.76 lower (1.43 to 0.1 lower)	⊕OOO VERY LOW	CRITICAL
Pain(VAS,0-10)>4 months(stratified) - Low-Risk (follow-up 12 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	148	73	-	MD 0 higher (0.66 lower to 0.66 higher)	⊕⊕OO LOW	CRITICAL
Pain(VAS,0-10)>4 months(stratified) - High-risk (follow-up 12 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	157	79	-	MD 0.1 lower (0.92 lower to 0.72 higher)	⊕⊕OO LOW	CRITICAL
Function(RMDQ/ODI)< 4 months (stratified) - Low-Risk (follow-up <4 months; Better indicated by lower values)												
2	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	163	87	-	SMD 0.22 lower (0.48 lower to 0.05 higher)	⊕⊕OO LOW	CRITICAL
Function(RMDQ/ODI)< 4 months (stratified) - Medium-risk (follow-up <4 months; Better indicated by lower values)												
2	randomised trials	very serious[1]	serious[3]	no serious indirectness	serious[2]	none	294	143	-	SMD 0.39 lower (0.59 to 0.18 lower)	⊕OOO VERY LOW	CRITICAL
Function(RMDQ/ODI)< 4 months (stratified) - High-risk (follow-up <4 months; Better indicated by lower values)												
2	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	178	86	-	SMD 0.38 lower (0.64 to 0.12 lower)	⊕OOO VERY LOW	CRITICAL
Function(RMDQ,0-24)> 4 months (stratified) - Low-Risk (follow-up 12 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	148	73	-	MD 0.4 lower (1.72 lower to 0.92 higher)	⊕⊕OO LOW	CRITICAL

Function(RMDQ,0-24)> 4 months (stratified) - Medium-risk (follow-up 12 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	263	131	-	MD 1.3 lower (2.59 to 0.01 lower)	⊕⊕OO LOW	CRITICAL
Function(RMDQ,0-24)> 4 months (stratified) - High-risk (follow-up 12 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	157	79	-	MD 1.1 lower (2.89 lower to 0.69 higher)	⊕⊕OO LOW	CRITICAL
Psychological Distress (HADS, anxiety subscale, 0-21)< 4 months(stratified) - Low-Risk (follow-up 4 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	148	73	-	MD 0.3 higher (0.66 lower to 1.26 higher)	⊕⊕OO LOW	CRITICAL
Psychological Distress (HADS, anxiety subscale, 0-21)< 4 months(stratified) - Medium-risk (follow-up 4 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	263	131	-	MD 0.9 lower (1.68 to 0.12 lower)	⊕⊕OO LOW	CRITICAL
Psychological Distress (HADS, anxiety subscale, 0-21)< 4 months(stratified) - High-risk (follow-up 4 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	157	79	-	MD 0.6 lower (1.8 lower to 0.6 higher)	⊕⊕OO LOW	CRITICAL
Psychological Distress (HADS, anxiety subscale, 0-21)> 4 months(stratified) - Low-Risk (follow-up 12 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	148	73	-	MD 0.3 higher (0.75 lower to 1.35 higher)	⊕⊕OO LOW	CRITICAL
Psychological Distress (HADS, anxiety subscale, 0-21)> 4 months(stratified) - Medium-risk (follow-up 12 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	263	131	-	MD 0.7 lower (1.58 lower to 0.18 higher)	⊕⊕OO LOW	CRITICAL

Psychological Distress (HADS, anxiety subscale, 0-21)> 4 months(stratified) - High-risk (follow-up 12 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	157	79	-	MD 0.4 lower (1.71 lower to 0.91 higher)	⊕⊕OO LOW	CRITICAL
Psychological Distress (HADS, depression subscale, 0-21)> 4 months(stratified) - Low-Risk (follow-up 4 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	148	73	-	MD 0.1 lower (1.02 lower to 0.82 higher)	⊕⊕OO LOW	CRITICAL
Psychological Distress (HADS, depression subscale, 0-21)> 4 months(stratified) - Medium-risk (follow-up 4 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	263	131	-	MD 0.5 lower (1.24 lower to 0.24 higher)	⊕⊕OO LOW	CRITICAL
Psychological Distress (HADS, depression subscale, 0-21)> 4 months(stratified) - High-risk (follow-up 4 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	157	79	-	MD 1.1 lower (2.17 to 0.03 lower)	⊕OOO VERY LOW	CRITICAL
Psychological Distress (HADS, depression subscale, 0-21)> 4 months(stratified) - Low-Risk (follow-up 12 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	148	73	-	MD 0 higher (0.96 lower to 0.96 higher)	⊕⊕OO LOW	CRITICAL
Psychological Distress (HADS, depression subscale, 0-21)> 4 months(stratified) - Medium-risk (follow-up 12 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	263	131	-	MD 0.3 lower (1.09 lower to 0.49 higher)	⊕⊕OO LOW	CRITICAL
Psychological Distress (HADS, depression subscale, 0-21)> 4 months(stratified) - High-risk (follow-up 12 months; Better indicated by lower values)												
1	randomised	very	no serious	no serious	serious[2]	none	157	79	-	MD 1.2 lower (2.43 lower to 0.03	⊕OOO	CRITICAL

	trials	serious[1]	inconsistency	indirectness						higher)	VERY LOW	
Responder criteria(patients with > 30% improvement in pain)< 4 months (follow-up <4 months)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	32/67 (47.8%)	7/33 (21.2%)	RR 2.25 (1.11 to 4.55)	265 more per 1000 (from 23 more to 753 more)	⊕OOO VERY LOW	IMPORTANT
Responder criteria(patients with > 30% improvement in pain-STRATIFIED)< 4 months - low risk (follow-up <4 months)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	4/15 (26.7%)	4/14 (28.6%)	RR 0.93 (0.29 to 3.03)	20 fewer per 1000 (from 203 fewer to 580 more)	⊕OOO VERY LOW	IMPORTANT
Responder criteria(patients with > 30% improvement in pain-STRATIFIED)< 4 months - medium risk (follow-up <4 months)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[3]	none	20/31 (64.5%)	2/12 (16.7%)	RR 3.87 (1.06 to 14.09)	478 more per 1000 (from 10 more to 1000 more)	⊕OOO VERY LOW	IMPORTANT
Responder criteria(patients with > 30% improvement in pain-STRATIFIED)< 4 months - high risk (follow-up <4 months)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	8/21 (38.1%)	1/7 (14.3%)	RR 2.67 (0.4 to 17.74)	239 more per 1000 (from 86 fewer to 1000 more)	⊕OOO VERY LOW	IMPORTANT
Responder criteria(patients with > 30% improvement in function)< 4 months (follow-up <4 months)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	41/67 (61.2%)	11/33 (33.3%)	RR 1.84 (1.09 to 3.08)	280 more per 1000 (from 30 more to 693 more)	⊕OOO VERY LOW	IMPORTANT
Responder criteria(% age of patients with > 30% improvement in ODI-STRATIFIEDI)< 4 months - low risk (follow-up <4 months)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	8/15 (53.3%)	6/14 (42.9%)	RR 1.24 (0.58 to 2.68)	103 more per 1000 (from 180 fewer to 720 more)	⊕OOO VERY LOW	IMPORTANT
Responder criteria(% age of patients with > 30% improvement in ODI-STRATIFIEDI)< 4 months - medium risk (follow-up <4 months)												

1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	22/31 (71%)	2/12 (16.7%)	RR 4.26 (1.18 to 15.39)	543 more per 1000 (from 30 more to 1000 more)	⊕OOO VERY LOW	IMPORTANT
Responder criteria(% age of patients with > 30% improvement in ODI-STRATIFIEDI)< 4 months - high risk (follow-up <4 months)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	11/21 (52.4%)	3/7 (42.9%)	RR 1.22 (0.47 to 3.15)	94 more per 1000 (from 227 fewer to 921 more)	⊕OOO VERY LOW	IMPORTANT

[1] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[2] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs.
[3] Downgraded by 1 or 2 increments because of Heterogeneity, I2=50%, p=0.04, unexplained by subgroup analysis.

Table 33: Clinical evidence profile: STarT Back classification versus no risk tool classification (IMPaCT cohort)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**STarT Back Group**	**Usual Care (IMPaCT)**	**Relative (95% CI)**	**Absolute**		
QoL (SF-12, PCS,0-100) >4 months - 1 year (follow-up 6 months; Better indicated by lower values)												
1	observational studies	very serious	no serious inconsistency	no serious indirectness	no serious imprecision	none	554	368	-	MD 0.2 lower (2 lower to 1.6 higher)	⊕OOO VERY LOW	CRITICAL
QoL (SF-12, MCS,0-100) >4 months - 1 year (follow-up 6 months; Better indicated by lower values)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision[2]	none	554	368	-	MD 0.2 lower (2.05 lower to 1.65 higher)	⊕OOO VERY LOW	CRITICAL
Pain(VAS,0-10)>4 months - 1 year (follow-up 6 months; Better indicated by lower values)												
1	observational	very	no serious	no serious	no serious	none	554	368	-	MD 0.2 lower (0.59	⊕OOO VERY	CRITICAL

	studies	serious[1]	inconsistency	indirectness	imprecision					lower to 0.19 higher)	LOW	
Function(RMDQ,0-24)>4 months - 1 year (follow-up 6 months; Better indicated by lower values)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	554	368	-	MD 0.5 lower (1.27 lower to 0.27 higher)	⊕OOO VERY LOW	CRITICAL
Psychological Distress (HADS, anxiety subscale, 0-21)>4 months - 1 year (follow-up 6 months; Better indicated by lower values)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	554	368	-	MD 0.2 lower (0.8 lower to 0.4 higher)	⊕OOO VERY LOW	CRITICAL
Psychological Distress (HADS, depression subscale, 0-21) >4 months - 1 year (follow-up 6 months; Better indicated by lower values)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	554	368	-	MD 0.4 lower (0.91 lower to 0.11 higher)	⊕OOO VERY LOW	CRITICAL
QoL (EQ-5D,0-1) ≤4 months(stratified) - Low Risk (follow-up 2 months; Better indicated by lower values)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision[2]	none	554	368	-	MD 0.01 higher (0.03 lower to 0.04 higher)	⊕OOO VERY LOW	CRITICAL
QoL (EQ-5D,0-1) ≤4 months(stratified) - Medium risk (follow-up 2 months; Better indicated by lower values)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision[2]	none	554	368	-	MD 0.02 lower (0.06 lower to 0.02 higher)	⊕OOO VERY LOW	CRITICAL
QoL (EQ-5D,0-1) ≤4 months(stratified) - High risk (follow-up 2 months; Better indicated by lower values)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision[2]	none	554	368	-	MD 0.06 higher (0.01 to 0.12 higher)	⊕OOO VERY LOW	CRITICAL

QoL (EQ-5D,0-1) >4 months - 1 year(stratified) - Low Risk (follow-up 6 months; Better indicated by lower values)											
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision[2]	none	554	368	-	MD 0 higher (0.03 lower to 0.04 higher)	⊕OOO VERY LOW	CRITICAL
QoL (EQ-5D,0-1) >4 months - 1 year(stratified) - Medium risk (follow-up 6 months; Better indicated by lower values)											
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision[2]	none	554	368	-	MD 0.01 higher (0.03 lower to 0.04 higher)	⊕OOO VERY LOW	CRITICAL
QoL (EQ-5D,0-1) >4 months - 1 year(stratified) - High risk (follow-up 6 months; Better indicated by lower values)											
1	observational studies	very serious[2]	no serious inconsistency	no serious indirectness	no serious imprecision[2]	none	554	368	-	MD 0.07 higher (0.02 to 0.12 higher)	⊕OOO VERY LOW	
QoL (SF-12, PCS,0-100) >4 months - 1 year(stratified) - Low Risk (follow-up 6 months; Better indicated by lower values)											
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision[2]	none	214	136	-	MD 0.4 higher (2.98 lower to 3.78 higher)	⊕OOO VERY LOW	CRITICAL
QoL (SF-12, PCS,0-100) >4 months - 1 year(stratified) - Medium risk (follow-up 6 months; Better indicated by lower values)											
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision[2]	none	232	151	-	MD 1.7 lower (4.39 lower to 0.99 higher)	⊕OOO VERY LOW	CRITICAL
QoL (SF-12, PCS,0-100) >4 months - 1 year(stratified) - High risk (follow-up 6 months; Better indicated by lower values)											
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	108	81	-	MD 3.8 higher (0.19 lower to 7.79 higher)	⊕OOO VERY LOW	CRITICAL
QoL (SF-12,MCS,0-100) >4 months - 1 year(stratified) - Low Risk (Better indicated by lower values)											

1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision[2]	none	214	136	-	MD 0.9 lower (3.87 lower to 2.07 higher)	⊕OOO VERY LOW	CRITICAL
QoL (SF-12,MCS,0-100) >4 months - 1 year(stratified) - Medium risk (Better indicated by lower values)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision[2]	none	232	151	-	MD 0.8 higher (1.95 lower to 3.55 higher)	⊕OOO VERY LOW	CRITICAL
QoL (SF-12,MCS,0-100) >4 months - 1 year(stratified) - High risk (follow-up 6 months; Better indicated by lower values)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	108	81	-	MD 1.6 higher (2.78 lower to 5.98 higher)	⊕OOO VERY LOW	CRITICAL
Pain(VAS,0-10)>4 months - 1 year(stratified) - Low Risk (follow-up 6 months; Better indicated by lower values)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	214	136	-	MD 0.2 higher (0.43 lower to 0.83 higher)	⊕OOO VERY LOW	CRITICAL
Pain(VAS,0-10)>4 months - 1 year(stratified) - Medium risk (follow-up 6 months; Better indicated by lower values)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	232	151	-	MD 0.1 lower (0.72 lower to 0.52 higher)	⊕OOO VERY LOW	CRITICAL
Pain(VAS,0-10)>4 months - 1 year(stratified) - High risk (follow-up 6; Better indicated by lower values)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	108	81	-	MD 1 lower (1.84 to 0.16 lower)	⊕OOO VERY LOW	CRITICAL
Function(RMDQ,0-24)>4 months - 1 year (stratified) - Low Risk (follow-up 6 months; Better indicated by lower values)												
1	observational studies	very serious[2]	no serious inconsistency	no serious indirectness	no serious imprecision	none	214	136	-	MD 0 higher (1.15 lower to 1.15 higher)	⊕OOO VERY	CRITICAL

											LOW	
Function(RMDQ,0-24)>4 months - 1 year (stratified) - Medium risk (follow-up 6 months; Better indicated by lower values)												
1	observational studies	very serious[2]	no serious inconsistency	no serious indirectness	no serious imprecision	none	232	151	-	MD 0.1 lower (1.37 lower to 1.17 higher)	⊕OOO VERY LOW	CRITICAL
Function(RMDQ,0-24)>4 months - 1 year (stratified) - High risk (follow-up 6 months; Better indicated by lower values)												
1	observational studies	very serious[2]	no serious inconsistency	no serious indirectness	serious[2]	none	108	81	-	MD 2.5 lower (4.3 to 0.7 lower)	⊕OOO VERY LOW	CRITICAL
Psychological Distress (HADS, anxiety subscale, 0-21)>4 months - 1 year(stratified) - Low Risk (follow-up 6 months; Better indicated by lower values)												
1	observational studies	very serious[2]	no serious inconsistency	no serious indirectness	no serious imprecision	none	214	136	-	MD 0.1 higher (0.79 lower to 0.99 higher)	⊕OOO VERY LOW	CRITICAL
Psychological Distress (HADS, anxiety subscale, 0-21)>4 months - 1 year(stratified) - Medium risk (follow-up 06 months; Better indicated by lower values)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	232	151	-	MD 0.2 lower (0.98 lower to 0.58 higher)	⊕OOO VERY LOW	CRITICAL
Psychological Distress (HADS, anxiety subscale, 0-21)>4 months - 1 year(stratified) - High risk (follow-up 6 months; Better indicated by lower values)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	108	81	-	MD 0.6 lower (2.05 lower to 0.85 higher)	⊕OOO VERY LOW	CRITICAL
Psychological Distress (HADS, depression subscale, 0-21)>4 months - 1 year(stratified) - Low Risk (follow-up 6 months; Better indicated by lower values)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	214	136	-	MD 0.2 lower (1.06 lower to 0.66 higher)	⊕OOO VERY LOW	CRITICAL

Psychological Distress (HADS, depression subscale, 0-21)>4 months - 1 year(stratified) - Medium risk (follow-up mean 6 months; Better indicated by lower values)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	232	151	-	MD 0 higher (0.68 lower to 0.68 higher)	⊕OOO VERY LOW	CRITICAL
Psychological Distress (HADS, depression subscale, 0-21)>4 months - 1 year(stratified) - High risk (follow-up 6 months; Better indicated by lower values)												
1	observational studies	serious[1]	no serious inconsistency	no serious indirectness[2]	serious[2]	none	108	81	-	MD 1.5 lower (2.66 to 0.34 lower)	⊕OOO VERY LOW	CRITICAL

[1] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias

[2] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs.

2.3 Imaging

Table 34: Clinical evidence profile: Imaging versus No imaging for Low back pain and/or sciatica (RCTs)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Imaging**	**Control**	**Relative (95% CI)**	**Absolute**		
Health-related quality of life (SF-36 bodily pain, 0-100) ≤ 4 months (follow-up 6 weeks; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	57	67	-	MD 0 higher (8.31 lower to 8.31 higher)	⊕⊕OO LOW	CRITICAL
Health-related quality of life (SF-36 general health perception, 0-100) ≤ 4 months (follow-up 6 weeks; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	55	65	-	MD 2 higher (6.31 lower to 10.31 higher)	⊕⊕OO LOW	CRITICAL
Health-related quality of life (SF-36 vitality, 0-100) ≤ 4 months (follow-up 6 weeks; range of scores: 0-100; Better indicated by higher values)												

1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	57	66	-	MD 8 higher (0.93 to 15.07 higher)	⊕OOO VERY LOW	CRITICAL
Health-related quality of life (SF-36 role-physical functioning, 0-100) ≤ 4 months (follow-up 6 weeks; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	55	64	-	MD 4 lower (19.31 lower to 11.31 higher)	⊕⊕OO LOW	CRITICAL
Health-related quality of life (SF-36 social functioning, 0-100) ≤ 4 months (follow-up 6 weeks; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	57	67	-	MD 5 higher (4.78 lower to 14.78 higher)	⊕OOO VERY LOW	CRITICAL
Health-related quality of life (SF-36 mental health, 0-100) ≤ 4 months (follow-up 6 weeks; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	57	66	-	MD 9 higher (3.46 to 14.54 higher)	⊕OOO VERY LOW	CRITICAL
Health-related quality of life (SF-36 physical functioning, 0-100) ≤ 4 months (follow-up 6 weeks; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	56	65	-	MD 2 higher (6.31 lower to 10.31 higher)	⊕⊕OO LOW	CRITICAL
Health-related quality of life (SF-36 role-emotional functioning, 0-100) ≤ 4 months (follow-up 6 weeks; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	54	64	-	MD 10 higher (3.85 lower to 23.85 higher)	⊕OOO VERY LOW	CRITICAL
Health-related quality of life (EQ-5D VAS, 0-100) ≤ 4 months (follow-up 6 weeks; measured with: EQ-5D VAS; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	57	64	-	MD 7 higher (1.31 lower to 15.31 higher)	⊕OOO VERY LOW	CRITICAL
Pain severity (ALBP score, 0-100) >4 months - 1 year (follow-up 24 months; range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	Serious[c]	no serious imprecision	none	357	335	-	MD 4.2 lower (7.17 to 1.23 lower)	⊕OOO VERY LOW	CRITICAL

Function (RMDQ, 0-24) ≤ 4 months (follow-up 6 weeks; range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	59	67	-	MD 1 lower (3.08 lower to 1.08 higher)	⊕OOO VERY LOW	CRITICAL
Function (RMDQ, 0-24) >4 months - 1 year (follow-up 1 years; range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	46	57	-	MD 0.2 higher (1.88 lower to 2.28 higher)	⊕⊕OO LOW	CRITICAL
Psychological distress (HADS Anxiety Score, 0-21) ≤ 4 months (follow-up 6 weeks; range of scores: 0-21; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	57	65	-	MD 0.9 lower (2.43 lower to 0.63 higher)	⊕OOO VERY LOW	CRITICAL
Psychological distress (HADS Anxiety Score, 0-21) >4 months - 1 year (follow-up 1 years; range of scores: 0-21; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	46	53	-	MD 0.4 lower (2.08 lower to 1.28 higher)	⊕⊕OO LOW	CRITICAL
Psychological distress (HADS Depression Score, 0-21) ≤ 4 months (follow-up 6 weeks; range of scores: 0-21; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	57	65	-	MD 0.4 lower (1.65 lower to 0.85 higher)	⊕⊕OO LOW	CRITICAL
Psychological distress (HADS Depression Score, 0-21) >4 months - 1 year (follow-up 1 years; range of scores: 0-21; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	46	56	-	MD 0.3 lower (1.68 lower to 1.08 higher)	⊕⊕OO LOW	CRITICAL
Health-related quality of life (SF-36 bodily pain, 0-100) >4 months - 1 year (range of scores: 0-100; Better indicated by higher values)												
2	randomised trials	very serious[a]	no serious inconsistency	Serious[c]	Serious[b]	none	403	389	-	MD 3.97 higher (0.36 to 7.59 higher)	⊕OOO VERY LOW	CRITICAL
Health-related quality of life (SF-36 mental health, 0-100) >4 months - 1 year (range of scores: 0-100; Better indicated by higher values)												
2	randomised trials	very serious[a]	Serious[d]	Serious[c]	Serious[b]	none	403	387	-	MD 2.77 higher (0.03 to 5.51 higher)	⊕OOO VERY LOW	CRITICAL

Health-related quality of life (SF-36 physical functioning, 0-100) >4 months - 1 year (range of scores: 0-100; Better indicated by higher values)												
2	randomised trials	very serious[a]	no serious inconsistency	Serious[e]	Serious[b]	none	403	387	-	MD 3.25 higher (0.6 lower to 7.11 higher)	⊕OOO VERY LOW	CRITICAL
Health-related quality of life (SF-36 social functioning, 0-100) >4 months - 1 year (range of scores: 0-100; Better indicated by higher values)												
2	randomised trials	very serious[a]	no serious inconsistency	Serious[c]	Serious[b]	none	403	391	-	MD 4.25 higher (0.16 to 8.33 higher)	⊕OOO VERY LOW	CRITICAL
Health-related quality of life (SF-36 role reported health transition, 0-100) >4 months - 1 year (follow-up 24 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	Serious[c]	no serious imprecision	none	357	335	-	MD 1.9 higher (1.77 lower to 5.57 higher)	⊕OOO VERY LOW	CRITICAL
Health-related quality of life (SF-36 vitality, 0-100) >4 months - 1 year (range of scores: 0-100; Better indicated by higher values)												
2	randomised trials	very serious[a]	no serious inconsistency	Serious[c]	Serious[b]	none	403	387	-	MD 3.72 higher (0.54 to 6.9 higher)	⊕OOO VERY LOW	CRITICAL
Health-related quality of life (SF-36 general health perception, 0-100) >4 months - 1 year (range of scores: 0-100; Better indicated by higher values)												
2	randomised trials	very serious[a]	no serious inconsistency	Serious[c]	Serious[b]	none	402	388	-	MD 1.59 higher (1.76 lower to 4.93 higher)	⊕OOO VERY LOW	CRITICAL
Health-related quality of life (SF-36 role-physical functioning, 0-100) >4 months - 1 year (range of scores: 0-100; Better indicated by higher values)												
2	randomised trials	very serious[a]	no serious inconsistency	Serious[c]	Serious[b]	none	401	388	-	MD 4.76 higher (1.24 lower to 10.75 higher)	⊕OOO VERY LOW	CRITICAL
Health-related quality of life (SF-36 role-emotional functioning, 0-100) >4 months - 1 year (range of scores: 0-100; Better indicated by higher values)												
2	randomised trials	very serious[a]	no serious inconsistency	Serious[c]	Serious[b]	none	401	388	-	MD 5.54 higher (0.51 lower to 11.58 higher)	⊕OOO VERY LOW	CRITICAL
Health-related quality of life (EQ-5D, 0-1) >4 months - 1 year (follow-up 24 months; range of scores: 0-1; Better indicated by higher values)												

1	randomised trials	very serious[a]	no serious inconsistency	Serious[c]	no serious imprecision	none	357	335	-	MD 0.06 higher (0.01 to 0.11 higher)	⊕OOO VERY LOW	CRITICAL
Health-related quality of life (EQ-5D VAS, 0-100) >4 months - 1 year (follow-up 1 years; measured with: EQ-5D VAS; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	46	54	-	MD 2 lower (9.06 lower to 5.06 higher)	⊕OOO VERY LOW	CRITICAL
Healthcare utilisation (physiotherapy) ≤ 4 months (follow-up 3 months)												
1	randomised trials	Serious[e]	no serious inconsistency	no serious indirectness	Serious[f]	none	67/199 (33.7%)	29.1%	RR 1.16 (0.87 to 1.55)	47 more per 1000 (from 38 fewer to 160 more)	⊕⊕OO LOW	
Healthcare utilisation (acupuncture) ≤ 4 months (follow-up 3 months)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[g]	none	3/199 (1.5%)	3.5%	RR 0.44 (0.11 to 1.67)	20 fewer per 1000 (from 31 fewer to 23 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (chiropractic) ≤ 4 months (follow-up 3 months)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[g]	none	4/199 (2%)	3%	RR 0.68 (0.19 to 2.37)	10 fewer per 1000 (from 24 fewer to 41 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (hospital admission) ≤ 4 months (follow-up 3 months)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness		none	0/199 (0%)	0%	-	-		IMPORTANT
Healthcare utilisation (osteopathy) ≤ 4 months (follow-up 3 months)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[g]	none	7/199 (3.5%)	4.4%	RR 0.79 (0.3 to 2.09)	9 fewer per 1000 (from 31 fewer to 48 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (outpatient attendance) ≤ 4 months (follow-up 3 months)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[g]	none	6/199 (3%)	3.5%	RR 0.87 (0.3 to 2.56)	5 fewer per 1000 (from 24 fewer to 55 more)	⊕OOO VERY LOW	IMPORTANT

Healthcare utilisation (over the counter drug) ≤ 4 months (follow-up 3 months)											
1	randomised trials	Serious[e]	no serious inconsistency	no serious indirectness	Serious[b]	none	68/199 (34.2%)	33%	RR 1.04 (0.79 to 1.36)	13 more per 1000 (from 69 fewer to 119 more)	⊕⊕OO LOW	IMPORTANT
Healthcare utilisation (prescribed drug) ≤ 4 months (follow-up 3 months)											
1	randomised trials	Serious[e]	no serious inconsistency	no serious indirectness	Serious[b]	none	63/199 (31.7%)	29.1%	RR 1.09 (0.81 to 1.47)	26 more per 1000 (from 55 fewer to 137 more)	⊕⊕OO LOW	IMPORTANT
Healthcare utilisation (referral to physiotherapist or other health professional) ≤ 4 months (follow-up 6 weeks)											
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[g]	none	22/69 (31.9%)	28.2%	RR 1.13 (0.68 to 1.88)	37 more per 1000 (from 90 fewer to 248 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (subsequent doctor consultation for back pain) ≤ 4 months											
2	randomised trials	Serious[e]	very serious[6]	no serious indirectness	no serious imprecision	none	129/268 (48.1%)	33.1%	RR 1.53 (1.24 to 1.9)	175 more per 1000 (from 79 more to 298 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (outpatient consultation) >4 months - 1 year											
2	randomised trials	very serious[a]	no serious inconsistency	Serious[c]	serious[2]	none	346/588 (58.8%)	37%	RR 1.24 (1.14 to 1.35)	89 more per 1000 (from 52 more to 130 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (physiotherapy) >4 months - 1 year											
2	randomised trials	very serious[a]	no serious inconsistency	Serious[c]	no serious imprecision	none	279/588 (47.4%)	36.7%	RR 1.07 (0.95 to 1.19)	26 more per 1000 (from 18 fewer to 70 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (acupuncture) >4 months - 1 year (follow-up 9 months)											
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[g]	none	1/195 (0.51%)	1%	RR 0.51 (0.05 to 5.58)	5 fewer per 1000 (from 9 fewer to 46 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (primary care consultation) >4 months - 1 year (follow-up 24 months)											
1	randomised	Serious[a]	no serious	Serious[c]	no serious	none	261/369	70.1%	RR 1.01 (0.92	7 more per 1000 (from 56	⊕⊕OO	IMPORTANT

	trials		inconsistency		imprecision		(70.7%)		to 1.11)	fewer to 77 more)	LOW	
Healthcare utilisation (subsequent doctor consultation for back pain) >4 months - 1 year												
2	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	64/264 (24.2%)	31.5%	RR 0.87 (0.66 to 1.16)	41 fewer per 1000 (from 107 fewer to 50 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (referral to physiotherapist or other health professional) >4 months - 1 year (follow-up 1 years)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[g]	none	31/69 (44.9%)	46.5%	RR 0.97 (0.67 to 1.39)	14 fewer per 1000 (from 153 fewer to 181 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (chiropractic) >4 months - 1 year (follow-up 9 months)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[g]	none	6/195 (3.1%)	2.5%	RR 1.22 (0.38 to 3.95)	6 more per 1000 (from 16 fewer to 74 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (hospital admission) >4 months - 1 year												
2	randomised trials	very serious[a]	no serious inconsistency	Serious[c]	Serious[b]	none	33/588 (5.6%)	3.3%	RR 1.25 (0.77 to 2.05)	8 more per 1000 (from 8 fewer to 35 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (osteopathy) >4 months - 1 year (follow-up 9 months)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[g]	none	6/195 (3.1%)	3.5%	RR 0.87 (0.3 to 2.56)	5 fewer per 1000 (from 24 fewer to 55 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (over the counter drug) >4 months - 1 year (follow-up 9 months)												
1	randomised trials	Serious[e]	no serious inconsistency	no serious indirectness	Serious[b]	none	69/195 (35.4%)	28.6%	RR 1.24 (0.92 to 1.65)	69 more per 1000 (from 23 fewer to 186 more)	⊕⊕OO LOW	IMPORTANT
Healthcare utilisation (prescribed drug) >4 months - 1 year (follow-up 9 months)												
1	randomised trials	Serious[e]	no serious inconsistency	no serious indirectness	Serious[b]	none	56/195 (28.7%)	24.6%	RR 1.17 (0.84 to 1.62)	42 more per 1000 (from 39 fewer to 153 more)	⊕⊕OO LOW	IMPORTANT
Healthcare utilisation (CT imaging) >4 months - 1 year (follow-up 24 months)												

1	randomised trials	very serious[a]	no serious inconsistency	Serious[c]	Serious[b]	none	29/393 (7.4%)	5.1%	RR 1.44 (0.83 to 2.49)	22 more per 1000 (from 9 fewer to 76 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (imaging at least once) >4 months - 1 year (follow-up 24 months)												
1	randomised trials	very serious[a]	no serious inconsistency	Serious[c]	no serious imprecision	none	353/393 (89.8%)	29.6%	RR 3.04 (2.6 to 3.55)	604 more per 1000 (from 474 more to 755 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (injection) >4 months - 1 year (follow-up 24 months)												
1	randomised trials	very serious[a]	no serious inconsistency	Serious[c]	Serious[b]	none	70/393 (17.8%)	19.5%	RR 0.91 (0.68 to 1.22)	18 fewer per 1000 (from 62 fewer to 43 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (MRI imaging) >4 months - 1 year (follow-up 24 months)												
1	randomised trials	very serious[a]	no serious inconsistency	Serious[c]	no serious imprecision	none	324/393 (82.4%)	24.4%	RR 3.38 (2.82 to 4.04)	581 more per 1000 (from 444 more to 742 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (surgery) >4 months - 1 year (follow-up 24 months)												
1	randomised trials	very serious[a]	no serious inconsistency	Serious[c]	Serious[b]	none	27/393 (6.9%)	5.1%	RR 1.34 (0.76 to 2.34)	17 more per 1000 (from 12 fewer to 68 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (equipment: back support) ≤ 4 months (follow-up 3 months)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[g]	none	4/199 (2%)	3.9%	RR 0.51 (0.16 to 1.67)	19 fewer per 1000 (from 33 fewer to 26 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (day-case treatment) ≤ 4 months (follow-up 3 months)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	0/199 (0%)	0%	-	-	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (aromatherapy) ≤ 4 months (follow-up 3 months)												
1	randomised	very	no serious	no serious	very serious[g]	none	4/199	1.5%	RR 1.36 (0.31	5 more per 1000 (from 10	⊕OOO	IMPORTANT

	trials	serious[a]	inconsistency	indirectness			(2%)		to 6)	fewer to 75 more)	VERY LOW	
Healthcare utilisation (social services, reflexology, massage) ≤ 4 months (follow-up 3 months)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[g]	none	7/199 (3.5%)	3%	RR 1.19 (0.41 to 3.48)	6 more per 1000 (from 18 fewer to 74 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (day-case treatment) >4 months - 1 year (follow-up 3 months)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[g]	none	1/195 (0.51%)	0%	RR 3.06 (0.1 to 74.69)	-	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (aromatherapy) >4 months - 1 year (follow-up 3 months)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[g]	none	5/195 (2.6%)	0.5%	RR 5.10 (0.6 to 43.28)	20 more per 1000 (from 2 fewer to 211 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (equipment: back support) >4 months - 1 year (follow-up 3 months)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[g]	none	11/195 (5.6%)	6%	RR 0.94 (0.42 to 2.07)	4 fewer per 1000 (from 35 fewer to 64 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (social services) >4 months - 1 year (follow-up 3 months)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[g]	none	3/195 (1.5%)	0%	RR 7.14 (0.37 to 137.38)	-	⊕OOO VERY LOW	IMPORTANT

[a] Downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID
[c] Downgraded by 1 increment because the majority of the evidence included an indirect population
[d] Heterogeneity, I2=66%, p=0.09. Different imaging techniques used in the 2 studies.
[e] Downgraded by 1 increment if the majority of the evidence was at high risk of bias
[f] Heterogeneity, I2=82%, p=0.01
[g] Downgraded by 2 increments if the confidence interval crossed both MIDs

Table 35: Clinical evidence profile: Imaging versus No imaging for Low back pain and/or sciatica (Cohort studies)

Quality assessment							No of patients		Effect	Quality	Importance

No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Imaging**	**No imaging**	**Relative (95% CI)**	**Absolute**		
Healthcare utilisation (advanced imaging) ≤ 4 months (follow-up 3 months)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	63/782 (8.1%)	0.6%	RR 14.64 (7.55 to 28.38)	82 more per 1000 (from 39 more to 164 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (nerve testing) ≤ 4 months (follow-up 3 months)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	82/782 (10.5%)	0.3%	RR 31.75 (13.92 to 72.44)	92 more per 1000 (from 39 more to 214 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (injections) ≤ 4 months (follow-up 3 months)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	270/782 (34.5%)	1.2%	RR 28.52 (18.62 to 43.68)	330 more per 1000 (from 211 more to 512 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (surgery) ≤ 4 months (follow-up 3 months)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	70/782 (9%)	0.3%	RR 32.53 (13.18 to 80.28)	95 more per 1000 (from 37 more to 238 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (injections) >4 months - 1 year (follow-up 6 months)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	329/782 (42.1%)	1.8%	RR 23.89 (16.78 to 34.01)	412 more per 1000 (from 284 more to 594 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (surgery) >4 months - 1 year (follow-up 6 months)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	113/782 (14.5%)	0.55%	RR 26.26 (13.83 to 49.85)	139 more per 1000 (from 71 more to 269 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (advanced imaging) >4 months - 1 year (follow-up 6 months)												

1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	121/782 (15.5%)	0.7%	RR 21.63 (12.28 to 38.08)	144 more per 1000 (from 79 more to 260 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (referral to healthcare professional) ≤ 4 months (follow-up 6 weeks)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	40/91 (44%)	23.3%	RR 1.88 (1.39 to 2.56)	205 more per 1000 (from 91 more to 363 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (referral to healthcare professional) >4 months - 1 year												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	53/91 (58.2%)	37.4%	RR 1.56 (1.24 to 1.95)	209 more per 1000 (from 90 more to 355 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (nerve testing) >4 months - 1 year (follow-up 6 months)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	113/782 (14.5%)	0.5%	RR 29.17 (14.87 to 57.22)	141 more per 1000 (from 69 more to 281 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (subsequent consultation for back pain) ≤ 4 months (follow-up 6 weeks)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	38/91 (41.8%)	29.4%	RR 1.42 (1.06 to 1.91)	123 more per 1000 (from 18 more to 268 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (subsequent consultation for back pain) >4 months - 1 year												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	40/91 (44%)	28.4%	RR 1.55 (1.16 to 2.07)	156 more per 1000 (from 45 more to 304 more)	⊕OOO VERY LOW	IMPORTANT
Health-related quality of life (SF-36 Bodily pain, 0-100) ≤ 4 months (follow-up 6 weeks; measured with: SF-36 Bodily pain; range of scores: 0-100; Better indicated by higher values)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	73	274	-	MD 7 lower (14.06 lower to 0.06 higher)	⊕OOO VERY LOW	CRITICAL
Health-related quality of life (SF-36 Emotional role, 0-100) ≤ 4 months (follow-up 6 weeks; measured with: SF-36 Emotional role; range of scores: 0-100; Better indicated by higher values)												

1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	70	262	-	MD 3 higher (8.42 lower to 14.42 higher)	⊕OOO VERY LOW	CRITICAL
Health-related quality of life (SF-36 General health, 0-100) ≤ 4 months (follow-up 6 weeks; measured with: SF-36 General health; range of scores: 0-100; Better indicated by higher values)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	69	263	-	MD 1 higher (3.38 lower to 5.38 higher)	⊕OOO VERY LOW	CRITICAL
Health-related quality of life (SF-36 Mental health, 0-100) ≤ 4 months (follow-up 6 weeks; measured with: SF-36 Mental health; range of scores: 0-100; Better indicated by higher values)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	73	270	-	MD 3 higher (1.38 lower to 7.38 higher)	⊕OOO VERY LOW	CRITICAL
Health-related quality of life (SF-36 Physical functioning, 0-100) ≤ 4 months (follow-up 6 weeks; measured with: SF-36 Physical functioning; range of scores: 0-100; Better indicated by higher values)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	69	265	-	MD 8 lower (15.07 to 0.93 lower)	⊕OOO VERY LOW	CRITICAL
Health-related quality of life (SF-36 Physical role, 0-100) ≤ 4 months (follow-up 6 weeks; measured with: SF-36 Physical role; range of scores: 0-100; Better indicated by higher values)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	70	259	-	MD 8 lower (19.42 lower to 3.42 higher)	⊕OOO VERY LOW	CRITICAL
Health-related quality of life (SF-36 Social functioning, 0-100) ≤ 4 months (follow-up 6 weeks; measured with: SF-36 Social functioning; range of scores: 0-100; Better indicated by higher values)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	74	274	-	MD 5 lower (12.07 lower to 2.07 higher)	⊕OOO VERY LOW	CRITICAL
Health-related quality of life (SF-36 Vitality, 0-100) ≤ 4 months (follow-up 6 weeks; measured with: SF-36 Vitality; range of scores: 0-100; Better indicated by higher values)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	73	273	-	MD 2 higher (2.38 lower to 6.38 higher)	⊕OOO VERY LOW	CRITICAL

Health-related quality of life (EQ-5D VAS, 0-100) ≤ 4 months (follow-up 6 weeks; measured with: EQ-5D VAS; range of scores: 0-100; Better indicated by higher values)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	73	270	-	MD 2 lower (6.38 lower to 2.38 higher)	⊕OOO VERY LOW	CRITICAL
Health-related quality of life (SF-36 Bodily pain, 0-100) >4 months - 1 year (follow-up 1 years; measured with: SF-36 Bodily pain; range of scores: 0-100; Better indicated by higher values)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	63	252	-	MD 7 lower (14.06 lower to 0.06 higher)	⊕OOO VERY LOW	CRITICAL
Health-related quality of life (SF-36 Emotional role, 0-100) >4 months - 1 year (follow-up 1 years; measured with: SF-36 Emotional role; range of scores: 0-100; Better indicated by higher values)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	58	233	-	MD 1.00 higher (9.56 lower to 11.56 higher)	⊕OOO VERY LOW	CRITICAL
Health-related quality of life (SF-36 General health, 0-100) >4 months - 1 year (follow-up 1 years; measured with: SF-36 General health; range of scores: 0-100; Better indicated by higher values)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	58	244	-	MD 1 lower (7.19 lower to 5.19 higher)	⊕OOO VERY LOW	CRITICAL
Health-related quality of life (SF-36 Mental health, 0-100) >4 months - 1 year (follow-up 1 years; measured with: SF-36 Mental health; range of scores: 0-100; Better indicated by higher values)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	62	249	-	MD 0 higher (4.37 lower to 4.37 higher)	⊕OOO VERY LOW	CRITICAL
Health-related quality of life (SF-36 Physical functioning, 0-100) >4 months - 1 year (follow-up 1 years; measured with: SF-36 Physical functioning; range of scores: 0-100; Better indicated by higher values)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	60	240	-	MD 4.00 lower (11.06 lower to 3.06 higher)	⊕OOO VERY LOW	CRITICAL
Health-related quality of life (SF-36 Physical role, 0-100) >4 months - 1 year (follow-up 1 years; measured with: SF-36 Physical role; range of scores: 0-100; Better indicated by higher values)												

1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	59	238	-	MD 8.00 lower (19.43 lower to 3.43 higher)	⊕OOO VERY LOW	CRITICAL
Health-related quality of life (SF-36 Social functioning, 0-100) >4 months - 1 year (follow-up 1 years; measured with: SF-36 Social functioning; range of scores: 0-100; Better indicated by higher values)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	63	252	-	MD 4.00 lower (10.2 lower to 2.2 higher)	⊕OOO VERY LOW	CRITICAL
Health-related quality of life (SF-36 Vitality, 0-100) >4 months - 1 year (follow-up 1 years; measured with: SF-36 Vitality; range of scores: 0-100; Better indicated by higher values)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	62	250	-	MD 3.00 lower (9.19 lower to 3.19 higher)	⊕OOO VERY LOW	CRITICAL
Health-related quality of life (EQ-5D VAS, 0-100) >4 months - 1 year (follow-up 1 years; measured with: EQ-5D VAS; range of scores: 0-100; Better indicated by higher values)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	62	250	-	MD 3.00 lower (7.37 lower to 1.37 higher)	⊕OOO VERY LOW	CRITICAL
Function disability (RMDQ, 0-24) ≤ 4 months (follow-up 6 weeks; measured with: Roland Morris Disability Questionnaire; range of scores: 0-24; Better indicated by lower values)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	76	276	-	MD 1.30 higher (0.01 lower to 2.61 higher)	⊕OOO VERY LOW	CRITICAL
Function disability (RMDQ, 0-24) >4 months - 1 year (follow-up 1 years; measured with: Roland Morris Disability Questionnaire; range of scores: 0-24; Better indicated by lower values)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	63	254	-	MD 1.40 higher (0.08 to 2.72 higher)	⊕OOO VERY LOW	CRITICAL
Psychological distress (HADS Anxiety, 0-21) ≤ 4 months (follow-up 6 weeks; measured with: HADS Anxiety; range of scores: 0-21; Better indicated by lower values)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	71	269	-	MD 0.10 lower (1.08 lower to 0.88 higher)	⊕OOO VERY LOW	CRITICAL
Psychological distress (HADS Anxiety, 0-21) >4 months - 1 year (follow-up 1 years; measured with: HADS Anxiety; range of scores: 0-21; Better indicated by lower values)												

1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	61	248	-	MD 0.20 lower (1.34 lower to 0.94 higher)	⊕OOO VERY LOW	CRITICAL
Psychological distress (HADS Depression, 0-21) ≤ 4 months (follow-up 6 weeks; measured with: HADS Depression; range of scores: 0-21; Better indicated by lower values)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	72	269	-	MD 0.30 lower (1.28 lower to 0.68 higher)	⊕OOO VERY LOW	CRITICAL
Psychological distress (HADS Depression, 0-21) >4 months - 1 year (follow-up 1 years; measured with: HADS Depression; range of scores: 0-21; Better indicated by lower values)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	62	248	-	MD 0.40 lower (1.29 lower to 0.49 higher)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID

Table 36: Clinical evidence profile: Imaging versus No imaging or Deferred imaging for Low back pain and/or sciatica (Cohort studies)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Imaging**	**No imaging or Deferred imaging for Low back pain with/without sciatica**	**Relative (95% CI)**	**Absolute**		
Quality of life (EuroQuol 5D Index, 0-1) ≤ 4 months (follow-up 3 months; measured with: EuroQuol 5D Index, 0-1; range of scores: 0-1; Better indicated by higher values)												
1	observational studies	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	1523	1523	-	MD 0 higher (0.01 lower to 0.01 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (EuroQuol 5D VAS, 0-100) ≤ 4 months (follow-up 3 months; measured with: EuroQuol 5D VAS, 0-100; range of scores: 0-100; Better indicated by higher values)												
1	observational studies	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	1523	1523	-	MD 0.63 higher (0.72 lower to 1.97 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (EuroQuol 5D Index, 0-1) >4 months - 1 year (follow-up 1 years; measured with: EuroQuol 5D Index, 0-1; range of scores: 0-1; Better indicated by lower values)												

1	observational studies	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	1523	1523	-	MD 0.01 higher (0 to 0.02 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (EuroQuol 5D VAS, 0-100) >4 months - 1 year (follow-up 1 years; measured with: EuroQuol 5D VAS, 0-100; range of scores: 0-100; Better indicated by lower values)												
1	observational studies	Serious[a]	Serious[b]	no serious indirectness	no serious imprecision	none	1523	1523	-	MD 1.33 higher (0.01 lower to 2.66 higher)	⊕OOO VERY LOW	CRITICAL
Pain severity (Back Pain NRS, 0-10) ≤ 4 months (follow-up 3 months; measured with: Back Pain NRS, 0-10; range of scores: 0-10; Better indicated by lower values)												
1	observational studies	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	1523	1523	-	MD 0.09 lower (0.28 lower to 0.1 higher)	⊕OOO VERY LOW	CRITICAL
Pain severity (Leg pain NRS, 0-10) ≤ 4 months (follow-up 3 months; measured with: Leg pain NRS, 0-10; range of scores: 0-10; Better indicated by lower values)												
1	observational studies	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	1523	1523	-	MD 0.29 lower (0.5 to 0.08 lower)	⊕OOO VERY LOW	CRITICAL
Pain severity (Brief Pain Inventory Interference, 0-10) ≤ 4 months (follow-up 3 months; measured with: Brief Pain Inventory Interference, 0-10; range of scores: 0-10; Better indicated by lower values)												
1	observational studies	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	1523	1523	-	MD 0 higher (0.18 lower to 0.17 higher)	⊕OOO VERY LOW	CRITICAL
Pain severity (Back Pain NRS, 0-10) >4 months - 1 year (follow-up 1 years; measured with: Back Pain NRS, 0-10; range of scores: 0-10; Better indicated by lower values)												
1	observational studies	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	1523	1523	-	MD 0.17 lower (0.36 lower to 0.02 higher)	⊕OOO VERY LOW	CRITICAL
Pain severity (Leg pain NRS, 0-10) >4 months - 1 year (follow-up 1 years; measured with: Leg pain NRS, 0-10; range of scores: 0-10; Better indicated by lower values)												
1	observational studies	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	1523	1523	-	MD 0.23 lower (0.44 to 0.02 lower)	⊕OOO VERY LOW	CRITICAL
Pain severity (Brief Pain Inventory Interference, 0-10) >4 months - 1 year (follow-up 1 years; measured with: Brief Pain Inventory Interference, 0-10; range of scores: 0-10; Better indicated by lower values)												

1	observational studies	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	1523	1523	-	MD 0.11 lower (0.29 lower to 0.07 higher)	⊕OOO VERY LOW	CRITICAL
Function (RMDQ, 0-24) ≤ 4 months (follow-up 3 months; measured with: RMDQ, 0-24; range of scores: 0-24; Better indicated by lower values)												
1	observational studies	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	1523	1523	-	MD 0.02 higher (0.44 lower to 0.49 higher)	⊕OOO VERY LOW	CRITICAL
Function (RMDQ, 0-24) >4 months - 1 year (follow-up 1 years; measured with: RMDQ, 0-24; range of scores: 0-24; Better indicated by lower values)												
1	observational studies	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	1523	1523	-	MD 0.3 lower (0.79 lower to 0.18 higher)	⊕OOO VERY LOW	CRITICAL
Healthcare utilisation (physical therapy or occupational therapy) >4 months - 1 year (follow-up 1 years; Better indicated by lower values)												
1	observational studies	very serious[c]	no serious inconsistency	no serious indirectness	no serious imprecision	none	336	1434	-	MD 11.6 higher (9.36 to 13.84 higher)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (chiropractic) >4 months - 1 year (follow-up 1 years; Better indicated by lower values)												
1	observational studies	very serious[c]	no serious inconsistency	no serious indirectness	no serious imprecision	none	336	1434	-	MD 0.8 higher (2.46 lower to 4.06 higher)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (outpatient services) >4 months - 1 year (follow-up 1 years; Better indicated by lower values)												
1	observational studies	very serious[c]	no serious inconsistency	no serious indirectness	no serious imprecision	none	336	1434	-	MD 7.9 higher (6.99 to 8.81 higher)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (injections) >4 months - 1 year (follow-up 12 months)												
1	observational studies	very serious[c]	no serious inconsistency	no serious indirectness	no serious imprecision	none	137/336 (40.8%)	6.9%	RR 5.91 (4.96 to 7.43)	339 more per 1000 (from 273 more to 444 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (X-ray) >4 months - 1 year (follow-up 1 years)												
1	observational	very	no serious	no serious	no serious	none	102/336	18.1%	RR 1.67	121 more per 1000	⊕OOO	IMPORTANT

	studies	serious[c]	inconsistency	indirectness	imprecision		(30.4%)		(1.38 to 2.04)	(from 69 more to 188 more)	VERY LOW	
Healthcare utilisation (CT) >4 months - 1 year (follow-up 1 years)												
1	observational studies	very serious[c]	no serious inconsistency	no serious indirectness	Serious[d]	none	18/336 (5.4%)	3.1%	RR 1.75 (1.02 to 2.98)	23 more per 1000 (from 1 more to 61 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (MRI) >4 months - 1 year (follow-up 1 years)												
1	observational studies	very serious[c]	no serious inconsistency	no serious indirectness	no serious imprecision	none	336/336 (100%)	17.8%	RR 5.61 (5.02 to 6.27)	821 more per 1000 (from 716 more to 938 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (surgery) >4 months - 1 year (follow-up 12 months)												
1	observational studies	very serious[c]	no serious inconsistency	no serious indirectness	no serious imprecision	none	67/336 (19.9%)	2.5%	RR 7.94 (5.39 to 11.7)	174 more per 1000 (from 110 more to 268 more)	⊕OOO VERY LOW	IMPORTANT

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias
[b] Heterogeneity, I2=81%, p=0.02
[c] Downgraded by 2 increments if the majority of evidence was at very high risk of bias
[d] Downgraded by 1 increment if the confidence interval crossed one MID

Table 37: Clinical evidence profile: Imaging versus No imaging or Deferred imaging for Low back pain without sciatica (Cohort studies)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Imaging**	**No imaging or Deferred imaging**	**Relative (95% CI)**	**Absolute**		
Quality of life (SF-36v2 Role-physical, 0-100) >4 months - 1 year (follow-up 1 years; measured with: SF-36v2 Role-physical, 0-100; range of scores: 0-100; Better indicated by higher values)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	121	834	-	MD 7.7 lower (10.16 to 5.24 lower)	⊕OOO VERY LOW	CRITICAL

Quality of life (SF-36v2 Physical functioning, 0-100) >4 months - 1 year (follow-up 1 years; measured with: SF-36v2 Physical functioning, 0-100; range of scores: 0-100; Better indicated by higher values)											
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	121	834	-	MD 7.7 lower (10.09 to 5.31 lower)	⊕OOO VERY LOW	CRITICAL
Pain severity (Graded chronic pain scale, 0-10) >4 months - 1 year (follow-up 1 years; measured with: Graded chronic pain scale, 0-10; range of scores: 0-10; Better indicated by lower values)											
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	121	834	-	MD 0.9 higher (0.3 to 1.5 higher)	⊕OOO VERY LOW	CRITICAL
Function (RMDQ, 0-24) >4 months - 1 year (follow-up 1 years; measured with: RMDQ, 0-24; range of scores: 0-24; Better indicated by lower values)											
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	Serious[c]	none	121	834	-	MD 4.6 higher (3.25 to 5.95 higher)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID
[c] Downgraded by 1 increment if the confidence interval crossed one MID

Table 38: Clinical evidence profile: Imaging versus Deferred imaging for Low back pain and/or sciatica (Cohort studies)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Imaging**	**Deferred imaging for Low back pain with/without sciatica**	**Relative (95% CI)**	**Absolute**		
Healthcare utilisation (injections) ≤ 4 months (follow-up 3 months)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	270/782 (34.5%)	26.5%	RR 1.3 (1.08 to 1.57)	79 more per 1000 (from 21 more to 151 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (advanced imaging) ≤ 4 months (follow-up 3 months)												

1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	63/782 (8.1%)	6.2%	RR 1.31 (0.84 to 2.04)	19 more per 1000 (from 10 fewer to 64 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (nerve testing) ≤ 4 months (follow-up 3 months)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	82/782 (10.5%)	7.8%	RR 1.34 (0.91 to 1.98)	27 more per 1000 (from 7 fewer to 76 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (surgery) ≤ 4 months (follow-up 3 months)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	70/782 (9%)	3.1%	RR 2.91 (1.63 to 5.2)	59 more per 1000 (from 20 more to 130 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (injections) >4 months - 1 year (follow-up 6 months)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	329/782 (42.1%)	36.2%	RR 1.16 (1 to 1.35)	58 more per 1000 (from 0 more to 127 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (advanced imaging) >4 months - 1 year (follow-up 6 months)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	121/782 (15.5%)	11.6%	RR 1.34 (0.98 to 1.82)	39 more per 1000 (from 2 fewer to 95 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (nerve testing) >4 months - 1 year (follow-up 6 months)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	113/782 (14.5%)	12.5%	RR 1.15 (0.85 to 1.56)	19 more per 1000 (from 19 fewer to 70 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (surgery) >4 months - 1 year (follow-up 6 months)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	113/782 (14.5%)	5.7%	RR 2.55 (1.67 to 3.89)	88 more per 1000 (from 38 more to 165 more)	⊕OOO VERY LOW	IMPORTANT

[a] Downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID

291 **Table 39: Clinical evidence profile: Imaging versus No imaging for sciatica (Cohort studies)**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Imaging	No imaging or Deferred imaging	Relative (95% CI)	Absolute		
Quality of life (SF-36v2 Physical functioning, 0-100) >4 months - 1 year (follow-up 1 years; measured with: SF-36v2 Physical functioning, 0-100; range of scores: 0-100; Better indicated by higher values)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	107	164	-	MD 5 lower (7.94 to 2.06 lower)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36v2 Role-physical, 0-100) >4 months - 1 year (measured with: SF-36v2 Role-physical, 0-100; range of scores: 0-100; Better indicated by higher values)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	107	164	-	MD 5.4 lower (8.35 to 2.45 lower)	⊕OOO VERY LOW	CRITICAL
Pain severity (Graded chronic pain scale, 0-10) (follow-up 1 years; measured with: Graded chronic pain scale, 0-10; range of scores: 0-10; Better indicated by lower values)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	107	164	-	MD 0.8 higher (0.15 to 1.45 higher)	⊕OOO VERY LOW	CRITICAL
Function (RMDQ, 0-24) >4 months - 1 year (follow-up 1 years; measured with: Roland Morris Questionnaire, 0-24; range of scores: 0-24; Better indicated by lower values)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	107	164	-	MD 2.3 higher (0.58 to 4.02 higher)	⊕OOO VERY LOW	CRITICAL

292 [a] Downgraded by 2 increments if the majority of the evidence was at very high risk of bias
293 [b] Downgraded by 1 increment if the confidence interval crossed one MID

294 Self-management

295 Self-management programmes

296 **Table 40: Self-management versus usual care for low back pain with or without sciatica**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Self-management versus usual care	Control	Relative (95% CI)	Absolute		
Quality of life (SF-36 physical health, 0-100) ≤ 4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	25	24	-	MD 27.24 higher (16.41 to 38.07 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36 mental health, 0-100) ≤ 4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	25	24	-	MD 7.49 higher (0.16 to 14.82 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 energy domain, 0-100) > 4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	42	38	-	MD 5.9 higher (4.33 lower to 16.13 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36 well-being domain, 0-100) > 4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	42	38	-	MD 8.5 higher (0.35 to 16.65 higher)	⊕⊕⊕O MODERATE	CRITICAL
Quality of life (SF-36 general health domain, 0-100) > 4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	42	38	-	MD 4.4 lower (11.33 lower to 2.53 higher)	⊕⊕OO LOW	CRITICAL
Pain severity (low back pain, VAS 0-10) ≤ 4 months (range of scores: 0-10; Better indicated by lower values)												

2	randomised trials	very serious[a]	Serious[c]	no serious indirectness	no serious imprecision	none	54	52	-	MD 0.16 lower (0.81 lower to 0.49 higher)	⊕OOO VERY LOW	CRITICAL
Pain severity (low back pain, VAS 0-10) > 4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	54	47	-	MD 0.1 lower (1.07 lower to 0.87 higher)	⊕⊕⊕O MODERATE	CRITICAL
Function (modified von Korff 0-100) >4 months (range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	54	47	-	MD 8.0 lower (19.28 lower to 3.28 higher)	⊕⊕OO LOW	CRITICAL
Function (number not working) >4 months												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	14/217 (6.5%)	5.9%	RR 1.09 (0.51 to 2.29)	5 more per 1000 (from 29 fewer to 76 more)	⊕OOO VERY LOW	CRITICAL
Function (RMDQ/ODQ) ≤ 4 months (Better indicated by lower values)												
2	randomised trials	very serious[a]	very serious[d]	no serious indirectness	very serious[b]	none	53	53	-	MD 0.02 lower (0.78 lower to 0.73 higher)	⊕OOO VERY LOW	CRITICAL
Function (RMDQ, 0-24) - 4-12 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	190	231	-	MD 1.26 lower (2.18 to 0.34 lower)	⊕⊕OO LOW	CRITICAL
Responder criteria (no pain) ≤ 4 months												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	46/62 (74.2%)	71.7%	RR 1.04 (0.83 to 1.29)	29 more per 1000 (from 122 fewer to 208 more)	⊕⊕OO LOW	CRITICAL
Responder criteria (no pain) > 4 months												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	34/59 (57.6%)	64.8%	RR 0.89 (0.66 to 1.19)	71 fewer per 1000 (from 220 fewer to 123 more)	⊕⊕OO LOW	CRITICAL
Healthcare utilisation (consultation for back pain) > 4 months												

4	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	215/716 (30%)	22.7%	RR 0.86 (0.74 to 1.01)	32 fewer per 1000 (from 59 fewer to 2 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (hospitalisation) > 4 months												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	11/483 (2.3%)	4.2%	RR 0.54 (0.26 to 1.13)	19 fewer per 1000 (from 31 fewer to 5 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (physician visits for back) > 4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	190	231	-	MD 0.89 lower (1.63 to 0.15 lower)	⊕⊕OO LOW	IMPORTANT
Healthcare utilisation (chiropractor visits for back) > 4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	190	231	-	MD 0.52 lower (2.52 lower to 1.47 higher)	⊕⊕OO LOW	IMPORTANT
Healthcare utilisation (physical therapist visits for back) > 4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	190	231	-	MD 0.68 lower (2.16 lower to 0.8 higher)	⊕⊕OO LOW	IMPORTANT
Healthcare utilisation (hospital days) > 4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	190	231	-	MD 0.24 lower (0.48 lower to 0 higher)	⊕⊕OO LOW	IMPORTANT

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or downgraded by 2 increments if the confidence interval crossed both MIDs
[c] Downgraded by 1 or 2 increments because of heterogeneity, I^2=54%, p=0.14, unexplained by subgroup analysis
[d] Downgraded by 2 increments because of heterogeneity, I^2=74%, p=0.05, unexplained by subgroup analysis

Table 41: Self-management versus sham for low back pain with or without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of	Design	Risk of	Inconsistency	Indirectness	Imprecision	Other	Self-management	Control	Relative	Absolute		

studies		bias				considerations	versus sham		(95% CI)			
Pain severity (VAS 0-10) ≤ 4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	serious	none	63	68	-	MD 0.6 lower (1.2 lower to 0 higher)	⊕⊕OO LOW	CRITICAL
Pain severity (VAS 0-10) >4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	63	68	-	MD 0.4 lower (1 lower to 0.2 higher)	⊕⊕OO LOW	CRITICAL
Disability (RMDQ 0-24) ≤ 4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	63	68	-	MD 0.9 lower (2.1 lower to 0.3 higher)	⊕⊕⊕O MODERATE	CRITICAL
Disability (RMDQ 0-24) >4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	63	68	-	MD 0.6 lower (1.9 lower to 0.7 higher)	⊕⊕⊕O MODERATE	CRITICAL

[1] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[2] Downgraded by 1 increment if the 95% CI crossed one MID, and downgraded by 2 increments if the 95% CI crossed both MIDs

Table 42: Self-management versus bed rest for low back pain with or without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Self-management versus bed rest	Control	Relative (95% CI)	Absolute		
Responder outcome (no pain) ≤ 4 months												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	46/62 (74.2%)	77.2%	RR 0.96 (0.78 to 1.18)	31 fewer per 1000 (from 170 fewer to 139 more)	⊕⊕⊕O MODERATE	IMPORTANT
Responder outcome (no pain) > 4 months												

1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	34/59 (57.6%)	60.4%	RR 0.95 (0.7 to 1.3)	30 fewer per 1000 (from 181 fewer to 181 more)	⊕OOO VERY LOW	IMPORTANT

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or downgraded by 2 increments if the confidence interval crossed both MIDs

Table 43: Self-management versus exercise for low back pain with sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Self-management versus exercise	Control	Relative (95% CI)	Absolute		
Pain severity (VAS, 0-10) ≤ 4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	40	43	-	MD 0.4 higher (0.65 lower to 1.45 higher)	⊕⊕OO LOW	CRITICAL
Pain severity (VAS, 0-10) >4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	40	43	-	MD 1 higher (0.02 lower to 2.02 higher)	⊕⊕OO LOW	CRITICAL
Function (ODI 0-100) ≤ 4 months (range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	40	43	-	MD 2 higher (2.52 lower to 6.52 higher)	⊕⊕OO LOW	CRITICAL
Function (ODI 0-100) >4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	40	43	-	MD 2 higher (3.02 lower to 7.02 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (15-D, 0-1) ≤ 4 months (range of scores: 0-1; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	40	43	-	MD 0.01 lower (0.04 lower to 0.02 higher)	⊕⊕OO LOW	CRITICAL

Quality of life (15-D, 0-1) >4 months (range of scores: 0-1; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	40	43	-	MD 0.02 lower (0.05 lower to 0.01 higher)	⊕⊕OO LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the 95% CI crossed one MID, and downgraded by 2 increments if the 95% CI crossed both MIDs

Table 44: Self-management versus exercise for back pain without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Self-management versus exercise	Control	Relative (95% CI)	Absolute		
Function (RMDQ, 0-24) ≤ 4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	63	117	-	MD 0.2 higher (1.3 lower to 1.7 higher)	⊕⊕OO LOW	CRITICAL
Responder criteria (>50% improvement in RMDQ) ≤ 4 months												
1	randomised trials	Serious	no serious inconsistency	no serious indirectness	Serious[b]	none	9/30 (30%)	15/30 (50%)	RR 0.6 (0.31 to 1.15)	200 fewer per 1000 (from 345 fewer to 75 more)	⊕⊕OO LOW	IMPORTANT
Healthcare utilisation (medication use) > 4 months												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	17/29 (58.6%)	16/32 (50%)	RR 1.17 (0.74 to 1.86)	85 more per 1000 (from 130 fewer to 430 more)	⊕OOO VERY LOW	IMPORTANT

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or downgraded by 2 increments if the confidence interval crossed both MIDs

Table 45: Self-management versus massage for low back pain without sciatica

Quality assessment							No of patients		Effect		Quality	Importance

No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Self-management versus massage**	**Control**	**Relative (95% CI)**	**Absolute**		
Function (RMDQ, 0-24) ≤ 4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	83	77	-	MD 2.5 higher (0.65 to 4.35 higher)	⊕OOO VERY LOW	CRITICAL
Function (RMDQ, 0-24) > 4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	83	76	-	MD 0.4 lower (2.23 lower to 1.43 higher)	⊕⊕OO LOW	CRITICAL
Healthcare utilisation (provider visits) > 4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	83	76	-	MD 0.5 higher (0.48 lower to 1.48 higher)	⊕⊕OO LOW	IMPORTANT
Healthcare utilisation (low back pain medication fills) > 4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	83	76	-	MD 1.5 higher (0.52 lower to 3.52 higher)	⊕⊕OO LOW	IMPORTANT

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or downgraded by 2 increments if the confidence interval crossed both MIDs

Table 46: Self-management versus yoga for back pain without sciatica

Quality assessment							**No of patients**		**Effect**		**Quality**	**Importance**
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Self-management versus yoga**	**Control**	**Relative (95% CI)**	**Absolute**		
Responder criteria (>50% improvement in RMDQ) ≤ 4 months												

1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	9/30 (30%)	69.4%	RR 0.43 (0.24 to 0.78)	396 fewer per 1000 (from 153 fewer to 527 fewer)	⊕⊕⊕O MODERATE	IMPORTANT
Healthcare utilisation (Medication use) > 4 months												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	17/29 (58.6%)	20.6%	RR 2.85 (1.38 to 5.89)	381 more per 1000 (from 78 more to 1000 more)	⊕⊕⊕O MODERATE	IMPORTANT

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias

Table 47: Self-management versus acupuncture for low back pain without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Self-management versus acupuncture**	**Control**	**Relative (95% CI)**	**Absolute**		
Function (RMDQ, 0-24) ≤ 4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	83	89	-	MD 0.9 higher (1.07 lower to 2.87 higher)	⊕OOO VERY LOW	CRITICAL
Function (RMDQ, 0-24) > 4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	83	90	-	MD 1.6 lower (3.51 lower to 0.31 higher)	⊕OOO VERY LOW	CRITICAL
Healthcare utilisation (provider visits) >4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	83	90	-	MD 0.4 lower (1.55 lower to 0.75 higher)	⊕⊕OO LOW	IMPORTANT
Healthcare utilisation (low back pain medication fills) > 4 months (Better indicated by lower values)												
1	randomised	very	no serious	no serious	no serious	none	83	90	-	MD 0.4 lower (3.01	⊕⊕OO	IMPORTANT

	trials	serious[a]	inconsistency	indirectness	imprecision					lower to 2.21 higher)	LOW	

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or downgraded by 2 increments if the confidence interval crossed both MIDs

Table 48: Self-management (bed rest plus exercise) versus usual care for low back pain with or without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Self-management (bed rest + exercise) versus usual care**	**Control**	**Relative (95% CI)**	**Absolute**		
Responder criteria (No pain) ≤ 4 months												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	47/63 (74.6%)	71.7%	RR 1.04 (0.84 to 1.29)	29 more per 1000 (from 115 fewer to 208 more)	⊕⊕OO LOW	CRITICAL
Responder criteria (No pain) > 4 months												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	37/60 (61.7%)	64.8%	RR 0.95 (0.72 to 1.26)	32 fewer per 1000 (from 181 fewer to 168 more)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or downgraded by 2 increments if the confidence interval crossed both MIDs

Table 49: Self-management (bed rest plus exercise) versus bed rest for low back pain

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Self-management (bed rest + exercise) versus bed rest**	**Control**	**Relative (95% CI)**	**Absolute**		
Responder criteria (No pain) ≤ 4 months												

1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	47/63 (74.6%)	77.2%	RR 0.97 (0.79 to 1.18)	23 fewer per 1000 (from 162 fewer to 139 more)	⊕⊕⊕O MODERATE	CRITICAL
Responder criteria (No pain) > 4 months												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	37/60 (61.7%)	60.4%	RR 1.02 (0.76 to 1.37)	12 more per 1000 (from 145 fewer to 223 more)	⊕⊕OO LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or downgraded by 2 increments if the confidence interval crossed both MIDs

Table 50: Self-management (bed rest plus exercise) versus self-management (exercise) for low back pain with or without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Self-management (bed rest plus exercise) versus self-management (exercise)**	**Control**	**Relative (95% CI)**	**Absolute**		
Responder criteria (No pain) ≤ 4 months												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	47/63 (74.6%)	74.2%	RR 1.01 (0.82 to 1.24)	7 more per 1000 (from 134 fewer to 178 more)	⊕⊕⊕O MODERATE	CRITICAL
Responder criteria (No pain) > 4 months												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	37/60 (61.7%)	57.6%	RR 1.07 (0.8 to 1.44)	40 more per 1000 (from 115 fewer to 253 more)	⊕⊕OO LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or downgraded by 2 increments if the confidence interval crossed both MIDs

Table 51: Self-management programme (exercise plus stretching plus booklet) versus manual therapy combination of techniques (manual mobilisation with manipulation excluded plus thermal plus electrotherapy) for low back pain without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Self-management (exercise+ stretching+ booklet)	Manual therapy combination of techniques (manual manipulation excluding mobilisation + thermal+ electrotherapy)	Relative (95% CI)	Absolute		
Function (improvement of ODI) ≤ 4 months (follow-up mean 1 years; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	35	33	-	MD 1.10 lower (4.99 lower to 2.79 higher)	⊕⊕OO LOW	CRITICAL
Function (improvement of ODI) > 4 months (follow-up mean 1 years; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	32	32	-	MD 2.20 lower (6.76 lower to 2.36 higher)	⊕⊕OO LOW	CRITICAL
Healthcare utilisation (visits to healthcare centres) (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	32	32	-	MD 0.30 higher (0.12 lower to 0.72 higher)	⊕⊕OO LOW	IMPORTANT

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or downgraded by 2 increments if the confidence interval crossed both MIDs

Table 52: Self-management programme (exercise plus stretching plus booklet) versus manipulation therapy (bone-setting) for low back pain without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Self-management (exercise+ stretching+ booklet)	Mobilisation (bone-setting)	Relative (95% CI)	Absolute		
Disability (ODI, 0-100) ≤ 4 months (range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	35	43	-	MD 2.20 lower (6.52 lower to 2.12 higher)	⊕⊕OO LOW	CRITICAL
Disability (ODI, 0-100) > 4 months (range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	32	44	-	MD 6.20 lower (10.78 to 1.62 lower)	⊕⊕OO LOW	CRITICAL
Healthcare utilisation (visits to healthcare centres) (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	32	44	-	MD 0.10 higher (0.33 lower to 0.53 higher)	⊕⊕OO LOW	IMPORTANT

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or downgraded by 2 increments if the confidence interval crossed both MIDs

B4.2 Advice to stay active

Table 53: Advice to stay active versus bed rest for back pain for low back pain with or without sciatica

Quality assessment	No of patients	Effect	Quality	Importance

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Advice to stay active versus bed rest	Control	Relative (95% CI)	Absolute		
Function (RMDQ, 0-24) ≤ 4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	14	20	-	MD 2.7 higher (0.72 lower to 6.12 higher)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or downgraded by 2 increments if the confidence interval crossed both MIDs

Table 54: Advice to stay active versus bed rest for back pain for low back pain without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Advice to stay active	Bed rest	Relative (95% CI)	Absolute		
Days to full activity ≤ 4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	40	40	-	MD 5.23 lower (5.74 to 4.72 lower)	⊕⊕OO LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias

Bed rest

Table 55: Bed rest versus usual care for low back pain with or without sciatica

Quality assessment	No of patients	Effect	Quality	Importance

No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Bed rest versus usual care**	**Control**	**Relative (95% CI)**	**Absolute**		
Responder criteria (No pain) ≤ 4 months												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	44/57 (77.2%)	71.7%	RR 1.08 (0.87 to 1.33)	57 more per 1000 (from 93 fewer to 237 more)	⊕⊕OO LOW	CRITICAL
Responder criteria (No pain) > 4 months												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	32/53 (60.4%)	64.8%	RR 0.93 (0.69 to 1.25)	45 fewer per 1000 (from 201 fewer to 162 more)	⊕OOO VERY LOW	CRITICAL
Function (ODI, 0-100) ≤ 4 months (range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	67	67	-	MD 3.9 higher (0.1 to 7.7 higher)	⊕⊕OO LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the 95% CI crossed one MID, and downgraded by 2 increments if the 95% CI crossed both MIDs

Table 56: Bed rest versus usual care for low back pain with sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Bed rest versus usual care**	**Control**	**Relative (95% CI)**	**Absolute**		
Pain severity (back pain, VAS 0-10) ≤ 4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	85	84	-	MD 0.3 lower (1.8 lower to 0.48 higher)	⊕⊕OO LOW	CRITICAL
Pain severity (leg pain) ≤ 4 months (range of scores: 0-10; Better indicated by lower values)												

1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	85	84	-	MD 2 higher (5.54 lower to 9.54 higher)	⊕⊕OO LOW	CRITICAL
Function (ODI, 0-100) ≤ 4 months (range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	85	84	-	MD 0 higher (3.17 lower to 3.17 higher)	⊕⊕OO LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias

Unsupervised exercise

Table 57: Unsupervised exercise versus usual care for low back pain without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Unsupervised exercise**	**Usual care**	**Relative (95% CI)**	**Absolute**		
Disability (RMDQ, 0-24) > 4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	51	60	-	MD 1.65 lower (3.62 lower to 0.32 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 Physical, 0-100) > 4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	51	60	-	MD 2.08 lower (10.66 lower to 6.44 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 Mental, 0-100) > 4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	51	60	-	MD 0.72 lower (7.38 lower to 8.22 higher)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or downgraded by 2 increments if the confidence interval crossed both MIDs

Table 58: Unsupervised exercise versus usual care for low back pain with or without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Unsupervised exercise versus usual care	Control	Relative (95% CI)	Absolute		
Function (ODI, 0-100) ≤ 4 months (range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	52	67	-	MD 2.6 higher (1.6 lower to 6.8 higher)	⊕⊕OO LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the 95% CI crossed one MID, and downgraded by 2 increments if the 95% CI crossed both MIDs

Table 59: Unsupervised exercise versus Alexander technique for low back pain without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Unsupervised exercise versus Alexander technique	Control	Relative (95% CI)	Absolute		
Quality of life (SF-36 Physical, 0-100) > 4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	102	119	-	MD 9.03 lower (17.09 to 0.96 lower)	⊕⊕OO LOW	CRITICAL
Pain severity (Von Korff, 0-10) > 4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	102	119	-	MD 0.57 higher (0.32 lower to 1.46 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36 Mental, 0-100) > 4 months (range of scores: 0-100; Better indicated by higher values)												

1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	102	119	-	MD 3.38 lower (14.34 lower to 7.58 higher)	⊕⊕OO LOW	CRITICAL
Disability (RMDQ, 0-24) > 4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	102	119	-	MD 1.15 higher (0.78 lower to 3.07 higher)	⊕⊕OO LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias

Table 60: Unsupervised exercise versus exercise for low back pain with or without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Unsupervised exercise versus exercise	Control	Relative (95% CI)	Absolute		
Pain severity (Back pain, VAS 0-10) ≤ 4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	57	59	-	MD 1.32 higher (0.36 to 2.28 higher)	⊕⊕⊕O MODERATE	CRITICAL
Pain severity (Back pain, VAS 0-10) > 4 months (range of scores: 0-10; Better indicated by lower values)												
2	randomised trials	very serious[a]	very serious[b]	no serious indirectness	no serious imprecision	none	77	79	-	MD 3.16 higher (2.55 to 3.77 higher)	⊕OOO VERY LOW	CRITICAL
Number of pain relapses > 4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	20	20	-	MD 2.8 higher (1.95 to 3.65 higher)	⊕⊕OO LOW	CRITICAL
Leg pain ≤ 4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	57	59	-	MD 1.64 higher (0.55 to 2.73 higher)	⊕⊕⊕O MODERATE	CRITICAL
Leg pain > 4 months (range of scores: 0-10; Better indicated by lower values)												

1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	57	59	-	MD 1.45 higher (0.41 to 2.49 higher)	⊕⊕⊕O MODERATE	CRITICAL
Function (ODI, 0-100) ≤ 4 months (range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	57	59	-	MD 6.5 higher (1.05 to 11.95 higher)	⊕⊕⊕O MODERATE	CRITICAL
Function (ODI, 0-100) > 4 months (range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	57	59	-	MD 6.5 higher (0.94 to 12.06 higher)	⊕⊕⊕O MODERATE	CRITICAL
Return to work > 4 months												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	very serious[c]	none	40/70 (57.1%)	41/69 (59.4%)	RR 0.96 (0.73 to 1.27)	24 fewer per 1000 (from 160 fewer to 160 more)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 2 increments because of heterogeneity, I^2 = 97%, p<0.00001
[c] Downgraded by 1 increment if the confidence interval crossed one MID or downgraded by 2 increments if the confidence interval crossed both MIDs

Table 61: Unsupervised exercise versus massage for low back pain without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Unsupervised exercise versus massage**	**Control**	**Relative (95% CI)**	**Absolute**		
Quality of life (SF-36 Physical, 0-100) > 4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious	no serious inconsistency	no serious indirectness	no serious imprecision	none	51	64	-	MD 0.63 lower (12.03 lower to 10.77 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36 Mental, 0-100) > 4 months (range of scores: 0-100; Better indicated by higher values)												

1	randomised trials	very serious	no serious inconsistency	no serious indirectness	Serious[a]	none	51	64	-	MD 2.83 higher (8.06 lower to 13.72 higher)	⊕OOO VERY LOW	CRITICAL
Pain (McGill, 0-78) ≤ 4 months (Better indicated by lower values)												
1	randomised trials	very serious[b]	no serious inconsistency	no serious indirectness	Serious[a]	none	12	12	-	MD 2.3 higher (2.31 lower to 6.91 higher)	⊕OOO VERY LOW	CRITICAL
Pain severity (Von Korff, 0-10) > 4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[2]	no serious inconsistency	no serious indirectness	no serious imprecision	none	51	64	-	MD 0.6 lower (1.86 lower to 0.66 higher)	⊕⊕OO LOW	CRITICAL
Function (RMDQ, 0-24) > 4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious	no serious inconsistency	no serious indirectness	Serious[a]	none	51	64	-	MD 1.2 lower (3.9 lower to 1.5 higher)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the confidence interval crossed one MID or downgraded by 2 increments if the confidence interval crossed both MIDs
[b] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias

Combinations of interventions – self-management adjunct

Low back pain without sciatica

Table 62: self-management (exercise prescription) + postural therapy (Alexander technique -6 lessons) plus versus Postural therapy (Alexander technique) - 6 lessons)

Quality assessment							No of patients		Effect	Quality	Importance

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Alexander technique (6 lessons) + self-management (exercise prescription) versus Alexander technique (6 lessons)	Control	Relative (95% CI)	Absolute		
Qualty of life (SF-36 physical component summary) >4 months (follow-up 1 years; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	57	58	-	MD 6.49 higher (2.03 lower to 15.01 higher)	⊕⊕OO LOW	CRITICAL
Qualty of life (SF-36 mental component summary) >4 months (follow-up 1 years; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	57	58	-	MD 3.46 lower (11.41 lower to 4.49 higher)	⊕⊕⊕O MODERATE	CRITICAL
Pain (Von Korff pain scale) >4 months (follow-up 1 years; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	57	58	-	MD 0.64 lower (1.59 lower to 0.31 higher)	⊕⊕OO LOW	CRITICAL
Function (RMDQ, 0-24) >4 months (follow-up 1 years; range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	57	58	-	MD 1.54 lower (3.44 lower to 0.36 higher)	⊕⊕OO LOW	CRITICAL
Healthcare utilisation (primary care contacts) >4 months (follow-up 1 years; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	57	58	-	MD 0.13 lower (0.45 lower to 0.19 higher)	⊕⊕⊕O MODERATE	IMPORTANT
Healthcare utilisation (prescriptions) >4months (follow-up 1 years; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	57	58	-	MD 0.06 lower (0.5 lower to 0.38 higher)	⊕⊕⊕O MODERATE	IMPORTANT

[a] Downgraded by one increment if the majority of the evidence was at high risk of bias.
[b] Downgraded by one increment if the confidence interval crossed one MID or by two increments if the confidence interval crossed both MIDs.

386 **Table 63: self-management (exercise prescription) + Postural therapy (Alexander technique - 24 lessons) versus Postural therapy (Alexander technique**
387 **- 6 lessons)**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Alexander technique (24 lessons) + self-management (exercise presctiption) versus Alexander technique (6 lessons)	Control	Relative (95% CI)	Absolute		
Qualty of life (SF-36 physical component summary) >4 months (follow-up 1 years; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	56	58	-	MD 7.39 higher (1.02 lower to 15.8 higher)	⊕⊕OO LOW	CRITICAL
Qualty of life (SF-36 mental component summary) >4 months (follow-up 1 years; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	56	58	-	MD 0.89 higher (6.94 lower to 8.72 higher)	⊕⊕⊕O MODERATE	CRITICAL
Pain (Von Korff pain scale) >4 months (follow-up 1 years; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	56	58	-	MD 1.19 lower (2.13 to 0.25 lower)	⊕⊕OO LOW	CRITICAL
Function (RMDQ, 0-24) >4 months (follow-up 1 years; range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	56	58	-	MD 2.78 lower (4.69 lower to 0.87 higher)	⊕⊕OO LOW	CRITICAL
Healthcare utilisation (primary care contacts) >4 months`` (follow-up 1 years; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	56	58	-	MD 0.11 higher (0.25 lower to 0.47 higher)	⊕⊕⊕O MODERATE	IMPORTANT
Healthcare utilisation (prescriptions) >4 months (follow-up 1 years; Better indicated by lower values)												

1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	56	58	-	MD 0.04 higher (0.51 lower to 0.59 higher)	⊕⊕⊕O MODERATE	IMPORTANT

388 [a] Downgraded by one increment if the majority of the evidence was at high risk of bias.
389 [b] Downgraded by one increment if the confidence interval crossed one MID or by two increments if the confidence interval crossed both MIDs.

390 **Table 64: self-management (exercise prescription) + Postural therapy (Alexander technique - 6 lessons) versus Postural therapy (Alexander technique -**
391 **24 lessons)**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Alexander technique (6 lessons) + self-management (exercise prescription) versus Alexander technique (24 lessons)	Control	Relative (95% CI)	Absolute		
Qualty of life (SF-36 physical component summary) >4 months (follow-up 1 years; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	59	57	-	MD 3.3 lower (11.63 lower to 5.03 higher)	⊕⊕⊕O MODERATE	CRITICAL
Qualty of life (SF-36 mental component summary) >4 months (follow-up 1 years; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	57	61	-	MD 3.1 lower (11.42 lower to 5.22 higher)	⊕⊕⊕O MODERATE	CRITICAL
Pain (Von Korff pain scale) >4 months (follow-up 1 years; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	57	61	-	MD 0.26 higher (0.68 lower to 1.2 higher)	⊕⊕⊕O MODERATE	CRITICAL
Function (RMDQ, 0-24) > 4 months (follow-up 1 years; range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	57	61	-	MD 1.16 higher (0.71 lower to 3.03 higher)	⊕⊕OO LOW	CRITICAL

Healthcare utilisation (primary care contacts) >4 months (follow-up 1 years; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	57	61	-	MD 0.09 lower (0.4 lower to 0.22 higher)	⊕⊕⊕O MODERATE	IMPORTANT
Healthcare utilisation (prescriptions) >4 months (follow-up 1 years; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	57	61	-	MD 0.49 lower (1.14 lower to 0.16 higher)	⊕⊕OO LOW	IMPORTANT

[a] Downgraded by one increment if the majority of the evidence was at high risk of bias.
[b] Downgraded by one increment if the confidence interval crossed one MID or by two increments if the confidence interval crossed both MIDs.

Table 65: self-management (exercise prescription) + Postural therapy (Alexander technique - 24 lessons) versus Postural therapy (Alexander technique - 24 lessons)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Alexander technique (24 lessons) + self-management (exercise prescription) versus Alexander technique (24 lessons)**	**Control**	**Relative (95% CI)**	**Absolute**		
Qualty of life (SF-36 physical component summary) >4 months (follow-up 1 years; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	56	61	-	MD 2.4 lower (10.62 lower to 5.82 higher)	⊕⊕⊕O MODERATE	CRITICAL
Qualty of life (SF-36 mental component summary) >4 months (follow-up 1 years; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	56	61	-	MD 1.25 higher (6.96 lower to 9.46 higher)	⊕⊕⊕O MODERATE	CRITICAL
Pain (Von Korff pain scale) >4 months (follow-up 1 years; range of scores: 0-10; Better indicated by lower values)												
1	randomised	Serious[a]	no serious	no serious	no serious	none	56	61	-	MD 0.29 lower	⊕⊕⊕O	CRITICAL

	trials		inconsistency	indirectness	imprecision					(1.21 lower to 0.63 higher)	MODERATE	
Function (RMDQ, 0-24) >4 months (follow-up 1 years; range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	56	61	-	MD 0.08 lower (1.96 lower to 1.8 higher)	⊕⊕⊕O MODERATE	CRITICAL
Healthcare utilisation (primary care contacts) > 4months (follow-up 1 years; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	56	61	-	MD 0.15 higher (0.2 lower to 0.5 higher)	⊕⊕OO LOW	IMPORTANT
Healthcare utilisation (prescriptions) >4 months (follow-up 1 years; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	61	57	-	MD 0.39 lower (1.12 lower to 0.34 higher)	⊕⊕OO LOW	IMPORTANT

[a] Downgraded by one increment if the majority of the evidence was at high risk of bias
[b] Downgraded by one increment if the confidence interval crossed one MID or by two increments if the confidence interval crossed both MIDs.

Table 66: self-management (exercise prescription) + Postural therapy (Alexander technique -24 lessons) versus Postural therapy (Alexander technique - 6 lessons) plus self-management (exercise prescription)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Alexander technique (24 lessons) + self-management (exercise prescription) versus Alexander technique (6 lessons) + self-management (exercise prescription)	Control	Relative (95% CI)	Absolute		
Qualty of life (SF-36 physical component summary) >4 months (follow-up 1 years; range of scores: 0-100; Better indicated by higher values)												
1	randomised	Serious[a]	no serious	no serious	no serious	none	56	57	-	MD 0.9 higher	⊕⊕⊕O	CRITICAL

	trials		inconsistency	indirectness	imprecision					(7.56 lower to 9.36 higher)	MODERATE	
Qualty of life (SF-36 mental component summary) >4 months (follow-up 1 years; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	56	57	-	MD 4.35 higher (3.97 lower to 12.67 higher)	⊕⊕OO LOW	CRITICAL
Pain (Von Korff pain scale) >4 months (follow-up 1 years; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	56	57	-	MD 0.55 lower (1.49 lower to 0.39 higher)	⊕⊕OO LOW	CRITICAL
Function (RMDQ, 0-24) >4 months (follow-up 1 years; range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	56	57	-	MD 1.24 lower (3.15 lower to 0.67 higher)	⊕⊕OO LOW	CRITICAL
Healthcare utilisation (primary care contacts) >4months (follow-up 1 years; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	56	57	-	MD 0.24 higher (0.1 lower to 0.58 higher)	⊕⊕OO LOW	IMPORTANT
Healthcare utilisation (prescriptions) > 4 months (follow-up 1 years; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	56	57	-	MD 0.1 higher (0.46 lower to 0.66 higher)	⊕⊕⊕O MODERATE	IMPORTANT

401 [a] Downgraded by one increment if the majority of the evidence was at high risk of bias.
402 [b] Downgraded by one increment if the confidence interval crossed one MID or by two increments if the confidence interval crossed both MIDs.
403

1447 Low back pain with or without sciatica

405 **Table 67: Self-management (home exercise) plus electrotherapy (laser) compared with electrotherapy (laser)**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Home exercise + laser	laser	Relative (95% CI)	Absolute		
Pain (VAS 0-10) - ≤ 4 months (range of scores: 0-10; Better indicated by lower values)												
2	randomised trials	very serious[a]	Serious[b]	no serious indirectness	no serious imprecision	none	44	41	-	MD 0.63 lower (1.24 to 0.01 lower)	⊕OOO VERY LOW	CRITICAL
Function (ODI, 0-100) ≤ 4 months (range of scores: 0-100; Better indicated by lower values)												
2	randomised trials	very serious[a]	very serious[c]	no serious indirectness	Serious[d]	none	44	41	-	MD 2.82 lower (5.8 lower to 0.16 higher)	⊕OOO VERY LOW	CRITICAL

406 [a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
407 [b] Downgraded by two increments because of heterogeneity I^2=86%, p=0.007
408 [c] Downgraded by two increments because of heterogeneity I^2=73%, p=0.06
409 [d] Downgraded by 1 increment if the confidence interval crossed one MID or downgraded by 2 increments if the confidence interval crossed both MIDs

410 **Table 68: Self-management (unsupervised exercise) + electrotherapy (HILT laser) vs electrotherapy (HILT laser)**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Self-management (unsupervised exercise) + electrotherapy (HILT laser) vs electrotherapy (HILT laser)	Control	Relative (95% CI)	Absolute		
Pain severity (VAS, 0-10) ≤ 4 months (range of scores: 0-10; Better indicated by lower values)												

1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	28	20	-	MD 3.01 lower (3.66 to 2.36 lower)	⊕⊕OO LOW	CRITICAL
Function (RMDQ, 0-24) ≤ 4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	28	20	-	MD 1.85 lower (2.64 to 1.06 lower)	⊕⊕OO LOW	CRITICAL
Function (MODI, 0-100) ≤ 4 months (range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	28	20	-	MD 3.91 lower (5.96 to 1.86 lower)	⊕⊕OO LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias

Table 69: Self-management (education) + exercise (biomechanical) vs exercise (biomechanical – motor control) for low back pain with or without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Self management plus exercise**	**Exercise**	**Relative (95% CI)**	**Absolute**		
Pain severity (VAS, 0-10) (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	10	11	-	MD 0.7 higher (2.5 to 1.10 higher)	⊕OOO VERY LOW	CRITICAL
Function (RMDQ, 0-24) (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	10	11	-	MD 1.64 higher (7.06 to 3.78 higher)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by one increment if the confidence interval crossed one MID or by two increments if the confidence interval crossed both MIDs.

4.5 Exercise therapies

4.5.1 Biomechanical Exercise

4.5.1.1 Individual biomechanical exercise

Table 70: Individual biomechanical exercise versus placebo/sham in low back pain with sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Individual biomechanical exercise	Placebo/sham	Relative (95% CI)	Absolute		
With sciatica - Pain (VAS 0-10) <4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	83	87	-	MD 1.32 lower (2.19 to 0.45 lower)	⊕⊕OO LOW	CRITICAL
With sciatica - Pain (VAS 0-10) 4 months - 1 year (Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	82	88	-	MD 0.1 higher (0.58 lower to 0.78 higher)	⊕⊕⊕O MODERATE	CRITICAL

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

424 **Table 71: Individual biomechanical exercise versus usual care in low back pain with or without sciatica**

Quality assessment							No
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Individual biomechanical exercise
Overall - Quality of life individual (SF-36/RAND-36 0-100) <4 months - general health (range of scores: 0-100; Better indicated by higher values)							
2	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	serious [b]	none	
Overall - Quality of life individual (SF-36/RAND-36 0-100) <4 months - vitality (range of scores: 0-100; Better indicated by higher values)							
2	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	serious [b]	none	
Overall - Quality of life pain score (SF-36/RAND-36 0-100) <4 months - bodily pain (range of scores: 0-100; Better indicated by higher values)							
2	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	
Overall - Quality of life individual (SF-36/RAND-36 0-100) <4 months - physical role limitation (range of scores: 0-100; Better indicated by higher values)							
2	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	serious [b]	none	
Overall - Quality of life individual (SF-36/RAND-36 0-100) <4 months - emotional role limitation (range of scores: 0-100; Better indicated by higher values)							
2	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	serious [b]	none	
Overall - Quality of life individual (SF-36/RAND-36 0-100) <4 months - social functioning (range of scores: 0-100; Better indicated by higher values)							
2	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	
Overall - Quality of life individual (SF-36/RAND-36 0-100) <4 months (unexplained heterogeneity) - physical functioning (range of scores: 0-100; Better indicated by higher values)							
2	randomised trials	very serious [a]	Serious[c]	no serious indirectness	very serious [b]	none	

Lo GR	
	ca
	28
	28
	28
	28
	28
	28
	28

Overall - Quality of life individual (SF-36/RAND-36 0-100) <4 months (unexplained heterogeneity) - mental health (range of scores: 0-100; Better indicated by higher values)								
2	randomised trials	very serious [a]	very serious [d]	no serious indirectness	very serious [b]	none		28
Overall - Pain (VAS 0-10) <4 months - Pain (follow-up <4 months; range of scores: 0-10; Better indicated by lower values)								
5	randomised trials	serious [a]	no serious inconsistency	no serious indirectness	no serious imprecision	none		181
Overall - Pain (VAS 0-10) <4 months - Pain at rest (follow-up <4 months; range of scores: 0-10; Better indicated by lower values)								
1	randomised trials	serious [a]	no serious inconsistency	no serious indirectness	no serious imprecision	none		15
Overall - Pain (VAS 0-10) <4 months - Pain during movement (follow-up <4 months; range of scores: 0-10; Better indicated by lower values)								
1	randomised trials	serious [a]	no serious inconsistency	no serious indirectness	no serious imprecision	none		15
Overall - Pain (VAS 0-10) <4 months - Pain- chair rise (follow-up <4 months; range of scores: 0-10; Better indicated by lower values)								
1	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	very serious [b]	none		18
Overall - Pain (VAS 0-10) <4 months - Pain walking (follow-up <4 months; range of scores: 0-10; Better indicated by lower values)								
1	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	serious [b]	none		18
Overall - Pain (VAS 0-10) <4 months - Pain stair climb (follow-up <4 months; range of scores: 0-10; Better indicated by lower values)								
1	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	very serious [b]	none		18
Overall - Pain (VAS 0-10) >4 months - 1 year (follow-up >4 months; range of scores: 0-10; Better indicated by lower values)								
1	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	no serious imprecision	none		71
Overall - Function (RMDQ/ODI) <4 months (follow-up <4 months; Better indicated by lower values)								

5	randomised trials	serious [a]	no serious inconsistency	no serious indirectness	serious [b]	none		150
Overall - Function (RMDQ/ODI 0-100) 4 months - 1 year (follow-up >4 months; Better indicated by lower values)								
2	randomised trials	serious [a]	no serious inconsistency	no serious indirectness	serious [b]	none		101
Overall - Psychological distress (mental health inventory 24-142) (Better indicated by lower values)								
1	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	serious [b]	none		31

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

[c] **Heterogeneity, I^2=84%, unexplained by subgroup analysis**

[d] **Heterogeneity, I^2 = 80%, unexplained by subgroup analysis**

Table 72: Individual biomechanical exercise versus usual care in low back pain with sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Individual biomechanical exercise	Usual care	Relative (95% CI)	Absolute		
With sciatica - Pain (VAS 0-10) <4 months (Better indicated by lower values)												
2	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	no serious imprecision [b]	none	41	41	-	MD 1.78 lower (2.37 to 1.19 lower)	⊕⊕OO LOW	CRITICAL
With sciatica - Leg pain (VAS 0-10) (Better indicated by lower values)												
1	randomised trials	serious [a]	no serious inconsistency	no serious indirectness	serious [b]	none	15	15	-	MD 3 lower (5.06 to 0.94 lower)	⊕⊕OO LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

Table 73: Individual biomechanical exercise versus usual care in low back pain without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Individual biomechanical exercise	Usual care	Relative (95% CI)	Absolute		
Without sciatica - Quality of life (SF-36) <4 months - Functional capacity (Better indicated by lower values)												
1	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	very serious[2]	none	30	30	-	MD 1.1 lower (13.47 lower to 11.27 higher)	⊕OOO VERY LOW	CRITICAL
Without sciatica - Quality of life (SF-36) <4 months - Pain (Better indicated by lower values)												
1	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	serious[b]	none	30	30	-	MD 11.5 higher (2.25 to 20.75 higher)	⊕OOO VERY LOW	CRITICAL
Without sciatica - Quality of life (SF-36) <4 months - General health (Better indicated by lower values)												
1	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	very serious[b]	none	30	30	-	MD 6.9 higher (3.54 lower to 17.34 higher)	⊕OOO VERY LOW	CRITICAL
Without sciatica - Quality of life (SF-36) <4 months - Vitality (Better indicated by lower values)												
1	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	30	30	-	MD 15.6 higher (6.35 to 24.85 higher)	⊕⊕OO LOW	CRITICAL
Without sciatica - Quality of life (SF-36) <4 months - Social aspects (Better indicated by lower values)												
1	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	30	30	-	MD 14.4 higher (3.27 to 25.53	⊕⊕OO LOW	CRITICAL

										higher)		
Without sciatica - Quality of life (SF-36) <4 months - Emotional aspects (Better indicated by lower values)												
1	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	serious[b]	none	30	30	-	MD 19 higher (0.68 lower to 38.68 higher)	⊕OOO VERY LOW	CRITICAL
Without sciatica - Quality of life (SF-36) <4 months - physical (Better indicated by lower values)												
2	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	50	49	-	MD 13.54 higher (4.08 to 22.99 higher)	⊕⊕OO LOW	CRITICAL
Without sciatica - Quality of life (SF-36) <4 months - mental (Better indicated by lower values)												
2	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	50	49	-	MD 12.63 higher (5.72 to 19.53 higher)	⊕⊕OO LOW	CRITICAL
Without sciatica - Quality of life (SF-36) 4 months - 1 year - Functional capacity (Better indicated by lower values)												
1	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	very serious[b]	none	30	30	-	MD 5.4 higher (6.11 lower to 16.91 higher)	⊕OOO VERY LOW	CRITICAL
Without sciatica - Quality of life (SF-36) 4 months - 1 year - Pain (Better indicated by lower values)												
1	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	serious[b]	none	30	30	-	MD 8.5 higher (0.05 to 16.95 higher)	⊕OOO VERY LOW	CRITICAL
Without sciatica - Quality of life (SF-36) 4 months - 1 year - General health (Better indicated by lower values)												
1	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	very serious[b]	none	30	30	-	MD 5.2 higher (5.57 lower to 15.97 higher)	⊕OOO VERY LOW	CRITICAL
Without sciatica - Quality of life (SF-36) 4 months - 1 year - Vitality (Better indicated by lower values)												
1	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	30	30	-	MD 14 higher (4.39 to 23.61 higher)	⊕⊕OO LOW	CRITICAL
Without sciatica - Quality of life (SF-36) 4 months - 1 year - Social aspects (Better indicated by lower values)												

1	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	very serious[b]	none	30	30	-	MD 8.1 higher (4.55 lower to 20.75 higher)	⊕OOO VERY LOW	CRITICAL
Without sciatica - Quality of life (SF-36) 4 months - 1 year - Emotional aspects (Better indicated by lower values)												
1	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	30	30	-	MD 27.3 higher (9.55 to 45.05 higher)	⊕⊕OO LOW	CRITICAL
Without sciatica - Quality of life (SF-36) 4 months - 1 year - Physical (Better indicated by lower values)												
1	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	30	30	-	MD 22.4 higher (3.4 to 41.4 higher)	⊕⊕OO LOW	CRITICAL
Without sciatica - Quality of life (SF-36) 4 months - 1 year - Mental health (Better indicated by lower values)												
1	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	serious[b]	none	30	30	-	MD 10.3 higher (0.02 to 20.58 higher)	⊕OOO VERY LOW	CRITICAL
Without sciatica- Function (RMDQ) <4 months (range of scores: 0-23; Better indicated by lower values)												
1	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	serious[b]	none	18	14	-	MD 1.9 higher (1.46 lower to 5.26 higher)	⊕OOO VERY LOW	CRITICAL
Without sciatica - Function (RMDQ 0-24) <4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	serious [a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	43	43	-	MD 2.7 lower (4.4 to 1 lower)	⊕⊕⊕O MODERATE	CRITICAL
Without sciatica - Function (RMDQ 0-24) 4 months - 1 year (Better indicated by lower values)												
1	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	serious[b]	none	43	43	-	MD 1.54 lower (3.1 lower to 0.03 higher)	⊕OOO VERY LOW	CRITICAL
Without sciatica - Function (RMDQ 0-24) < 4 months (Better indicated by lower values)												
4	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	237	181	-	MD 0.96 lower (1.95 lower to 0.04	⊕⊕OO LOW	CRITICAL

										higher)		
Without sciatica - Function (RMDQ 0-24) 4 months - 1 year (Better indicated by lower values)												
1	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	serious[b]	none	30	30	-	MD 3.3 lower (6.29 to 0.31 lower)	⊕OOO VERY LOW	CRITICAL
Without sciatica - Function (change score, ODI) <4 months - Full range of motion (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	10	7	-	MD 1.52 lower (2.174 to 0.866 lower)	⊕⊕OO LOW	CRITICAL
Without sciatica - Function (change score, ODI) <4 months - Limited range of motion (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	7	7	-	MD 0.9 lower (1.536 to 0.264 lower)	⊕OOO VERY LOW	CRITICAL
Without sciatica - Pain (VAS 0-10) <4 months - Pain (VAS 0-10) < 4months (Better indicated by lower values)												
4	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	serious[b]	none	124	122	-	MD 1.14 lower (1.61 to 0.67 lower)	⊕OOO VERY LOW	CRITICAL
Without sciatica - Pain (VAS 0-10) 4 months - 1 year - Pain (VAS 0-10) 4 months - 1 year (Better indicated by lower values)												
2	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	serious[b]	none	73	73	-	MD 1.05 lower (1.76 to 0.35 lower)	⊕OOO VERY LOW	CRITICAL
Without sciatica - Pain (0-85) <4 months (change score) (range of scores: 0-85; Better indicated by lower values)												
4	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	130	130	-	MD 0.00 higher (6.6 lower to 6.6 higher)	⊕⊕OO LOW	CRITICAL
Without sciatica - Pain (VAS 0-85) >4 months - 1 year (range of scores: 0-85; Better indicated by lower values)												
1	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	137	134	-	MD 1 higher (4.48 lower to 6.48 higher)	⊕⊕OO LOW	CRITICAL

Without sciatica - Pain (change score VAS 0-10) <4 months - Full range of motion (Better indicated by lower values)											
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	10	7	-	MD 3.701 lower (5.642 to 1.76 lower)	⊕⊕OO LOW	CRITICAL
Without sciatica - Pain (change score VAS 0-10) <4 months - Limited range of motion (Better indicated by lower values)											
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	7	7	-	MD 2.3 lower (3.67 to 0.93 lower)	⊕⊕OO LOW	CRITICAL
without sciatica-adverse events (morbidity)<4 months											
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	3/20 (15%)	0/20 (0%)	RR 7 (0.38 to 127.32)	-	⊕OOO VERY LOW	IMPORTANT

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

Table 74: Individual biomechanical exercise versus self-management in low back pain with or without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Individual biomechanical exercise**	**Self-management (advice to stay active)**	**Relative (95% CI)**	**Absolute**		
Overall - Pain (VAS 0-10) <4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	48	29	-	MD 0.7 lower (2 lower to 0.6 higher)	⊕OOO VERY LOW	CRITICAL
Overall - Leg pain (VAS 0-10) <4 months - Overall with or without sciatica (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	48	29	-	MD 0.8 lower (2.2 lower to 0.6 higher)	⊕OOO VERY LOW	CRITICAL

Overall - Pain (VAS 0-10) 4 months - 1 year (range of scores: 0-10; Better indicated by lower values)											
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	45	26	-	MD 0.4 lower (1.7 lower to 0.9 higher)	⊕OOO VERY LOW	CRITICAL
Overall - Leg pain (VAS 0-10) 4 months - 1 year (range of scores: 0-10; Better indicated by lower values)											
1	randomised trials	no serious risk of bias	very serious[c]	no serious indirectness	no serious imprecision	none	45	26	-	MD 1 lower (2.3 lower to 0.3 higher)	⊕⊕OO LOW	CRITICAL
Overall - Function (RMDQ 0-24) <4 months (range of scores: 0-24; Better indicated by lower values)											
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	48	29	-	MD 1 lower (4 lower to 2 higher)	⊕OOO VERY LOW	CRITICAL
Overall - Function (RMDQ 0-24) 4 months - 1 year (range of scores: 0-24; Better indicated by lower values)											
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	45	26	-	MD 3 lower (6 lower to 0 higher)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs
[c] Heterogeneity, I^2=80%, unexplained by subgroup analysis

Table 75: Individual biomechanical exercise versus spinal manipulation (low-amplitude high-velocity thrust) in low back pain with sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Individual biomechanical exercise**	**SMT (low-amplitude high-velocity)**	**Relative (95% CI)**	**Absolute**		
With sciatica - Quality of life (SF-36 0-100) <4 months- physical component (Better indicated by lower values)												

1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	92	99	-	MD 1.7 higher (0.5 lower to 3.9 higher)		CRITICAL
With sciatica - Quality of life (SF-36 0-100) <4 months- mental component (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	92	99	-	MD 2 lower (3.91 to 0.09 lower)	⊕OOO VERY LOW	CRITICAL
With sciatica - Quality of life (SF-12 0-100) 4 months - 1 year - physical component (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	82	82	-	MD 2 higher (0.33 lower to 4.33 higher)	⊕OOO VERY LOW	CRITICAL
With sciatica - Quality of life (SF-12 0-100) 4 months - 1 year - mental component (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	82	82	-	MD 1.3 lower (3.77 lower to 1.17 higher)	⊕⊕OO LOW	CRITICAL
With sciatica - Pain (VAS 0-10) <4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	92	99	-	MD 0.3 lower (0.87 lower to 0.27 higher)	⊕⊕OO LOW	CRITICAL
With sciatica - Pain (VAS 0-10) 4 months - 1 year (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[2]	none	82	82	-	MD 0.5 lower (1.17 lower to 0.17 higher)	⊕OOO VERY LOW	CRITICAL
With sciatica - Function (RMDQ 0-24) <4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	92	99	-	MD 0.1 higher (1.22 lower to 1.42 higher)	⊕⊕OO LOW	CRITICAL
With sciatica - Function (RMDQ 0-24) 4 months - 1 year (Better indicated by lower values)												
1	randomised	very	no serious	no serious	no serious	none	82	82	-	MD 0.2 lower (1.72	⊕⊕OO	CRITICAL

	trials	serious[a]	inconsistency	indirectness	imprecision					lower to 1.32 higher)	LOW	

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

452 **Table 76: Individual biomechanical exercise versus individual interferential exercise in low back pain with or without sciatica**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Individual biomechanical	Individual interferential therapy	Relative (95% CI)	Absolute		
Overall-Pain (VAS 0-10) <4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	30	30	-	MD 1.2 lower (1.55 to 0.85 lower)	⊕⊕⊕O MODERATE	CRITICAL

453 [a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias

J.5.12 Group Biomechanical Exercise

Table 77: Group biomechanical exercise versus placebo/sham in low back pain with or without sciatica **Quality assessment**							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Group biomechanical exercise	Placebo/sham	Relative (95% CI)	Absolute		
Overall - Psychological distress (STAI 20-80) (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	14	12	-	MD 5.6 higher (1.76 lower to 12.96 higher)	⊕⊕OO LOW	CRITICAL

455 [a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias

456 **Table 78: Group biomechanical exercise versus usual care in low back pain with or without sciatica**

Quality assessment	No of patients	Effect	Quality	Importance

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Group biomechanical exercise	Usual care	Relative (95% CI)	Absolute		
Overall-Pain (VAS) >4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	serious [b]	none	64	63	-	MD 1.34 lower (1.9 to 0.78 lower)	⊕OOO VERY LOW	CRITICAL
Overall-Pain (VAS) <4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	serious [b]	none	64	63	-	MD 0.52 lower (1.12 lower to 0.08 higher)	⊕OOO VERY LOW	CRITICAL
Overall - Pain <4 months - stretching (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	62	60	-	MD 0.09 higher (0.8 lower to 0.98 higher)	⊕⊕OO LOW	CRITICAL
Overall - Pain (VAS 0-10) <4 months - core stability (Better indicated by lower values)												
1	randomised trials	serious [a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	20	20	-	MD 2.2 lower (2.96 to 1.44 lower)	⊕⊕⊕O MODERATE	CRITICAL
Overall - Function (RMDQ 0-24) <4 months (Better indicated by lower values)												
1	randomised trials	serious [a]	no serious inconsistency	no serious indirectness	serious [b]	none	20	20	-	MD 5.06 lower (8.65 to 1.47 lower)	⊕⊕OO LOW	CRITICAL
Overall-NSAID use >4 months (Better indicated by lower values)												
1	randomised trials	serious [a]	no serious inconsistency	no serious indirectness	serious [b]	none	30	30	-	MD 7.13 lower (14.5 lower to 0.24 higher)	⊕⊕OO LOW	IMPORTANT

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

459

460 **Table 79: Group biomechanical exercise versus usual care in low back pain without sciatica**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Group biomechanical exercise	Usual care	Relative (95% CI)	Absolute		
Without sciatica - Quality of life composite scores (SF-36 0-100) <4 months - Mental component (Better indicated by lower values)												
1	randomised trials	serious [a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	9	9	-	MD 9.04 higher (6.57 to 11.51 higher)	⊕⊕⊕O MODERATE	CRITICAL
Without sciatica - Quality of life composite scores (SF-36 0-100) <4 months - Physical component (Better indicated by lower values)												
1	randomised trials	serious [a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	9	9	-	MD 8.3 higher (5.3 to 11.3 higher)	⊕⊕⊕O MODERATE	CRITICAL
Without sciatica - Quality of life individual scores (SF-12) <4 months - general health (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious [b]	none	20	14	-	MD 0.10 higher (0.51 lower to 0.71 higher)	⊕OOO VERY LOW	CRITICAL
Without sciatica - Quality of life individual scores (SF-12) <4 months - physical functioning (Better indicated by lower values)												
1	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	serious [b]	none	20	14	-	MD 0.1 higher (0.19 lower to 0.39 higher)	⊕OOO VERY LOW	CRITICAL
Without sciatica - Quality of life individual scores (SF-12) <4 months - physical role limitation (Better indicated by lower values)												
1	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	serious [b]	none	20	14	-	MD 0.2 higher (0.31 lower to 0.71 higher)	⊕OOO VERY LOW	CRITICAL
Without sciatica - Quality of life individual scores (SF-12) <4 months - bodily pain (Better indicated by lower values)												
1	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	serious [b]	none	20	14	-	MD 0.5 lower (1.11 lower to 0.11 higher)	⊕OOO VERY LOW	CRITICAL

Without sciatica - Quality of life individual scores (SF-12) <4 months - social functioning (Better indicated by lower values)												
1	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	serious [b]	none	20	14	-	MD 0.1 higher (0.31 lower to 0.51 higher)	⊕OOO VERY LOW	CRITICAL
Without sciatica - Quality of life individual scores (SF-12) <4 months - health perception (Better indicated by lower values)												
1	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	serious [b]	none	20	14	-	MD 0.3 lower (0.84 lower to 0.24 higher)	⊕OOO VERY LOW	CRITICAL
Without sciatica - Pain (VAS 0-10) <4 months (Better indicated by lower values)												
2	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	serious [b]	none	29	23	-	MD 0.87 lower (1.27 to 0.46 lower)	⊕OOO VERY LOW	CRITICAL
Without sciatica - Function (ODI 0-100) <4 months (Better indicated by lower values)												
2	randomised trials	very serious [a]	no serious inconsistency	no serious indirectness	serious [b]	none	29	23	-	MD 13.97 lower (16.07 to 11.88 lower)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

Table 80: Group biomechanical exercise versus unsupervised exercise in low back pain with or without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Group biomechanical exercise**	**Unsupervised exercise**	**Relative (95% CI)**	**Absolute**		
Overall - Pain (VAS 0-10) <4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	83	87	-	MD 0.8 lower (1.53 to 0.07 lower)	⊕OOO VERY LOW	CRITICAL

Overall - Pain (VAS 0-10) 4 months - 1 year (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	71	70	-	MD 1.45 lower (2.2 to 0.7 lower)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

J.4.3 Individual aerobic exercise

Table 81: Individual aerobic exercise versus usual care in low back pain with or without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Individual aerobic exercise	Usual care	Relative (95% CI)	Absolute		
Overall - Pain (VAS 0-10) <4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	serious	none	24	22	-	MD 0.3 lower (1.52 lower to 0.92 higher)	⊕⊕OO LOW	CRITICAL
Overall - Function (ALBPS 0-100) <4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	24	22	-	MD 1.8 lower (9.24 lower to 5.64 higher)	⊕⊕OO LOW	CRITICAL
Overall - Function (RMDQ/ALBPS) 4 months - 1 year (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	24	22	-	MD 5.6 lower (14.36 lower to 3.16 higher)	⊕⊕OO LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

472

473 **Table 82: Individual aerobic exercise versus usual care in low back pain without sciatica**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Individual aerobic exercise	Usual care	Relative (95% CI)	Absolute		
Without sciatica - Quality of life (EuroQol weighted health index 0.59-1) 4 months - 1 year (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	39	17	-	MD 0.06 lower (0.19 lower to 0.07 higher)		CRITICAL
Without sciatica - Quality of life (EuroQol VAS 0-100) 4 months - 1 year (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	40	17	-	MD 9.6 higher (3.69 lower to 22.89 higher)	⊕⊕OO LOW	CRITICAL
Without sciatica - Pain (VAS 0-10) <4 months (deep water running) (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	25	24	-	MD 1.49 lower (2.35 to 0.63 lower)	⊕⊕OO LOW	CRITICAL
Without sciatica - Pain (VAS 0-10) <4 months (treadmill running) (range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	19	18	-	MD 0.05 higher (1.62 lower to 1.72 higher)	⊕OOO VERY LOW	CRITICAL
Without sciatica - Pain (VAS 0-10) 4 months - 1 year (deep water running) (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	25	24	-	MD 2.6 lower (3.28 to 1.92 lower)	⊕⊕⊕O MODERATE	CRITICAL
Without sciatica - Pain (VAS 0-10) 4 months - 1 year (walking) (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	40	17	-	MD 0.3 lower (1.77 lower to 1.17 higher)	⊕⊕OO LOW	CRITICAL
Without sciatica - Function (RMDQ 0-24) <4 months (Better indicated by lower values)												

2	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	44	42	-	MD 2.6 lower (4.21 to 0.99 lower)	⊕⊕OO LOW	CRITICAL
Without sciatica - Psychological distress (BDI 0-63) <4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	19	18	-	MD 0.2 higher (5.57 lower to 5.97 higher)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

Table 83: Individual aerobic exercise versus individual biomechanical exercise in low back pain with or without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Individual aerobic exercise**	**Individual biomechanical exercise**	**Relative (95% CI)**	**Absolute**		
Overall - Function (ODI 0-100) <4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	26	26	-	MD 3.5 higher (3.91 lower to 10.91 higher)	⊕⊕OO LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

J.5.4 Group aerobic exercise

Table 84: Group aerobic exercise versus usual care in low back pain without sciaitca

Quality assessment	No of patients	Effect	Quality	Importance

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Group aerobic exercise	Usual care	Relative (95% CI)	Absolute		
Without sciatica - Quality of life (SF-36 mental component 0-100) <4 months (Better indicated by lower values)												
2	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	59	50	-	MD 3.86 higher (2.19 to 5.53 higher)	⊕OOO VERY LOW	CRITICAL
Without sciatica - Quality of life (SF-36 physical component 0-100) <4 months (Better indicated by lower values)												
2	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	59	50	-	MD 2.26 higher (0.02 to 4.5 higher)	⊕OOO VERY LOW	CRITICAL
Without sciatica - Quality of life (SF-36 physical functioning 0-100) <4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	10	10	-	MD 15.5 higher (4.55 lower to 35.55 higher)	⊕OOO VERY LOW	CRITICAL
Without sciatica - Quality of life (SF-36 physical role limitation 0-100) <4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	10	10	-	MD 17.5 higher (13.2 lower to 48.2 higher)	⊕OOO VERY LOW	CRITICAL
Without sciatica - Pain (McGill Questionnaire 0-78) <4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	21	19	-	MD 3.43 lower (9.9 lower to 3.04 higher)	⊕OOO VERY LOW	CRITICAL
Without sciatica - Pain (VAS 0-10) <4 months (Better indicated by lower values)												
3	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	63	56	-	MD 1.13 lower (1.6 to 0.66 lower)	⊕OOO VERY LOW	CRITICAL
Without sciatica - Pain (VAS 0-10) 4 months - 1 year (Better indicated by lower values)												
1	randomised	very	no serious	no serious	no serious	none	47	36	-	MD 0.05 higher (1.07	⊕⊕OO	CRITICAL

	trials	serious[a]	inconsistency	indirectness	imprecision					lower to 1.16 higher)	LOW	
Without sciatica - Function (ODI 0-100) <4 months (Better indicated by lower values)												
2	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	56	50	-	MD 2.99 lower (5.47 to 0.52 lower)	⊕OOO VERY LOW	CRITICAL
Without sciatica - Function (ODQ 0-100) 4 months - 1 year (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	49	40	-	MD 1.84 lower (8.67 lower to 4.99 higher)	⊕OOO VERY LOW	CRITICAL
Without sciatica - Psychological distress (CESDS 0-60) <4 months - without sciatica (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[2]	none	21	19	-	MD 0.35 higher (2.64 lower to 3.34 higher)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

Table 85: Group aerobic exercise versus self-management in low back pain with or without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Group aerobic exercise**	**Self-management (advice to stay active)**	**Relative (95% CI)**	**Absolute**		
Overall - Quality of life (SF-36 overall health rating 0-100) <4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	10	8	-	MD 19.4 higher (3.32 lower to 42.12 higher)	⊕OOO VERY LOW	CRITICAL
Overall - Pain (0-10) <4 months (Better indicated by lower values)												

1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	9	9	-	MD 1.85 lower (3.76 lower to 0.06 higher)	⊕OOO VERY LOW	CRITICAL
Overall - Pain over preceding week (0-10) <4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	9	9	-	MD 1.2 lower (3.12 lower to 0.725 higher)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

Table 86: Group aerobic exercise versus self-management in low back pain without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Group aerobic exercise**	**Self-management (advice to stay active)**	**Relative (95% CI)**	**Absolute**		
Without sciatica - Quality of life individual domain scores(SF-36 0-100) <4 months - Physical role limitation (range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	10	10	-	MD 17.8 higher (15.35 lower to 50.95 higher)	⊕OOO VERY LOW	CRITICAL
Without sciatica - Quality of life individual domain scores(SF-36 0-100) <4 months - Physical functioning (range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	10	10	-	MD 17.3 higher (2.22 lower to 36.82 higher)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

493 **Table 87: Group aerobic exercise versus group biomechanical exercise in low back pain without sciatica**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Group aerobic exercise	Group biomechanical exercise	Relative (95% CI)	Absolute		
Without - Pain(VAS 0-10) <4 months (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	32	32	-	MD 1.1 higher (0.15 to 2.05 higher)	⊕⊕OO LOW	CRITICAL
Without - Pain (VAS 0-10) 4 months - 1 year (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	32	32	-	MD 0.4 higher (0.55 lower to 1.35 higher)	⊕⊕OO LOW	CRITICAL
Without - Function (ODI 0-100) <4 months (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	32	32	-	MD 6.5 higher (1.27 to 11.73 higher)	⊕⊕OO LOW	CRITICAL
Without - Function (ODI 0-100) 4 months - 1 year (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	32	32	-	MD 4.5 higher (0.39 lower to 9.39 higher)	⊕⊕OO LOW	CRITICAL
Overall - Pain (VAS 0-10) <4 months (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	47	44	-	MD 0.3 higher (0.58 lower to 1.18 higher)	⊕OOO VERY LOW	CRITICAL
Overall - Pain (VAS 0-10) 4 months - 1 year (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	43	40	-	MD 0.3 higher (0.65 lower to 1.25 higher)	⊕OOO VERY LOW	CRITICAL
Overall - Function (RMDQ 0-24) <4 months (Better indicated by lower values)												

1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[1]	none	47	44	-	MD 0.5 lower (2.52 lower to 1.52 higher)	⊕OOO VERY LOW	CRITICAL
Overall - Function (RMDQ 0-24) 4 months - 1 year (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	43	40	-	MD 0.4 higher (1.63 lower to 2.43 higher)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

Table 88: Group aerobic exercise versus group biomechanical exercise in low back pain with or without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Group aerobic exercise**	**Group biomechanical exercise**	**Relative (95% CI)**	**Absolute**		
Overall - Pain (VAS 0-10) <4 months (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	47	44	-	MD 0.3 higher (0.58 lower to 1.18 higher)	⊕OOO VERY LOW	CRITICAL
Overall - Pain (VAS 0-10) 4 months - 1 year (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	43	40	-	MD 0.3 higher (0.65 lower to 1.25 higher)	⊕OOO VERY LOW	CRITICAL
Overall - Function (RMDQ 0-24) <4 months (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[1]	none	47	44	-	MD 0.5 lower (2.52 lower to 1.52 higher)	⊕OOO VERY LOW	CRITICAL

Overall - Function (RMDQ 0-24) 4 months - 1 year (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	43	40	-	MD 0.4 higher (1.63 lower to 2.43 higher)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

J.5.15 Individual mind-body exercise

Table 89: Individual mind-body exercise versus individual biomechanical exercise in low back pain with or without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Individual mind-body exercise versus individual biomechanical exercise**	**Control**	**Relative (95% CI)**	**Absolute**		
Overall-Function (RMDQ) <4 months (range of scores: 0-23; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	15	15	-	MD 5.18 lower (9.27 to 1.09 lower)	⊕⊕OO LOW	CRITICAL
Tai Chi, overall-Pain (VAS 0-10) <4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	20	20	-	MD 0.7 lower (1.01 to 0.39 lower)	⊕⊕OO LOW	CRITICAL
Yoga, overall-Pain (VAS 0-10) <4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	15	15	-	MD 2.63 lower (3.48 to 1.24 lower)	⊕⊕OO LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

J.5.16 Group mind-body exercise

Table 90: Group mind-body exercise versus usual care in low back pain with or without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Group mind-body exercise	Usual care	Relative (95% CI)	Absolute		
Overall - Quality of life (EQ-5D 0-1) <4 months (Better indicated by lower values)												
2	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	160	165	-	MD 0.06 higher (0.01 to 0.1 higher)	⊕⊕OO LOW	CRITICAL
Overall Quality of life (EQ-5D 0-1) 4 months - 1 year (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	156	157	-	MD 0.02 higher (0.03 lower to 0.07 higher)	⊕⊕⊕O MODERATE	CRITICAL
Overall - Quality of life (SF-12 0-100) <4 months - Physical component (Better indicated by lower values)												
2	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	160	166	-	MD 1.12 higher (1.1 lower to 3.34 higher)	⊕⊕⊕O MODERATE	CRITICAL
Overall - Quality of life (SF-12 0-100) <4 months - Mental component (Better indicated by lower values)												
2	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	160	166	-	MD 2.05 higher (0.47 lower to 4.56 higher)	⊕⊕⊕O MODERATE	CRITICAL
Overall - Quality of life (SF-12 0-100) >4 months - 1 year (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	156	157	-	MD 0.79 higher (1.49 lower to 3.07 higher)	⊕⊕⊕O MODERATE	CRITICAL

Overall - Quality of life (SF-12 0-100) >4 months - 1 year (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	156	157	-	MD 0.42 higher (2.16 lower to 3 higher)	⊕⊕⊕O MODERATE	CRITICAL
Overall - Pain (VAS 0-10) <4 months - Hatha yoga (range of scores: 0-10; Better indicated by lower values)												
2	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	40	42	-	MD 0.88 lower (2.61 lower to 0.85 higher)	⊕OOO VERY LOW	CRITICAL
Overall - Pain (VAS 0-10) <4 months - Iyengar yoga (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	43	47	-	MD 0.43 lower (1.21 lower to 0.35 higher)	⊕OOO VERY LOW	CRITICAL
Overall - Pain (VAS 0-10) 4 months - 1 year - Hatha yoga (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	8	15	-	MD 0.6 lower (1.34 lower to 0.14 higher)	⊕⊕OO LOW	CRITICAL
Overall - Pain (VAS 0-10) 4 months - 1 year - Iyengar yoga (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	43	47	-	MD 1.08 lower (1.93 to 0.23 lower)	⊕OOO VERY LOW	CRITICAL
Overall - Pain (Aberdeen pain scale 0-100) <4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	156	157	-	MD 2.42 lower (5.21 lower to 0.37 higher)	⊕⊕⊕O MODERATE	CRITICAL
Overall - Pain (Aberdeen pain scale 0-100) >4 months - 1 year (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	156	157	-	MD 0.72 lower (3.53 lower to 2.09 higher)	⊕⊕⊕O MODERATE	CRITICAL
Overall - Function (RMDQ/ODI) <4 months - Yoga (Better indicated by lower values)												
6	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	255	261	-	SMD 0.34 lower (0.52 to 0.17 lower)	⊕⊕OO LOW	CRITICAL
Overall - Function (RMDQ/ODI) 4 months - 1 year (Better indicated by lower values)												

3	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	207	219	-	SMD 0.3 lower (0.5 to 0.11 lower)	⊕⊕OO LOW	CRITICAL
Overall- Psychological distress (BDI 0-63) <4 months (Hatha) (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	11	5	-	MD 10.18 lower (19.68 to 0.68 lower)	⊕OOO VERY LOW	CRITICAL
Overall- Psychological distress (BDI 0-63) <4 months (Iyengar) (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	43	47	-	MD 1.5 lower (3.94 lower to 0.94 higher)	⊕OOO VERY LOW	CRITICAL
Overall - Psychological distress (BDI 0-63) 4 months - 1 year (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	43	47	-	MD 2.6 lower (4.7 to 0.5 lower)	⊕OOO VERY LOW	CRITICAL
Overall - Responder criteria (improvement in pain) <4 months												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	37/80 (46.3%)	12/80 (15%)	RR 3.08 (1.74 to 5.47)	312 more per 1000 (from 111 more to 670 more)	⊕⊕⊕O MODERATE	IMPORTANT
Overall - Responder criteria (improvement in function) <4 months												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	40/80 (50%)	19/80 (23.8%)	RR 2.11 (1.34 to 3.3)	264 more per 1000 (from 81 more to 546 more)	⊕⊕⊕O MODERATE	IMPORTANT
Overall - Healthcare utilisation - GP visits <4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	5	9	-	MD 0.73 lower (2.49 lower to 1.03 higher)	⊕OOO VERY LOW	IMPORTANT
Overall - Healthcare utilisation - Practice nurse visits <4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	5	9	-	MD 0.11 lower (0.44 lower to 0.22 higher)	⊕OOO VERY LOW	IMPORTANT
Overall - Healthcare utilisation - physiotherapist visits <4 months (Better indicated by lower values)												
1	randomised	very	no serious	no serious	very serious[b]	none	5	9	-	MD 0.33 lower (1.33	⊕OOO	IMPORTANT

	trials	serious[a]	inconsistency	indirectness						lower to 0.67 higher)	VERY LOW	
Overall - Healthcare utilisation - Medication use <4 months (Viniyoga)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	4/5 (80%)	6/9 (66.7%)	RR 1.2 (0.63 to 2.27)	133 more per 1000 (from 247 fewer to 847 more)	⊕OOO VERY LOW	IMPORTANT
Overall - Healthcare utilisation - Medication use <4 months (Hatha)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	2/15 (13.3%)	11/15 (73.3%)	RR 0.18 (0.05 to 0.68)	601 fewer per 1000 (from 235 fewer to 697 fewer)	⊕⊕OO LOW	IMPORTANT
Overall - Healthcare utilisation - Reduced or stopped medication <4 months												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	14/20 (70%)	6/24 (25%)	RR 2.8 (1.32 to 5.93)	450 more per 1000 (from 80 more to 1000 more)	⊕⊕OO LOW	IMPORTANT
Overall - Healthcare utilisation - Reduced or stopped medication >4 months - 1 year												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	10/20 (50%)	15/22 (68.2%)	RR 0.73 (0.43 to 1.24)	184 fewer per 1000 (from 389 fewer to 164 more)	⊕OOO VERY LOW	IMPORTANT
Without sciatica - Pain (VAS 0-10) <4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	20	22	-	MD 1.1 lower (2.18 to 0.02 lower)	⊕OOO VERY LOW	CRITICAL
Without sciatica - Pain (VAS 0-10) >4 months - 1 year (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	20	22	-	MD 1.4 lower (2.4 to 0.4 lower)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

511 **Table 91: Group mind-body exercise versus usual care in low back pain without sciatica**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Group mind-body exercise	Usual care	Relative (95% CI)	Absolute		
Without sciatica - Pain (VAS 0-10) <4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	20	22	-	MD 1.1 lower (2.18 to 0.02 lower)	⊕OOO VERY LOW	CRITICAL
Without sciatica - Pain (VAS 0-10) >4 months - 1 year (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	20	22	-	MD 1.4 lower (2.4 to 0.4 lower)	⊕OOO VERY LOW	CRITICAL

512 [a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
513 [b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

514

515 **Table 92: Group mind-body exercise versus self-management in low back pain without sciatica**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Group mind-body exercise	Self management (advice to stay active)	Relative (95% CI)	Absolute		
Function (RMDQ 0-24) <4 months - without sciatica (Better indicated by lower values)												
2	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	81	44	-	MD 2.78 lower (3.76 to 1.81 lower)	⊕⊕OO LOW	CRITICAL

Without - Function (RMDQ 0-24) 4 months - 1 year - without sciatica (Better indicated by lower values)												
2	randomised trials	very serious[a]	Serious[b]	no serious indirectness	Serious[c]	none	83	81	-	MD 1.96 lower (5 lower to 1.09 higher)	⊕OOO VERY LOW	CRITICAL
Without - Responder criteria (improvement in function) 4 months - 1 year - without sciatica												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[c]	none	0/81 (0%)	0%	RR 1.67 (1.17 to 2.38)	-	⊕⊕OO LOW	IMPORTANT
Healthcare utilisation - medication use >4 months - 1 year - without sciatica												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	7/34 (20.6%)	17/29 (58.6%)	RR 0.35 (0.17 to 0.73)	381 fewer per 1000 (from 158 fewer to 487 fewer)	⊕⊕OO LOW	IMPORTANT

[1] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[2] Heterogeneity, I^2=88%, unexplained by subgroup analysis.
[3] Downgraded by 1 increment if the confidence interval crossed 1 MID or downgraded by 2 increments if the confidence interval crossed both MIDs

Table 93: Group mind-body exercise versus group mixed exercise in low back pain without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Group mind-body exercise**	**Group mixed exercise**	**Relative (95% CI)**	**Absolute**		
Without sciatica - Function (RMDQ 0-24) <4 months (Better indicated by lower values)												
2	randomised trials	Serious[a]	Serious[c]	no serious indirectness	Serious[b]	none	117	111	-	MD 0.89 lower (2.32 lower to 0.55 higher)		CRITICAL
Without sciatica - Function (RMDQ 0-24) 4 months - 1 year (Better indicated by lower values)												
2	randomised	Serious[a]	no serious	no serious	no serious	none	117	112	-	MD 0.72 lower (1.68	⊕⊕⊕O	CRITICAL

	trials		inconsistency	indirectness	imprecision					lower to 0.24 higher)	MODERATE	
Without sciatica - Responder criteria (improvement in function) <4 months												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	0/81 (0%)	0%	RR 1.06 (0.87 to 1.29)	-	⊕⊕OO LOW	IMPORTANT
Without sciatica - Healthcare utilisation - medication use 4 months - 1 year - Healthcare utilisation - medication use 4 months - 1 year												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	7/34 (20.6%)	16/32 (50%)	RR 0.41 (0.2 to 0.87)	295 fewer per 1000 (from 65 fewer to 400 fewer)	⊕⊕OO LOW	IMPORTANT

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs
[c] Heterogeneity, I^2=55%, unexplained by subgroup analysis.

Table 94: Group mind-body exercise versus individual biomechanical exercise in low back pain with or without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Group mind-body exercise versus individual biomechanical exercise**	**Control**	**Relative (95% CI)**	**Absolute**		
Overall-Pain (VAS) - <4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	30	30	-	MD 1.5 lower (1.96 to 1.04 lower)	⊕⊕⊕⊕ HIGH	CRITICAL
Overall-Pain (VAS) - >4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	30	30	-	MD 2 lower (2.47 to 1.53 lower)	⊕⊕⊕⊕ HIGH	CRITICAL

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias

J.5.17 Individual mixed exercise

Table 95: Individual mixed exercise versus unsupervised exercise in low back pain with or without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Individual mixed exercise	Unsupervised exercise	Relative (95% CI)	Absolute		
Overall - Pain (VAS 0-10) 4 months - 1 year (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	20	20	-	MD 4.65 lower (5.44 to 3.86 lower)	⊕⊕OO LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias

Table 96: Individual mixed exercise versus individual biomechanical exercise in low back pain with or without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Individual mixed exercise versus biomechanical	Control	Relative (95% CI)	Absolute		
Overall-function (ODI)<4 months (range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[a]	none	31	32	-	MD 2.8 lower (5.52 to 0.08 lower)	⊕⊕⊕O MODERATE	CRITICAL
Overall-Pain (VAS 0-10) <4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[a]	none	31	32	-	MD 0.3 lower (0.83 lower to 0.23 higher)	⊕⊕⊕O MODERATE	CRITICAL

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias

J.5.38 Group mixed exercise

Table 97: Group mixed exercise versus placebo/sham in low back pain without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Group mixed exercise	Placebo/sham	Relative (95% CI)	Absolute		
Without sciatica - Pain (VAS 0-10) <4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	10	11	-	MD 1.8 lower (5.16 lower to 1.56 higher)	⊕OOO VERY LOW	CRITICAL
Without sciatica - Pain (VAS 0-10) 4 months - 1 year (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	14	13	-	MD 1.3 lower (4.4 lower to 1.8 higher)	⊕OOO VERY LOW	CRITICAL
Without sciatica - Function (RMDQ 0-24) <4 months - without sciatica (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	10	11	-	MD 4.9 lower (9.08 to 0.72 lower)	⊕⊕OO LOW	CRITICAL
Without sciatica - Psychological distress (BDI 0-63) <4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	10	11	-	MD 6.3 lower (18.7 lower to 6.1 higher)	⊕⊕OO LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

537

538 **Table 98: Group mixed exercise versus usual care in low back pain with or without sciatica**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Group mixed exercise	Usual care	Relative (95% CI)	Absolute		
Overall - Pain (VAS 0-10) <4 months (Better indicated by lower values)												
2	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	84	78	-	MD 1.15 lower (1.8 to 0.49 lower)	⊕⊕OO LOW	CRITICAL
Overall-Pain (VAS) <4 months - Pain at flexion (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	21	17	-	MD 5.21 lower (5.48 to 4.94 lower)	⊕⊕⊕O MODERATE	CRITICAL
Overall-Pain (VAS) <4 months - Pain at rest (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	21	17	-	MD 4.05 lower (4.31 to 3.79 lower)	⊕⊕⊕O MODERATE	CRITICAL
Overall - Pain (VAS 0-10) 4 months - 1 year (Better indicated by lower values)												
2	randomised trials	very serious[a]	very serious[c]	no serious indirectness	very serious[b]	none	49	43	-	MD 2.55 lower (6.73 lower to 1.64 higher)	⊕OOO VERY LOW	CRITICAL
Overall - Pain (von Korff 0-100) <4 months [mean difference from control] (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	14	13	-	MD 0.88 lower (2.26 lower to 0.5 higher)	⊕⊕OO LOW	CRITICAL
Overall - Pain (von Korff 0-100) 4 months - 1 year - Pain (von Korff 0-100) (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	14	13	-	MD 0.15 higher (1.34 lower to 1.63 higher)	⊕OOO VERY LOW	CRITICAL

Overall - Function (RMDQ 0-24) <4 months (Better indicated by lower values)												
2	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	84	78	-	MD 2.02 lower (3.48 to 0.55 lower)	⊕⊕OO LOW	CRITICAL
Overall - Function (RMDQ 0-24) 4 months - 1 year (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	29	23	-	MD 0.57 lower (3.45 lower to 2.31 higher)	⊕OOO VERY LOW	CRITICAL
Overall - Function (RMDQ 0-24) <4 months [mean difference from control) (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	14	13	-	MD 1.91 lower (5.41 lower to 1.6 higher)	⊕⊕OO LOW	CRITICAL
Overall - Function (RMDQ 0-24) 4 months - 1 year [mean difference from control] (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	14	13	-	MD 3 lower (6.88 lower to 0.88 higher)	⊕⊕OO LOW	CRITICAL
Overall- SF-36 (0-100) <4 months - Physical (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	21	17	-	MD 1 lower (2.1 lower to 0.1 higher)	⊕⊕OO LOW	CRITICAL
Overall- SF-36 (0-100) <4 months - Mental (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	21	17	-	MD 4.5 higher (2.89 to 6.11 higher)	⊕⊕⊕O MODERATE	CRITICAL
Overall - Psychological distress (BDI 0-63) (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	52	50	-	MD 2.09 lower (3.86 to 0.32 lower)	⊕⊕OO LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs
[c] Heterogeneity, I^2=97% unexplained by subgroup analysis

543 **Table 99: Group mixed exercise versus usual care in low back pain with sciatica**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Group mixed exercise	Usual care	Relative (95% CI)	Absolute		
With sciatica - Pain (VAS/NRS 0-10) <4 months - Pain at rest (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	27	26	-	MD 2.59 lower (3.11 to 2.07 lower)	⊕⊕⊕O MODERATE	CRITICAL
With sciatica - Pain (VAS/NRS 0-10) <4 months - Pain on movement (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	27	26	-	MD 2.47 lower (3 to 1.94 lower)	⊕⊕⊕O MODERATE	CRITICAL
With sciatica - Pain (NRS 0-10) <4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	25	25	-	MD 0.7 lower (1.48 lower to 0.08 higher)	⊕OOO VERY LOW	CRITICAL
With sciatica - Pain (NRS 0-10) 4 months - 1 year (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	23	21	-	MD 2.3 lower (3.17 to 1.43 lower)	⊕OOO VERY LOW	CRITICAL
With sciatica - - Function (RMDQ 0-24) <4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	23	21	-	MD 1.2 higher (0.43 to 1.97 higher)	⊕OOO VERY LOW	CRITICAL
With sciatica - Function (RMDQ 0-24) 4 months - 1 year (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	23	21	-	MD 6.6 higher (5.77 to 7.43 higher)	⊕⊕OO LOW	CRITICAL

544 [a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
545 [b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs
546

547 **Table 100: Group mixed exercise versus usual care in low back pain without sciatica**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Group mixed exercise	Usual care	Relative (95% CI)	Absolute		
Without sciatica - Quality of life (SF-36 0-100) <4 months - general health (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	16	20	-	MD 3.8 higher (2.31 lower to 9.91 higher)	⊕OOO VERY LOW	CRITICAL
Without sciatica - Quality of life (SF-36 0-100) <4 months - vitality (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	16	20	-	MD 0.1 higher (9.47 lower to 9.67 higher)	⊕OOO VERY LOW	CRITICAL
Without sciatica - Quality of life (SF-36 0-100) <4 months - physical functioning (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	16	20	-	MD 0.5 higher (5.88 lower to 6.88 higher)	⊕OOO VERY LOW	CRITICAL
Without sciatica - Quality of life score (SF-36 0-100) <4 months - Pain (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	16	20	-	MD 2.1 higher (6.92 lower to 11.12 higher)	⊕OOO VERY LOW	CRITICAL
Without sciatica - Quality of life (SF-36 0-100) <4 months - physical role limitation (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	16	20	-	MD 12.7 higher (53.17 lower to 78.57 higher)	⊕OOO VERY LOW	CRITICAL
Without sciatica - Quality of life (SF-36 0-100) <4 months - emotional role limitation (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	16	20	-	MD 7.4 higher (12.66 lower to 27.46 higher)	⊕⊕OO LOW	CRITICAL
Without sciatica - Quality of life (SF-36 0-100) <4 months - social functioning (Better indicated by lower values)												
1	randomised	very	no serious	no serious	very serious[b]	none	16	20	-	MD 1.2 lower (11.2 lower to 8.8	⊕OOO	CRITICAL

	trials	serious[a]	inconsistency	indirectness						higher)	VERY LOW	
Without sciatica - Quality of life (SF-36 0-100) <4 months - mental health (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	16	20	-	MD 0.9 lower (6.94 lower to 5.14 higher)	⊕OOO VERY LOW	CRITICAL
Without sciatica - Pain (VAS 0-10) <4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	16	13	-	MD 0.95 lower (1.1 to 0.8 lower)	⊕⊕OO LOW	CRITICAL
Without sciatica - Pain (VAS 0-10, change score) <4 months (Better indicated by lower values)												
1	randomised trials	very serious[2]	no serious inconsistency	no serious indirectness	very serious[1]	none	30	29	-	MD 4.9 lower (15.73 lower to 5.93 higher)	⊕OOO VERY LOW	CRITICAL
Without sciatica - Function (ODI/RMDQ, change score) <4 months (Better indicated by lower values)												
2	randomised trials	very serious[2]	no serious inconsistency	no serious indirectness	serious[1]	none	46	42	-	SMD 0.66 lower (1.09 to 0.22 lower)	⊕OOO VERY LOW	CRITICAL
Without sciatica - Psychological distress (HADS 0-21) <4 month - anxiety score (Better indicated by lower values)												
1	randomised trials	very serious[2]	no serious inconsistency	no serious indirectness	very serious[1]	none	16	13	-	MD 0.55 lower (2.21 lower to 1.11 higher)	⊕OOO VERY LOW	CRITICAL
Without sciatica - Psychological distress (HADS 0-21) <4 month - depression score (Copy) (Better indicated by lower values)												
1	randomised trials	very serious[2]	no serious inconsistency	no serious indirectness	serious[1]	none	16	13	-	MD 0.99 lower (2.39 lower to 0.41 higher)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

Table 101: Group mixed exercise versus self-management in low back pain without sciatica

Quality assessment	No of patients	Effect	Quality	Importance

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Group mixed exercise	Self-management (advice to stay active)	Relative (95% CI)	Absolute		
Without sciatica - Responder criteria (improvement in function) 4 months - 1 year												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	0/81 (0%)	0/44 (0%)	RR 1.58 (1.1 to 2.27)	-	⊕⊕OO LOW	IMPORTANT
								0%		-		
Without sciatica - Function (RMDQ 0-24) <4 months (Better indicated by lower values)												
2	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	81	44	-	MD 0.65 lower (1.61 lower to 0.3 higher)	⊕⊕⊕O MODERATE	CRITICAL
Without sciatica - Function (RMDQ 0-24) 4 months - 1 year - without sciatica (Better indicated by lower values)												
2	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	83	81	-	MD 1.65 lower (2.72 to 0.57 lower)	⊕⊕OO LOW	CRITICAL
Without sciatica - Healthcare utilisation - medication use 4 months - 1 year												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	16/32 (50%)	17/29 (58.6%)	RR 0.85 (0.54 to 1.35)	88 fewer per 1000 (from 270 fewer to 205 more)	⊕OOO VERY LOW	IMPORTANT

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

Table 102: Group mixed exercise versus cognitive behavioural approaches in low back pain with or without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of	Design	Risk of	Inconsistency	Indirectness	Imprecision	Other	Group	cognitive	Relative	Absolute		

studies		bias				considerations	mixed exercise	behavioural approaches	(95% CI)			
With/without sciatica - Pain (VAS 0-10) <4 months (Better indicated by lower values)												
1	randomised trials	serious [a]	no serious inconsistency	no serious indirectness	serious [b]	none	52	55	-	MD 0.56 lower (1.48 lower to 0.36 higher)	⊕⊕OO LOW	CRITICAL
With/without sciatica - Pain (VAS 0-10) >4 months (Better indicated by lower values)												
1	randomised trials	serious [a]	no serious inconsistency	no serious indirectness	very serious [b]	none	51	52	-	MD 0.09 lower (1.02 lower to 0.84 higher)	⊕OOO VERY LOW	CRITICAL
With/without sciatica - Function (RMDQ) <4 months (Better indicated by lower values)												
1	randomised trials	serious [a]	no serious inconsistency	no serious indirectness	very serious [b]	none	52	55	-	MD 0.62 lower (2.4 lower to 1.16 higher)	⊕OOO VERY LOW	CRITICAL
With/without sciatica - Function (RMDQ) >4 months (Better indicated by lower values)												
1	randomised trials	serious [a]	no serious inconsistency	no serious indirectness	very serious [b]	none	51	52	-	MD 0.46 lower (2.28 lower to 1.36 higher)	⊕OOO VERY LOW	CRITICAL
With/without sciatica - Psychological distress (BDI 0-63) <4 months (Better indicated by lower values)												
1	randomised trials	serious [a]	no serious inconsistency	no serious indirectness	very serious [b]	none	52	55	-	MD 0.55 higher (1.46 lower to 2.56 higher)	⊕OOO VERY LOW	CRITICAL
With/without sciatica - Psychological distress (BDI 0-63) >4 months (Better indicated by lower values)												
1	randomised trials	serious [a]	no serious inconsistency	no serious indirectness	very serious [b]	none	51	52	-	MD 1.15 higher (0.9 lower to 3.2 higher)	⊕OOO VERY LOW	CRITICAL
With/without sciatica - HC use (general practice - visits) >4 months (Better indicated by lower values)												
1	randomised trials	serious [a]	no serious inconsistency	no serious indirectness	very serious [b]	none	52	52	-	MD 0.30 lower (2.27 lower to 1.67 higher)	⊕OOO VERY LOW	IMPORTANT

With/without sciatica - HC use (specialist care - visits) >4 months (Better indicated by lower values)												
1	randomised trials	serious [a]	no serious inconsistency	no serious indirectness	serious [b]	none	52	52	-	MD 0.58 higher (0.35 lower to 1.51 higher)	⊕⊕OO LOW	IMPORTANT
With/without sciatica - HC use (radiography - visits) >4 months (Better indicated by lower values)												
1	randomised trials	serious [a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	52	52	-	MD 0.10 lower (0.24 lower to 0.04 higher)	⊕⊕⊕O MODERATE	IMPORTANT
With/without sciatica - HC use (occupational physician - visits) >4 months (Better indicated by lower values)												
1	randomised trials	serious [a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	52	52	-	MD 0.14 lower (0.42 lower to 0.14 higher)	⊕⊕⊕O MODERATE	IMPORTANT
With/without sciatica - HC use (psychologist - visits) >4 months (Better indicated by lower values)												
1	randomised trials	serious [a]	no serious inconsistency	no serious indirectness	very serious [b]	none	52	52	-	MD 0.28 higher (0.64 lower to 1.2 higher)	⊕OOO VERY LOW	IMPORTANT
With/without sciatica - HC use (therapist -sessions) >4 months (Better indicated by lower values)												
1	randomised trials	serious [a]	no serious inconsistency	no serious indirectness	very serious [b]	none	52	52	-	MD 4.62 lower (10.23 lower to 0.99 higher)	⊕OOO VERY LOW	IMPORTANT

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

J.5.2 Combinations – exercise therapy adjunct

J.5.2.1 Low back pain without sciatica population

Table 103: Exercise (biomechanical) plus Electrotherapy (TENS) compared with Electrotherapy (TENS)

Quality assessment							No of patients		Effect	Quality	Importance

No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Exercise (biomech) + TENS**	**TENS**	**Relative (95% CI)**	**Absolute**		
Pain (Borg verbal pain rating scale 0-10) - <4 months (follow-up 8 weeks; measured with: Borg; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	21	23	-	MD 0.16 lower (0.21 to 0.11 lower)	⊕⊕OO LOW	CRITICAL
Function (Oswestry index 0-100) - <4 months (follow-up 8 weeks; measured with: ODI; range of scores: 0-50; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	21	23	-	MD 3.2 lower (4.4 to 2 lower)	⊕⊕OO LOW	CRITICAL

[1] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias

Table 104: Exercise (biomechanical + aerobic) + electrotherapy (PENS) compared to sham electrotherapy (PENS)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Exercise (biomech + aerobic) + PENS**	**sham PENS**	**Relative (95% CI)**	**Absolute**		
SF-36 (0-100) - <4 months: Mental component summary score (follow-up 6 weeks; measured with: SF-36; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	45	48	-	MD 0.2 lower (4.72 lower to 4.32 higher)	⊕⊕OO LOW	CRITICAL
SF-36 (0-100) - >4 months: Mental component summary score (follow-up 6 months; measured with: SF-36; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	45	48	-	MD 1.4 lower (6.52 lower to 3.72 higher)	⊕⊕OO LOW	CRITICAL
SF-36 (0-100) - <4 months: Physical component summary score (follow-up 6 weeks; measured with: SF-36; range of scores: 0-100; Better indicated by higher values)												

1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	45	48	-	MD 2 lower (12.11 lower to 8.11 higher)	⊕⊕OO LOW	CRITICAL
SF-36 (0-100) - >4 months: Physical component summary score (follow-up 6 months; measured with: SF-36; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	45	48	-	MD 0.7 lower (10.87 lower to 9.47 higher)	⊕⊕OO LOW	CRITICAL
Pain (McGill) - <4 months (follow-up 6 weeks; measured with: McGill; range of scores: 0-78; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	45	48	-	MD 1.8 lower (4.79 lower to 1.19 higher)	⊕OOO VERY LOW	CRITICAL
Pain (McGill) - >4 months (follow-up 6 months; measured with: McGill; range of scores: 0-78; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	45	48	-	MD 0.5 lower (3.84 lower to 2.84 higher)	⊕⊕OO LOW	CRITICAL
Function (Roland Morris) - <4 months (follow-up 6 weeks; measured with: RMDQ; range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	45	48	-	MD 0.1 higher (1.62 lower to 1.82 higher)	⊕⊕OO LOW	CRITICAL
Function (Roland Morris) - >4 months (follow-up 6 months; measured with: RMDQ; range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	45	48	-	MD 0.9 higher (0.93 lower to 2.73 higher)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs.

Table 105: Exercise (biomechanical + aerobic) + electrotherapy (PENS) compared to electrotherapy (PENS)

Quality assessment						No of patients	Effect	Quality	Importance

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Exercise (biomech + aerobic) + PENS	PENS	Relative (95% CI)	Absolute		
SF-36 (0-100) - <4 months: Mental component summary score (follow-up 6 weeks; measured with: SF-36; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	45	47	-	MD 1.8 lower (6.58 lower to 2.98 higher)	⊕OOO VERY LOW	CRITICAL
SF-36 (0-100) - >4 months: Mental component summary score (follow-up 6 months; measured with: SF-36; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	45	47	-	MD 1.6 higher (4.37 lower to 7.57 higher)	⊕OOO VERY LOW	CRITICAL
SF-36 (0-100) - <4 months: Physical component summary score (follow-up 6 weeks; measured with: SF-36; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	45	47	-	MD 5 higher (4.58 lower to 14.58 higher)	⊕OOO VERY LOW	CRITICAL
SF-36 (0-100) - >4 months: Physical component summary score (follow-up 6 months; measured with: SF-36; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	45	47	-	MD 10.3 higher (0.78 to 19.82 higher)	⊕OOO VERY LOW	CRITICAL
Pain (McGill) - <4 months (follow-up 6 weeks; measured with: McGill; range of scores: 0-78; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	45	47	-	MD 1.2 lower (4.76 lower to 2.36 higher)	⊕OOO VERY LOW	CRITICAL
Pain (McGill) - >4 months (follow-up 6 months; measured with: McGill; range of scores: 0-78; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision[b]	none	45	47	-	MD 0.4 lower (3.75 lower to 2.95 higher)	⊕⊕OO LOW	CRITICAL
Function (Roland Morris) - <4 months (follow-up 6 weeks; measured with: RMDQ; range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	45	47	-	MD 0 higher (1.86 lower to 1.86 higher)	⊕⊕OO LOW	CRITICAL

Function (Roland Morris) - >4 months (follow-up 6 months; measured with: RMDQ; range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	45	47	-	MD 0 higher (1.74 lower to 1.74 higher)	⊕⊕OO LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs.

Table 106: Group exercise (mixed: biomechanical + aerobic) + self management (education) + manual therapy (manipulation) compared to individual exercise (biomechanical) + self management (education) + manual therapy (manipulation)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Group exercise (biomech + aerob) + education + manipulation**	**individual exercise (biomech) + education + manipulation**	**Relative (95% CI)**	**Absolute**		
Analgesic use - <4 months (follow-up mean 8 weeks)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	13/33 (39.4%)	20.7%	RR 1.9 (0.83 to 4.36)	186 more per 1000 (from 35 fewer to 696 more)	⊕OOO VERY LOW	IMPORTANT

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs.

Table 107: Exercise (aerobic) + psychological intervention (behavioural therapy) compared to psychological intervention (behavioural therapy)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Exercise (aerobic) + behavioural therapy**	**behavioural therapy**	**Relative (95%**	**Absolute**		

									CI)			
Pain (McGill) - <4 months (follow-up 8 weeks; measured with: McGill; range of scores: 0-78; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	18	18	-	MD 2.93 lower (10.62 lower to 4.76 higher)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs.

Table 108: Exercise (aerobic) + psychological intervention (cognitive behavioural approaches) + self management (education) compared to psychological intervention (cognitive behavioural approaches) + self management (education)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Exercise (aerobic) + cognitive behavioural approaches + education**	**cognitive behavioural approaches + education**	**Relative (95% CI)**	**Absolute**		
Pain (0-100 NRS converted to 0-10) - <4 months (follow-up 3 months; measured with: NRS; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	15	12	-	MD 0.35 lower (2.34 lower to 1.64 higher)	⊕OOO VERY LOW	CRITICAL
Function (Roland Morris 0-24) - <4 months (follow-up 3 months; measured with: RMDQ; range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	15	12	-	MD 2.1 higher (1.41 lower to 5.61 higher)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs.

Table 109: Exercise (biomechanical – pilates) + self management (education) compared to self-management (education)

Quality assessment	No of patients	Effect	Quality	Importance

No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Pilates + education +**	**self-management**	**Relative (95% CI)**	**Absolute**		
Pain (NRS 0-10) - <4 months (follow-up 6 weeks; measured with: NRS; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	43	43	-	MD 2.1 lower (3.07 to 1.13 lower)	⊕OOO VERY LOW	CRITICAL
Pain (NRS 0-10) - >4 months (follow-up 6 months; measured with: NRS; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	43	43	-	MD 0.8 lower (1.75 lower to 0.15 higher)	⊕OOO VERY LOW	CRITICAL
Function (Roland Morris 0-24) - <4 months (follow-up 6 weeks; measured with: RMDQ; range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	43	43	-	MD 3.5 lower (5.48 to 1.52 lower)	⊕OOO VERY LOW	CRITICAL
Function (Roland Morris 0-24) - >4 months (follow-up 6 months; measured with: RMDQ; range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	43	43	-	MD 2.2 lower (4.35 to 0.05 lower)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs.

J.5.2.2 Low back pain with sciatica population

Table 110: Exercise (biomechanical) + self-management (unsupervised exercise) compared to TENS + laser + massage + self-management (unsupervised exercise)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Exercise (biomech) + self-management (unsupervised exercise)	Control	Relative (95% CI)	Absolute		
Overall - Pain (VAS 0-10) <4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	20	20	-	MD 3.19 lower (3.95 to 2.43 lower)	⊕⊕⊕O MODERATE	CRITICAL
Overall - Function (revised ODI 0-100) < 4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	20	20	-	MD 18.21 lower (23.07 to 13.35 lower)	⊕⊕⊕O MODERATE	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias

J.5.2.3 Low back pain with/without sciatica population

Table 111: Exercise plus orthoses compared to orthoses

Quality assessment	No of patients	Effect	Quality	Importance

No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Exercise + orthoses**	**orthoses**	**Relative (95% CI)**	**Absolute**		
Responder criteria (remission of pain) - >4 months												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	6/24 (25%)	25%	RR 1 (0.38 to 2.66)	0 fewer per 1000 (from 155 fewer to 415 more)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs.

Table 112: Exercise plus self-management (education) compared to self-management

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Exercise + education**	**self-management**	**Relative (95% CI)**	**Absolute**		
Number improving on Disability index - >4 months												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	17/46 (37%)	6.8%	RR 5.42 (1.71 to 17.22)	301 more per 1000 (from 48 more to 1000 more)	⊕⊕OO LOW	CRITICAL
Number improving on Quality of life index - >4 months												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	45/46 (97.8%)	27.3%	RR 3.59 (2.21 to 5.82)	707 more per 1000 (from 330 more to 1000 more)	⊕⊕OO LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias

601

602 **Table 113: Exercise plus self-management (mixed modality – home exercise plus education) compared to usual care**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Exercise + home exercise + relaxation + education	usual care	Relative (95% CI)	Absolute		
Function (Roland Morris 0-24) - <4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	100	109	-	MD 0.8 lower (1.33 to 0.27 lower)	⊕⊕OO LOW	CRITICAL
Function (Roland Morris 0-24) - >4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	100	109	-	MD 2.3 lower (2.87 to 1.73 lower)	⊕⊕OO LOW	CRITICAL

603 [a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias

604

605 **Table 114: Exercise plus self management (mixed modality – home exercise + education) compared to self-management (education)**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Exercise + home exercise + relaxation + education	education	Relative (95% CI)	Absolute		
Function (Roland Morris 0-24) - <4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	100	139	-	MD 0 higher (0.48 lower to 0.48 higher)	⊕⊕OO LOW	CRITICAL

Function (Roland Morris 0-24) - >4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	100	139	-	MD 0.4 lower (1.05 lower to 0.25 higher)	⊕⊕OO LOW	CRITICAL

606 [a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias

607

608 **Table 115: Exercise (biomechanical) + self-management (home exercise) compared to self-management (self-care advice based on the Back Book)**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Exercise (biomech) + home exercise**	**self-management**	**Relative (95% CI)**	**Absolute**		
Quality of life (15D 0 to 1) - <4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	43	40	-	MD 0.01 higher (0.02 lower to 0.04 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (15D 0 to 1) - >4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	43	40	-	MD 0.02 higher (0.01 lower to 0.05 higher)	⊕⊕OO LOW	CRITICAL
Pain (0-100 VAS converted to 0-10) - <4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	43	40	-	MD 0.4 lower (1.45 lower to 0.65 higher)	⊕⊕OO LOW	CRITICAL
Pain (0-100 VAS converted to 0-10) - >4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	43	40	-	MD 1 lower (2.02 lower to 0.02 higher)	⊕⊕OO LOW	CRITICAL

Function (Roland Morris 18 item) - <4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	43	40	-	MD 0 higher (1.94 lower to 1.94 higher)	⊕⊕⊕O MODERATE	CRITICAL
Function (Roland Morris 18 item) - >4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	43	40	-	MD 1 lower (3.15 lower to 1.15 higher)	⊕⊕OO LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or downgraded by 2 increments if the confidence interval crossed both MIDs

Table 116: Exercise (biomechanical – core stability) + manual therapy (massage) compared to manual therapy (massage)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Exercise (biomechanical - core stability) + manual therapy (massage) vs manual therapy (massage)**	**Control**	**Relative (95% CI)**	**Absolute**		
Pain severity (VAS, 0-10) < 4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	46	46	-	MD 1.39 lower (1.9 to 0.88 lower)	⊕⊕OO LOW	CRITICAL
Function (ODI, 0-100) < 4 months (Better indicated by lower values)												

1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	46	46	-	MD 5.19 lower (6.46 to 3.92 lower)	⊕OOO VERY LOW	CRITICAL
Responder criteria (pain free interval > 30 days)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	43/43 (100%)	100%	RR 1 (0.96 to 1.05)	0 fewer per 1000 (from 40 fewer to 50 more)	⊕OOO VERY LOW	IMPORTANT

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or downgraded by 2 increments if the confidence interval crossed both MIDs

Table 117: Exercise (core stability) + manual therapy (manipulation) compared to self-management (advice to stay active) + manual therapy (manipulation)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Exercise (core stability) + manipulation**	**Self management (advice to stay active) + manipulation**	**Relative (95% CI)**	**Absolute**		
Overall - Quality of life (SF-12 0-100) <4 months - Physical (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	12	13	-	MD 9.3 higher (3.12 to 15.48 higher)	⊕⊕OO LOW	CRITICAL
Overall - Quality of life (SF-12 0-100) <4 months - Mental (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	12	13	-	MD 2.6 higher (5.51 lower to 10.71 higher)	⊕OOO VERY LOW	CRITICAL

Overall - Quality of life (SF-12 0-100) 4 months - 1 year - Physical (Better indicated by lower values)											
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	12	13	-	MD 3.4 higher (1.94 lower to 8.74 higher)	⊕OOO VERY LOW	CRITICAL
Overall - Quality of life (SF-12 0-100) 4 months - 1 year - Mental (Better indicated by lower values)											
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	12	13	-	MD 8.3 higher (0.59 to 16.01 higher)	⊕OOO VERY LOW	CRITICAL
Overall - Pain (McGill - sensory, 0-33) <4 months (Better indicated by lower values)											
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	12	13	-	MD 3.5 lower (6.9 to 0.1 lower)	⊕OOO VERY LOW	CRITICAL
Overall - Pain (McGill - sensory, 0-33) 4 months - 1 year (Better indicated by lower values)											
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	12	13	-	MD 2.3 lower (5.48 lower to 0.88 higher)	⊕OOO VERY LOW	CRITICAL
Overall - Pain (McGill - affective, 0-12) <4 months (Better indicated by lower values)											
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	12	13	-	MD 1.9 lower (4.97 lower to 1.17 higher)	⊕OOO VERY LOW	CRITICAL
Overall - Pain (McGill - affective, 0-12) 4 months - 1 year (Better indicated by lower values)											
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	12	13	-	MD 0.6 lower (1.74 lower to 0.54 higher)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or downgraded by 2 increments if the confidence interval crossed both MIDs

621 **Table 118: Mixed exercise (biomechanical + aerobic) + Alexander technique compared to Alexander technique**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Mixed exercise + Alexander technique	Alexander technique	Relative (95% CI)	Absolute		
Overall - Function (RMDQ 0-24) <4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	15	15	-	MD 1.28 higher (2.8 lower to 5.36 higher)	⊕OOO VERY LOW	CRITICAL

622 [a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
623 [b] Downgraded by 1 increment if the confidence interval crossed 1 MID or downgraded by 2 increments if the confidence interval crossed both MIDs

624

625 1.6 Postural therapies

626 1.6.1 Single interventions

627 **Table 119: Alexander technique (6 lessons) versus usual care for low back pain and sciatica at > 4 months - 1 year (without sciatica)**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Alexander technique (6 lessons) versus usual care	Control	Relative (95% CI)	Absolute		
SF-36 physical (1 year) (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	58	60	-	MD 2.04 higher (5.58 lower to 9.66 higher)	⊕⊕OO LOW	CRITICAL

SF-36 mental (1 year) (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	58	60	-	MD 4.1 higher (3.27 lower to 11.47 higher)	⊕⊕OO LOW	CRITICAL
Von Korff pain scale (1 year) (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	58	60	-	MD 0.44 lower (1.31 lower to 0.43 higher)	⊕⊕OO LOW	CRITICAL
Roland Morris Disability scale (1 year) (range of scores: 0-28; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	58	60	-	MD 1.44 lower (3.34 lower to 0.46 higher)	⊕⊕OO LOW	CRITICAL
Primary care contacts (Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	58	60	-	MD 0.05 higher (0.25 lower to 0.35 higher)	⊕⊕⊕O MODERATE	IMPORTANT
Prescriptions (Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	58	60	-	MD 0.21 lower (0.72 lower to 0.3 higher)	⊕⊕⊕O MODERATE	IMPORTANT

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

Table 120: Alexander technique (24 lessons) versus usual care for low back pain and sciatica at > 4 months - 1 year (without sciatica)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Alexander technique (24 lessons) versus usual care**	**Control**	**Relative (95% CI)**	**Absolute**		

SF-36 physical (1 year) (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	61	60	-	MD 11.83 higher (4.42 to 19.24 higher)	⊕⊕OO LOW	CRITICAL
SF-36 mental (1 year) (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	61	60	-	MD 3.74 higher (3.56 lower to 11.04 higher)	⊕⊕OO LOW	CRITICAL
Von Korff pain scale (1 year) (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	61	60	-	MD 1.34 lower (2.2 to 0.48 lower)	⊕⊕OO LOW	CRITICAL
Roland Morris Disability scale (1 year) (range of scores: 0-28; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	61	60	-	MD 4.14 lower (6.01 to 2.27 lower)	⊕⊕OO LOW	CRITICAL
Primary care contacts (Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	61	60	-	MD 0.01 higher (0.28 lower to 0.3 higher)	⊕⊕⊕O MODERATE	IMPORTANT
Prescriptions (Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	61	60	-	MD 0.22 higher (0.48 lower to 0.92 higher)	⊕⊕OO LOW	IMPORTANT

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

Table 121: Alexander technique (6 lessons) versus exercise prescription at > 4 months - 1 year (without sciatica)

Quality assessment							No of patients		Effect	Quality	Importance

No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Alexander technique (6 lessons) versus exercise prescription**	**Control**	**Relative (95% CI)**	**Absolute**		
SF-36 physical (1 year) (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	58	51	-	MD 4.12 higher (5.17 lower to 13.41 higher)	⊕⊕OO LOW	CRITICAL
SF-36 mental (1 year) (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	58	51	-	MD 3.38 higher (5.2 lower to 11.96 higher)	⊕⊕⊕O MODERATE	CRITICAL
Von Korff pain scale (1 year) (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	58	51	-	MD 0.13 lower (1.15 lower to 0.89 higher)	⊕⊕⊕O MODERATE	CRITICAL
Roland Morris Disability scale (1 year) (range of scores: 0-28; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	58	51	-	MD 0.21 higher (1.76 lower to 2.18 higher)	⊕⊕⊕O MODERATE	CRITICAL
Primary care contacts (Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	58	51	-	MD 0.02 lower (0.38 lower to 0.34 higher)	⊕⊕⊕O MODERATE	IMPORTANT
Prescriptions (Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	58	51	-	MD 0.24 lower (0.76 lower to 0.28 higher)	⊕⊕⊕O MODERATE	IMPORTANT

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

638 **Table 122: Alexander technique (24 lessons) versus exercise prescription at > 4 months - 1 year (without sciatica)**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Alexander technique (24 lessons) versus exercise prescription	Control	Relative (95% CI)	Absolute		
SF-36 physical (1 year) (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	61	51	-	MD 13.91 higher (4.79 to 23.03 higher)	⊕⊕OO LOW	CRITICAL
SF-36 mental (1 year) (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	61	51	-	MD 3.02 higher (5.91 lower to 11.95 higher)	⊕⊕⊕O MODERATE	CRITICAL
Von Korff pain scale (1 year) (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	61	51	-	MD 1.03 lower (2.04 to 0.02 lower)	⊕⊕OO LOW	CRITICAL
Roland Morris Disability scale (1 year) (range of scores: 0-28; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	61	51	-	MD 2.49 lower (4.43 to 0.55 lower)	⊕⊕OO LOW	CRITICAL
Primary care contacts (Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	61	51	-	MD 0.06 lower (0.41 lower to 0.29 higher)	⊕⊕⊕O MODERATE	IMPORTANT
Prescriptions (Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	61	51	-	MD 0.19 higher (0.52 lower to 0.9	⊕⊕OO LOW	IMPORTANT

										higher)		

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

Table 123: Alexander technique (24 lessons) versus Alexander technique (6 lessons) at > 4 months - 1 year (without sciatica)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Alexander technique (24 lessons) versus Alexander technique (6 lessons)	Control	Relative (95% CI)	Absolute		
SF-36 physical (1 year) (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	61	58	-	MD 9.79 higher (18.08 to 1.5 higher)	⊕⊕OO LOW	CRITICAL
SF-36 mental (1 year) (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	61	58	-	MD 0.36 lower (7.47 higher to 8.19 lower)	⊕⊕⊕O MODERATE	CRITICAL
Von Korff pain scale (1 year) (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	61	58	-	MD 0.9 lower (0.03 higher to 1.83 lower)	⊕⊕OO LOW	CRITICAL
Roland Morris Disability scale (1 year) (range of scores: 0-28; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	61	58	-	MD 2.7 lower (0.83 to 4.57 lower)	⊕⊕OO LOW	CRITICAL
Primary care contacts (Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	61	58	-	MD 0.04 lower (0.29 higher to	⊕⊕⊕O MODERATE	IMPORTANT

										0.37 lower)		
Prescriptions (Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	61	58	-	MD 0.43 higher (1.07 higher to 0.21 lower)	⊕⊕⊕O MODERATE	IMPORTANT

642 [a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
643 [b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

644

645 **Table 124: Alexander technique (6 lessons) versus massage at > 4 months - 1 year (without sciatica)**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Alexander technique (6 lessons) versus massage**	**Control**	**Relative (95% CI)**	**Absolute**		
SF-36 physical (1 year) (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	58	64	-	MD 3.49 higher (4.96 lower to 11.94 higher)	⊕⊕OO LOW	CRITICAL
SF-36 mental (1 year) (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	58	64	-	MD 6.21 higher (1.58 lower to 14 higher)	⊕⊕⊕O MODERATE	CRITICAL
Von Korff pain scale (1 year) (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	58	64	-	MD 0.73 lower (1.67 lower to 0.21 higher)	⊕⊕OO LOW	CRITICAL
Roland Morris Disability scale (1 year) (range of scores: 0-28; Better indicated by lower values)												
1	randomised	serious[a]	no serious	no serious	serious[b]	none	58	64	-	MD 0.99 lower (2.84	⊕⊕OO	CRITICAL

	trials		inconsistency	indirectness						lower to 0.86 higher)	LOW	
Primary care contacts (Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	58	64	-	MD 0.19 lower (0.6 lower to 0.22 higher)	⊕⊕⊕O MODERATE	IMPORTANT
Prescriptions (Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	58	64	-	MD 0.13 lower (0.63 lower to 0.37 higher)	⊕⊕⊕O MODERATE	IMPORTANT

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

Table 125: Alexander technique (24 lessons) versus massage at > 4 months - 1 year (without sciatica)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Alexander technique (24 lessons) versus massage	Control	Relative (95% CI)	Absolute		
SF-36 physical (1 year) (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	61	64	-	MD 13.28 higher (5.02 to 21.54 higher)	⊕⊕OO LOW	CRITICAL
SF-36 mental (1 year) (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	61	64	-	MD 5.85 higher (2.32 lower to 14.02 higher)	⊕⊕OO LOW	CRITICAL
Von Korff pain scale (1 year) (range of scores: 0-10; Better indicated by lower values)												
1	randomised	serious[a]	no serious	no serious	serious[b]	none	61	64	-	MD 1.63 lower (2.56	⊕⊕OO	CRITICAL

	trials		inconsistency	indirectness						to 0.7 lower)	LOW	
Roland Morris Disability scale (1 year) (range of scores: 0-28; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	61	64	-	MD 3.69 lower (5.51 to 1.87 lower)	⊕⊕OO LOW	CRITICAL
Primary care contacts (Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	61	64	-	MD 0.23 lower (0.63 lower to 0.17 higher)	⊕⊕⊕O MODERATE	IMPORTANT
Prescriptions (Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	61	64	-	MD 0.3 higher (0.39 lower to 0.99 higher)	⊕⊕OO LOW	IMPORTANT

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

Table 126: Alexander technique (10 sessions) versus usual care (overall population)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Alexander texhnique (10 lessons) versus usual care**	**Control**	**Relative (95% CI)**	**Absolute**		
Overall - Function (RMDQ 0-24) <4 months [mean difference from control] (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	15	13	-	MD 1.38 lower (4.82 lower to 2.07 higher)	⊕OOO VERY LOW	CRITICAL
Overall - Pain (von Korff 0-100) <4 months [mean difference from control] (Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	15	13	-	MD 0.63 lower (1.99 lower to 0.73 higher)	⊕⊕OO LOW	CRITICAL
Overall - Function (RMDQ 0-24) 4 months - 1 year [mean difference from control] (Better indicated by lower values)												

1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	15	13	-	MD 2.86 lower (6.53 lower to 0.81 higher)	⊕⊕OO LOW	CRITICAL
Overall - Pain (von Korff 0-100) 4 months - 1 year [mean difference from control] (Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	15	13	-	MD 0.09 higher (1.35 lower to 1.52 higher)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

Table 127: Alexander technique (10 sessions) versus mixed exercise (overall population)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Alexander technique (10 lessons) versus mixed exercise**	**Control**	**Relative (95% CI)**	**Absolute**		
Overall - Function (RMDQ 0-24) <4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	15	14	-	MD 0.12 higher (3.06 lower to 3.3 higher)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

5.6.12 Combined interventions (postural therapy adjunct)

Table 128: Combined intervention Postural therapy + MBR versus MBR only (< 4 months)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Combined intervention	MBR programme 3 elements: physical + psychological + education	Relative (95% CI)	Absolute		
Back pain severity (NRS, 0-10) < 4 months (follow-up 2 years; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	77	77	-	MD 0.1 higher (0.3 lower to 0.5 higher)	⊕⊕⊕O MODERATE	CRITICAL
Leg pain severity (NRS, 0-10) < 4 months (follow-up 2 years; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	77	77	-	MD 0.2 higher (0.34 lower to 0.74 higher)	⊕⊕⊕O MODERATE	CRITICAL
Function (ODI, 0-100) < 4 months (follow-up 2 years; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	77	77	-	MD 2.8 lower (4.63 to 0.97 lower)	⊕⊕⊕O MODERATE	CRITICAL

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias

Table 129: Alexander technique (10 sessions) + mixed exercise versus usual care (overall population)

Quality assessment							No of patients		Effect		Quality	Importance
No of	Design	Risk of	Inconsistency	Indirectness	Imprecision	Other	Alexander technique (10	Control	Relative	Absolute		

studies		bias				considerations	lessons) + mixed exercise versus usual care		(95% CI)			
Overall - Function (RMDQ 0-24) <4 months [mean difference from control] (Better indicated by lower values)												
1	randomised trials	serious [a]	no serious inconsistency	no serious indirectness	very serious [b]	none	15	13	-	MD 0.75 lower (4.21 lower to 2.72 higher)	⊕OOO VERY LOW	CRITICAL
Overall - Pain (von Korff 0-100) <4 months [mean difference from control] (Better indicated by lower values)												
1	randomised trials	serious [a]	no serious inconsistency	no serious indirectness	serious [b]	none	15	13	-	MD 1.27 lower (2.63 lower to 0.1 higher)	⊕⊕OO LOW	CRITICAL
Overall - Function (RMDQ 0-24) 4 months - 1 year [mean difference from control] (Better indicated by lower values)												
1	randomised trials	serious [a]	no serious inconsistency	no serious indirectness	serious [b]	none	15	13	-	MD 2.51 lower (6.21 lower to 1.19 higher)	⊕⊕OO LOW	CRITICAL
Overall - Pain (von Korff 0-100) 4 months - 1 year [mean difference from control] (Better indicated by lower values)												
1	randomised trials	serious [a]	no serious inconsistency	no serious indirectness	serious [b]	none	15	13	-	MD 0.59 lower (2.04 lower to 0.86 higher)	⊕⊕OO LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

Table 130: Combined interventions: Alexander technique (10 sessions) + mixed exercise versus mixed exercise (overall)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Alexander technique (10 sessions) + mixed exercise versus mixed exercise	Control	Relative (95% CI)	Absolute		
Overall - Function (RMDQ 0-24) <4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	15	14	-	MD 0.45 higher (3.4 lower to 4.3	⊕OOO	CRITICAL

										higher)	VERY LOW	

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

6.7 Orthotics

Table 131: Back belts versus usual care (low back pain population)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Belts/corsets	Usual care	Relative (95% CI)	Absolute		
Function (follow-up 3 months; measured with: EIFEL (French version of RMDQ); range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	98	92	-	MD 1.5 lower (2.8 to 0.2 lower)	⊕OOO VERY LOW	CRITICAL
Pain severity (follow-up 3 months; measured with: Pain visual analogue scale; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	98	92	-	MD 0.95 lower (1.54 to 0.36 lower)	⊕OOO VERY LOW	CRITICAL
Responder criteria (pain completely improved) (follow-up ≤4 months)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	5/30 (16.7%)	3/29 (10.3%)	RR 1.61 (0.42 to 6.14)	63 more per 1000 (from 60 fewer to 532 more)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

677 **Table 132: Corset versus usual care (low back pain population)**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Corsets/belts v. usual care	Control	Relative (95% CI)	Absolute		
Change in function (all corsets) (follow-up 2 weeks; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	69	58	-	MD 8.48 higher (3.59 to 13.38 higher)	⊕⊕OO LOW	CRITICAL
Change in function - Inextensible orthotics (follow-up 2 weeks; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	37	29	-	MD 11.6 higher (4.47 to 18.73 higher)	⊕⊕OO LOW	CRITICAL
Change in function - Extensible orthotics (follow-up 2 weeks; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	32	29	-	MD 5.7 higher (1.03 lower to 12.43 higher)	⊕⊕OO LOW	CRITICAL
Change in pain (all corsets) (follow-up 2 weeks; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	69	68	-	MD 0.9 higher (0.09 lower to 1.89 higher)	⊕⊕OO LOW	CRITICAL
Change in pain - Inextensible orthotics (follow-up 2 weeks; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	37	39	-	MD 0.9 higher (0.47 lower to 2.27 higher)	⊕⊕OO LOW	CRITICAL
Change in pain - Extensible orthotics (follow-up 2 weeks; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	32	29	-	MD 0.9 higher (0.53 lower to 2.33 higher)	⊕⊕OO LOW	CRITICAL

678 [a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
679 [b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

680 **Table 133: Belts/corsets versus manipulation (low back pain population)**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Belts/corsets	Manipulation	Relative (95% CI)	Absolute		
Function (follow-up.3 weeks; measured with: Revised ODI; range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	12	26	-	MD 10.85 higher (1.77 to 19.93 higher)	⊕OOO VERY LOW	CRITICAL
Pain severity (follow-up 3 weeks; measured with: Pain visual analogue scale 1-10; range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	25	65	-	MD 0.82 higher (0.43 lower to 2.65 higher)	⊕⊕OO LOW	CRITICAL
Responder criteria (improved pain) (follow-up ≤4 months)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	27/93 (29%)	44/98 (44.9%)	RR 0.65 (0.44 to 0.95)	157 fewer per 1000 (from 22 fewer to 251 fewer)	⊕OOO VERY LOW	CRITICAL

681 [a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
682 [b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

683 **Table 134: Belt/corset versus massage (low back pain population)**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Belts/corsets	Massage	Relative (95% CI)	Absolute		
Function (follow-up 3 weeks; measured with: ODI; range of scores: 0-100; Better indicated by lower values)												
1	randomised	very	no serious	no serious	serious[b]	none	12	15	-	MD 11.67 lower (23.69	⊕OOO	CRITICAL

	trials	serious[a]	inconsistency	indirectness						lower to 0.35 higher)	VERY LOW	
Pain severity (follow-up 3 weeks; measured with: Pain visual analogue scale; range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	25	32	-	MD 0.13 higher (1.24 lower to 1.5 higher)	⊕⊕OO LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

Table 135: Corset versus non-opioid analgesic (low back pain population)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Corsets versus paracetamol**	**Control**	**Relative (95% CI)**	**Absolute**		
Responder criteria (improved pain) (follow-up ≤4 months)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	27/93 (29%)	33/100 (33%)	RR 0.88 (0.58 to 1.34)	40 fewer per 1000 (from 139 fewer to 112 more)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

Table 136: Foot orthotics versus placebo (low back pain and sciatica population)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Foot orthotics**	**Placebo/sham**	**Relative (95% CI)**	**Absolute**		
Function (follow-up 4 weeks; measured with: ODI; range of scores: 0-100; Better indicated by lower values)												
1	randomised	serious[a]	no serious	no serious	no serious	none	29	22	-	MD 12.95 lower	⊕⊕⊕O	CRITICAL

	trials		inconsistency	indirectness	imprecision					(17.88 to 8.02 lower)	MODERATE	
Pain severity (follow-up 4 weeks; measured with: Pain visual analogue scale; range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	29	22	-	MD 3.47 lower (4.43 to 2.51 lower)	⊕⊕⊕O MODERATE	CRITICAL

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias

Table 137: Rocker sole shoes versus placebo/sham (flat sole shoes) (low back pain population)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Foot orthotics versus usual care	Control	Relative (95% CI)	Absolute		
Function ≤4 months (follow-up 6 weeks; measured with: Roland Morris disability questionnaire; range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	50	50	-	MD 1.2 lower (3.07 lower to 0.67 higher)	⊕⊕OO LOW	CRITICAL
Function >4 months - 1 year (follow-up 12 months; range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	44	49	-	MD 0.8 lower (2.8 lower to 1.2 higher)	⊕⊕OO LOW	CRITICAL
Pain ≤4 months (follow-up 6 weeks; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	50	50	-	MD 0.30 lower (1.2 lower to 0.6 higher)	⊕⊕OO LOW	CRITICAL
Pain >4 months - 1 year (follow-up 12 months; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	44	49	-	MD 0 higher (1.25 lower to 1.25 higher)	⊕⊕⊕O MODERATE	CRITICAL
Anxiety ≤4 months (follow-up 6 weeks; range of scores: 0-21; Better indicated by lower values)												

1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	50	50	-	MD 1.3 higher (0.62 lower to 3.22 higher)	⊕⊕OO LOW	CRITICAL
Anxiety >4 months - 1 year (follow-up 12 months; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	44	49	-	MD 0.3 higher (1.59 lower to 2.19 higher)	⊕⊕⊕O MODERATE	CRITICAL
Depression ≤4 months (follow-up 6 weeks; range of scores: 0-21; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	50	50	-	MD 0.9 higher (0.81 lower to 2.61 higher)	⊕⊕OO LOW	CRITICAL
Depression >4 months - 1 year (follow-up 12 months; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	44	49	-	MD 0.8 higher (0.94 lower to 2.54 higher)	⊕⊕OO LOW	CRITICAL
EQ-5D ≤4 months (follow-up 6 weeks; range of scores: 0-1; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	49	50	-	MD 0.1 lower (0.24 lower to 0.04 higher)	⊕⊕OO LOW	CRITICAL
EQ-5D >4 months - 1 year (range of scores: 0-1; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	44	49	-	MD 0.10 lower (0.24 lower to 0.4 higher)	⊕⊕OO LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

Table 138: Foot orthotics versus usual care (low back pain and sciatica population)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Foot orthotics**	**Usual care**	**Relative (95% CI)**	**Absolute**		
Function (follow-up 6 weeks; measured with: ODI; range of scores: 0-50; Better indicated by lower values)												

1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	23	25	-	MD 8 lower (14 to 2 lower)	⊕OOO VERY LOW	CRITICAL
Pain severity (follow-up mean 6 weeks; measured with: Pain visual analogue scale; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	23	25	-	MD 1.3 lower (2.69 lower to 0.09 higher)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

Table 139: Foot orthotics versus usual care (non-randomised study) (low back pain and sciatica population)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Foot orthotics**	**Usual care**	**Relative (95% CI)**	**Absolute**		
Function (follow-up 8 weeks; measured with: ODI; range of scores: 0-100; Better indicated by lower values)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	30	34	-	MD 6.9 lower (12.2 to 1.6 lower)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

7.7.1 Combinations of interventions – orthotics adjunct

704 Low back pain with or without sciatica

705 **Table 140: Orthotics (corset) plus electrotherapy plus massage plus traction compared with electrotherapy plus mixed modality manual therapy**
706 **(massage plus traction)**

Quality assessment							No of patients		Effect			
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other	Corset + electrotherapy + massage + traction	Electrotherapy + massage + traction	Relative (95% CI)	Absolute	Quality	Importance
Pain (0-100 VAS converted to 0-10 scale) - ≤4 months (Better indicated by lower values)												
1: he 2006	Randomised trials	Very serious[a]	No serious inconsistency	No serious indirectness	No serious imprecision	None	29	29	-	MD 1.02 lower (1.7 to 0.33 lower)	LOW	CRITICAL
Function (Japanese Orthopaedics Academic Association) lumbar disease grade (0-29) - ≤4 months (Better indicated by lower values)												
1: he 2006	Randomised trials	Very serious[a]	No serious inconsistency	No serious indirectness	No serious imprecision	None	29	29	-	MD 3.17 higher (1.5 to 4.84 higher)	LOW	CRITICAL

707 [a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and by 2 increments if the majority of evidence was at very high risk of bias

708

7.8 Manual therapies

7.8.1 Soft tissue techniques

711 **Table 141: Soft tissue techniques (massage) versus sham in low back pain without sciatica**

Quality assessment	No of patients	Effect	Quality	Importance

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Massage versus sham	Control	Relative (95% CI)	Absolute		
Pain (VAS 0-10) <4 months (range of scores: 0-10; Better indicated by lower values)												
2	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	36	36	-	MD 1.01 lower (2.03 lower to 0.02 higher)	⊕OOO VERY LOW	CRITICAL
Pain (McGill score 0-78) <4 months (range of scores: 0-78; Better indicated by lower values)												
3	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	74	72	-	MD 4.73 lower (7.56 to 1.9 lower)	⊕OOO VERY LOW	CRITICAL
Function (Quebec Disability Score 0-100) <4 months (range of scores: 0-100; Better indicated by lower values)												
3	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	74	72	-	MD 4.3 lower (8.28 to 0.32 lower)	⊕⊕OO LOW	CRITICAL

[a] Downgraded by one increment if the majority of the evidence was at high risk of bias, and downgraded by two increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by one increment if the confidence interval crossed one MID or by two increments if the confidence interval crossed both MIDs

Table 142: Soft tissue techniques (massage) versus usual care in low back pain without sciatica

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Massage versus usual care	Control	Relative (95% CI)	Absolute	Quality	Importance
Pain (Von Korff scale 0-10) <4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	120	103	-	MD 0.41 lower (0.91 lower to 0.09 higher)	⊕⊕⊕O	CRITICAL

											MODERATE	
Pain (Von Korff scale 0-10) >4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	120	111	-	MD 0.01 lower (0.65 lower to 0.63 higher)	⊕⊕⊕O MODERATE	CRITICAL
Quality of life composite scores (SF-36- Physical component 0-100) <4 months (range of scores: 0-100; Better indicated by higher values)												
2	randomised trials	very serious[a]	Serious[b]	no serious indirectness	no serious imprecision	none	247	226	-	MD 0.53 lower (1.62 lower to 0.56 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life composite scores (SF-36 - Mental component 0-100) <4 months (range of scores: 0-100; Better indicated by higher values)												
2	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[c]	none	247	226	-	MD 2.43 higher (0.71 to 4.14 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life composite scores (SF-36 - Physical component 0-100) > 4 months (range of scores: 0-100; Better indicated by higher values)												
2	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	247	227	-	MD 0.08 higher (1.15 lower to 1.31 higher)	⊕⊕OO LOW	CRITICAL
Quality of life composite scores (SF-36- Mental component 0-100) > 4 months (range of scores: 0-100; Better indicated by higher values)												
2	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	247	227	-	MD 0.41 higher (1.66 lower to 2.48 higher)	⊕⊕OO LOW	CRITICAL
Function (RMDQ 0-24) <4 months (range of scores: 0-24; Better indicated by lower values)												
2	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[c]	none	247	226	-	MD 2.27 lower (3.07 to 1.47 lower)	⊕OOO VERY LOW	CRITICAL
Function (RMDQ 0-24) > 4 months (range of scores: 0-24; Better indicated by lower values)												
2	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[c]	none	247	227	-	MD 0.35 lower (1.22 lower to 0.51 higher)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by one increment if the majority of the evidence was at high risk of bias, and downgraded by two increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment because of heterogeneity, I2=42%, p=0.19)
[c] Downgraded by one increment if the confidence interval crossed one MID or by two increments if the confidence interval crossed both MIDs

720 **Table 143: Soft tissue techniques (massage) versus acupuncture in low back pain without sciatica**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Massage versus acupuncture	Control	Relative (95% CI)	Absolute		
Function (RMDQ 0-24) <4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	77	89	-	MD 1.6 lower (3.44 lower to 0.24 higher)	⊕OOO VERY LOW	CRITICAL
Function (RMDQ 0-24) > 4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	76	90	-	MD 1.2 lower (3.12 lower to 0.72 higher)	⊕⊕OO LOW	CRITICAL

721 [a] Downgraded by one increment if the majority of the evidence was at high risk of bias, and downgraded by two increments if the majority of the evidence was at very high risk of bias
722 [b] Downgraded by one increment if the confidence interval crossed one MID or by two increments if the confidence interval crossed both MIDs

723

724 **Table 144: Soft tissue techniques (massage) versus self-management in low back pain without sciatica**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Massage versus self-management	Control	Relative (95% CI)	Absolute		
Function (RMDQ 0-24) <4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	77	83	-	MD 2.5 lower (4.35 to 0.65 lower)	⊕OOO VERY LOW	CRITICAL

Function (RMDQ 0-24) > 4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	76	83	-	MD 0.4 higher (1.43 lower to 2.23 higher)	⊕⊕OO LOW	CRITICAL

[a] Downgraded by one increment if the majority of the evidence was at high risk of bias, and downgraded by two increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by one increment if the confidence interval crossed one MID or by two increments if the confidence interval crossed both MIDs

Traction

Table 145: Traction versus sham in low back pain with or without sciatica (mixed population)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Traction versus sham	Control	Relative (95% CI)	Absolute		
Pain VAS (0-10) <4 months (mechanical traction) (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[a]	none	77	73	-	MD 0.56 higher (0.46 lower to 1.58 higher)	⊕⊕⊕O MODERATE	CRITICAL
Pain VAS (0-10) <4 months (inversion traction) (Better indicated by lower values)												
1	randomised trials	Serious[b]	no serious inconsistency	no serious indirectness	no serious imprecision	none	14	15	-	MD 1.59 lower (2.44 to 0.74 lower)	⊕⊕⊕O MODERATE	CRITICAL
Pain VAS (0-10) > 4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	76	72	-	MD 0.37 higher (0.84 lower to 1.58 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Function (RMDQ 0-24) <4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	Serious[b]	no serious inconsistency	no serious indirectness	no serious imprecision	none	77	73	-	MD 0.10 higher (1.8 lower to 2 higher)	⊕⊕⊕O MODERATE	CRITICAL

Function (RMDQ 0-24) > 4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	76	72	-	MD 0.7 higher (1.1 lower to 2.5 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Healthcare utilisation - other medical treatments sought <4 months												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[a]	none	26/77 (33.8%)	18/73 (24.7%)	RR 1.37 (0.82 to 2.28)	91 more per 1000 (from 44 fewer to 316 more)	⊕⊕⊕O MODERATE	IMPORTANT
								0%		-		
Healthcare utilisation - other medical treatments sought > 4 months												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[a]	none	34/76 (44.7%)	30/72 (41.7%)	RR 1.07 (0.74 to 1.55)	29 more per 1000 (from 108 fewer to 229 more)	⊕⊕OO LOW	IMPORTANT
								0%		-		

[a] Downgraded by one increment if the confidence interval crossed one MID or by two increments if the confidence interval crossed both MIDs
[b] Downgraded by one increment if the majority of the evidence was at high risk of bias, and downgraded by two increments if the majority of the evidence was at very high risk of bias

Table 146: Traction versus sham in low back pain without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Traction	Sham	Relative (95% CI)	Absolute		
Pain VAS (0-10) <4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	29	31	-	MD 0.4 lower (1.76 lower to 0.96 higher)	⊕⊕⊕O MODERATE	CRITICAL

[a] Downgraded by one increment if the majority of the evidence was at high risk of bias, and downgraded by two increments if the majority of the evidence was at very high risk of bias

Table 147: Traction versus usual care in low back pain with or without sciatica (mixed population)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Traction	Usual care	Relative (95% CI)	Absolute		
Pain VAS (0-10) <4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	20	19	-	MD 0.5 higher (0.57 lower to 1.57 higher)	⊕OOO VERY LOW	CRITICAL
Function (ODI, 0-100) <4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	20	19	-	MD 4 higher (2.78 lower to 10.78 higher)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by one increment if the majority of the evidence was at high risk of bias, and downgraded by two increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by one increment if the confidence interval crossed one MID or by two increments if the confidence interval crossed both MIDs

Table 148: Traction versus usual care in low back pain with sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Traction versus usual care	Control	Relative (95% CI)	Absolute		
Quality of Life (SF-36 - General health 0-100) <4 months (range of scores: 0-100; Better indicated by higher values)												

1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	18	18	-	MD 21.91 higher (6.82 to 37 higher)	⊕OOO VERY LOW	CRITICAL
Quality of Life (SF-36 - Physical function 0-100) <4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	18	18	-	MD 14.91 higher (1.22 lower to 31.04 higher)	⊕OOO VERY LOW	CRITICAL
Quality of Life (SF-36 - Physical role limitation 0-100) <4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	18	18	-	MD 26.88 higher (1.46 to 52.3 higher)	⊕OOO VERY LOW	CRITICAL
Quality of Life (SF-36 - Bodily pain 0-100) <4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	18	18	-	MD 16.07 higher (3.91 to 28.23 higher)	⊕OOO VERY LOW	CRITICAL
Quality of Life (SF-36 - Vitality 0-100) <4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	18	18	-	MD 20.67 higher (3.08 to 38.26 higher)	⊕OOO VERY LOW	CRITICAL
Quality of Life (SF-36 - Social function 0-100) <4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	18	18	-	MD 18.55 higher (0.43 to 36.67 higher)	⊕OOO VERY LOW	CRITICAL
Quality of Life (SF-36 - Mental health 0-100) <4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	18	18	-	MD 20.65 higher (2.17 to 39.13 higher)	⊕OOO VERY LOW	CRITICAL
Quality of Life (SF-36 - Emotional role limitation 0-100) <4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised	very	no serious	no serious	Serious[b]	none	18	18	-	MD 36.87 higher (9.13 to	⊕OOO	CRITICAL

	trials	serious[a]	inconsistency	indirectness						64.61 higher)	VERY LOW	
Function (ODI 0-100) <4 months (range of scores: 0-100; Better indicated by lower values)												
2	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	49	51	-	MD 5.98 higher (0.82 lower to 12.77 higher)	⊕⊕OO LOW	CRITICAL
Pain VAS (0-10) <4 months (weightbath traction) (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	18	18	-	MD 2.98 lower (4.51 to 1.45 lower)	⊕OOO VERY LOW	CRITICAL
Pain VAS (0-10) <4 months (mechanical traction) (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	31	33	-	MD 0.2 higher (1 lower to 1.4 higher)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by one increment if the majority of the evidence was at high risk of bias, and downgraded by two increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by one increment if the confidence interval crossed one MID or by two increments if the confidence interval crossed both MIDs

Table 149: Traction versus exercise (biomechanical) in low back pain with or without sciatica (mixed population)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Traction versus biomechanical exercise**	**Control**	**Relative (95% CI)**	**Absolute**		
Healthcare utilisation - visited other healthcare practitioners > 4 months												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[a]	none	41/107 (38.3%)	45/84 (53.6%)	RR 0.72 (0.52 to 0.98)	150 fewer per 1000 (from 11 fewer to 257 fewer)	⊕⊕⊕O MODERATE	CRITICAL

a Downgraded by one increment if the confidence interval crossed one MID or by two increments if the confidence interval crossed both MIDs

746

J.8.3 Manipulation/mobilisation

748 **Table 150: Manipulation/mobilisation versus sham in low back pain without sciatica**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Manipulation/mobilisation versus sham	Control	Relative (95% CI)	Absolute		
Quality of life (Euroqol health state 0-100) < 4 months (Better indicated by higher values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[a]	none	89	85	-	MD 4.4 higher (0.42 lower to 9.22 higher)	⊕⊕⊕O MODERATE	CRITICAL
Quality of life (Euroqol health state 0-100) > 4 months (Better indicated by higher values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	85	81	-	MD 2.5 higher (2.43 lower to 7.43 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Quality of life (SF-12/SF36 - Physical composite score0-100) <4 months (Better indicated by higher values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[a]	none	89	85	-	MD 4.1 higher (1.29 to 6.91 higher)	⊕⊕⊕O MODERATE	CRITICAL
Quality of life (SF-12/SF36- Mental composite score 0-100) <4 months (Better indicated by higher values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[a]	none	89	85	-	MD 2.4 lower (5.64 lower to 0.84 higher)	⊕⊕⊕O MODERATE	CRITICAL
Quality of life (SF-12/SF36- Pain subscale 0-100) <4 months (Better indicated by higher values)												
1	randomised trials	very serious[b]	no serious inconsistency	no serious indirectness	Serious[a]	none	69	67	-	MD 0.11 higher (0.48 lower to	⊕OOO VERY LOW	CRITICAL

										0.7 higher)		
Quality of life (SF-12/SF36 - Physical function subscale0-100) <4 months (Better indicated by higher values)												
1	randomised trials	very serious[b]	no serious inconsistency	no serious indirectness	no serious imprecision	none	69	67	-	MD 0.01 lower (0.18 lower to 0.16 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-12 0-100) > 4 months (Better indicated by higher values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	85	81	-	MD 1.9 higher (1.51 lower to 5.31 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Quality of life (SF-12 - Physical composite score 0-100) 4 months - 1 year - Mental composite score (Better indicated by higher values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	85	81	-	MD 0.7 lower (4.46 lower to 3.06 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Pain (VAS 0-10) <4 months (Better indicated by lower values)												
5	randomised trials	Serious[b]	no serious inconsistency	no serious indirectness	no serious imprecision	none	265	268	-	MD 0.26 lower (0.53 lower to 0 higher)	⊕⊕⊕O MODERATE	CRITICAL
Pain (VAS 0-10) > 4 months (Better indicated by lower values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	111	118	-	MD 0.20 lower (0.67 lower to 0.26 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Function (ODI 0-100) <4 months (Better indicated by lower values)												
4	randomised trials	Serious[b]	no serious inconsistency	no serious indirectness	Serious[a]	none	180	194	-	MD 3.91 lower (6.47 to 1.34 lower)	⊕⊕OO LOW	CRITICAL
Function (Von Korff, 0-100) < 4 months (range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[a]	none	89	85	-	MD 7.2 lower (13.82 to 0.58 lower)	⊕⊕⊕O MODERATE	CRITICAL

Function (ODI 0-100) > 4 months (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[a]	none	26	37	-	MD 2.53 lower (8.85 lower to 3.79 higher)	⊕⊕⊕O MODERATE	CRITICAL
Function (Von Korff, 0-100) > 4 months (range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[a]	none	85	81	-	MD 5.6 lower (12.45 to 1.25 lower)	⊕⊕⊕O MODERATE	CRITICAL

[a] Downgraded by one increment if the confidence interval crossed one MID or by two increments if the confidence interval crossed both MIDs
[b] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias

Table 151: Manipulation/mobilisation versus usual care in low back pain with or without sciatica (mixed population)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Manipulation/mobilisation versus usual care**	**Control**	**Relative (95% CI)**	**Absolute**		
Pain (VAS 0-10) < 4 months (Better indicated by lower values)												
2	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	0	-	-	MD 0.03 higher (0.55 lower to 0.61 higher)	⊕OOO VERY LOW	CRITICAL
Pain (VAS 0-10) > 4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	0	-	-	MD 0.22 higher (0.25 lower to 0.69 higher)	⊕⊕⊕O MODERATE	CRITICAL
Function (RMDQ 0-24) <4 months (high velocity thrust) (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	96	49	-	MD 1.5 lower (3.1 lower to 0.1	⊕OOO VERY LOW	CRITICAL

										higher)		
Function (RMDQ 0-24) <4 months (spinal adjusting - mobilisation) (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	169	170	-	MD 0.75 higher (0.29 lower to 1.79 higher)	⊕⊕OO LOW	CRITICAL
Function (RMDQ 0-24) <4 months (traction gap manipulation) (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	15	14	-	MD 3.31 lower (4.83 to 1.79 lower)	⊕⊕OO LOW	CRITICAL
Function (RMDQ 0-24) > 4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	0	-	-	MD 1.3 lower (2.9 lower to 0.3 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 - Physical function 0-100) <4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	0	-	-	MD 4.3 higher (1.2 lower to 9.8 higher)	⊕OOO VERY LOW	CRITICAL
Healthcare utilisation - Number of healthcare visits <4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	169	169	-	MD 1.5 higher (1.22 to 1.78 higher)	⊕⊕⊕O MODERATE	IMPORTANT
Healthcare utilisation - Number of healthcare visits > 4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	165	165	-	MD 2.4 higher (1.63 to 3.17 higher)	⊕⊕OO LOW	IMPORTANT
Adverse events <4 months												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	10/96 (10.4%)	4/49 (8.2%)	RR 1.28 (0.42 to 3.86)	23 more per 1000 (from 47 fewer to 233 more)	⊕OOO VERY LOW	IMPORTANT

								0%		-		

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or downgraded by 2 increments if the confidence interval crossed both MIDs

Table 152: Manipulation/mobilisation versus usual care in low back pain with sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Manipulation/mobilisation	Usual care	Relative (95% CI)	Absolute		
Pain (0-10) <4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	96	96	-	MD 0.9 lower (2.57 lower to 0.77 higher)	⊕OOO VERY LOW	CRITICAL
Pain (0-10) > 4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	96	96	-	MD 0.4 lower (2.15 lower to 1.35 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 - Physical health composite, 0-100) <4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	96	96	-	MD 3.4 higher (3.23 lower to 10.03 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36- Mental health composite, 0-100) <4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	96	96	-	MD 0 higher (4.76 lower to 4.76 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 - Physical health composite, 0-100) > 4 months (Better indicated by lower values)												

1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	96	96	-	MD 1.5 higher (4.85 lower to 7.85 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 - Mental health composite) > 4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	96	96	-	MD 0.7 higher (4.88 lower to 6.28 higher)	⊕OOO VERY LOW	CRITICAL
Function (RMDQ 0-24) <4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	96	96	-	MD 2.5 lower (6.27 lower to 1.27 higher)	⊕OOO VERY LOW	CRITICAL
Function (RMDQ 0-24) > 4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	96	96	-	MD 1.3 lower (5.07 lower to 2.47 higher)	⊕OOO VERY LOW	CRITICAL
Adverse events <4 months												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	29/96 (30.2%)	40/49 (81.6%)	RR 0.72 (0.49 to 1.07)	229 fewer per 1000 (from 416 fewer to 57 more)	⊕OOO VERY LOW	IMPORTANT

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or downgraded by 2 increments if the confidence interval crossed both MIDs

Table 153: Manipulation/mobilisation versus usual care in low back pain without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Manipulation/mobilisation**	**Usual care**	**Relative (95% CI)**	**Absolute**		

Pain (NRS 0-10) <4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	37	35	-	MD 1.2 lower (2.26 to 0.14 lower)	⊕⊕OO LOW	CRITICAL
Pain (NRS 0-10) >4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	37	35	-	MD 0.9 lower (1.98 lower to 0.18 higher)	⊕⊕OO LOW	CRITICAL
Function (ODI 0-100) <4 months (Better indicated by lower values)												
2	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	105	92	-	MD 6.43 lower (10.93 to 1.93 lower)	⊕OOO VERY LOW	CRITICAL
Function (ODI 0-100) >4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	37	35	-	MD 2.3 lower (9.14 lower to 4.54 higher)	⊕OOO VERY LOW	CRITICAL
Responder criteria (>30% reduction pain) <4 months												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	35/37 (94.6%)	20/35 (57.1%)	RR 1.66 (1.23 to 2.23)	377 more per 1000 (from 131 more to 703 more)	⊕⊕OO LOW	IMPORTANT
Responder criteria (>50% reduction pain) <4 months												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	28/37 (75.7%)	14/35 (40%)	RR 1.89 (1.21 to 2.95)	356 more per 1000 (from 84 more to 780 more)	⊕⊕OO LOW	IMPORTANT
Responder criteria (>30% reduction ODI) <4 months												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	28/37 (75.7%)	17/35 (48.6%)	RR 1.56 (1.06 to 2.29)	272 more per 1000 (from 29 more to 627 more)	⊕⊕OO LOW	IMPORTANT
Responder criteria (>50% reduction ODI) <4 months												
1	randomised	Serious[a]	no serious	no serious	Serious[b]	none	19/37	14/35	RR 1.28	112 more per 1000	⊕⊕OO	IMPORTANT

	trials		inconsistency	indirectness			(51.4%)	(40%)	(0.77 to 2.14)	(from 92 fewer to 456 more)	LOW	

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or downgraded by 2 increments if the confidence interval crossed both MIDs

Table 154: Manipulation/mobilisation versus soft tissue techniques (massage) in low back pain without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Manipulation/mobilisation versus massage	Control	Relative (95% CI)	Absolute		
Pain (VAS 0-10) <4 months (range of scores: 0-10; Better indicated by lower values)												
2	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	110	81	-	MD 0.36 lower (0.98 lower to 0.26 higher)	⊕⊕OO LOW	CRITICAL
Pain (VAS 0-10) > 4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	40	47	-	MD 0.59 lower (1.58 lower to 0.4 higher)	⊕OOO VERY LOW	CRITICAL
Function (RMDQ 0-24) <4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	45	49	-	MD 1.38 lower (3.41 lower to 0.65 higher)	⊕OOO VERY LOW	CRITICAL
Function (RMDQ 0-24) > 4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	41	47	-	MD 1.77 lower (3.76 lower to 0.22 higher)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by one increment if the majority of the evidence was at high risk of bias, and downgraded by two increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by one increment if the confidence interval crossed one MID or by two increments if the confidence interval crossed both MIDs

Table 155: Manipulation/mobilisation versus belts/corsets in low back pain without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Manipulation/mobilisation versus belts/corsets	Control	Relative (95% CI)	Absolute		
Pain (VAS 0-10) <4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	65	25	-	MD 0.82 lower (2.07 lower to 0.43 higher)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by one increment if the majority of the evidence was at high risk of bias, and downgraded by two increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by one increment if the confidence interval crossed one MID or by two increments if the confidence interval crossed both MIDs

Table 156: Manipulation/mobilisation versus exercise in low back pain with or without sciatica (mixed population)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Manipulation/mobilisation	Exercise	Relative (95% CI)	Absolute		
Pain severity (NRS, 0-10) < 4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	13	11	-	MD 1.08 lower (2.76 lower to 0.6 higher)	⊕OOO VERY LOW	CRITICAL

Function (RMDQ, 0-24) < 4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	13	11	-	MD 3.21 lower (7.38 lower to 0.96 higher)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or downgraded by 2 increments if the confidence interval crossed both MIDs

Table 157: Manipulation/mobilisation versus interferential therapy in low back pain with or without sciatica (mixed population)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Manipulation/mobilisation versus interferential therapy**	**Control**	**Relative (95% CI)**	**Absolute**		
Quality of life (EQ-5D, 0-1) <4 months (range of scores: 0-1; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	63	65	-	MD 0 higher (0.22 lower to 0.22 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (EQ-5D, 0-1) > 4 months (range of scores: 0-1; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	52	55	-	MD 0.05 lower (0.23 lower to 0.13 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36- General health 0-100) <4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	63	65	-	MD 0.38 lower (6.05 lower to 5.29 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36 - Physical function 0-100) <4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised	very	no serious	no serious	no serious	none	63	65	-	MD 4.64 higher	⊕⊕OO	CRITICAL

	trials	serious[a]	inconsistency	indirectness	imprecision					(20.63 lower to 29.91 higher)	LOW	
Quality of life (SF-36 - Physical role limitation 0-100) <4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	63	65	-	MD 2.79 lower (16.97 lower to 11.39 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36 - Bodily pain 0-100) <4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	63	65	-	MD 0.21 higher (7.61 lower to 8.03 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36 - Vitality 0-100) <4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	63	65	-	MD 1.85 higher (4.73 lower to 8.43 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36 - Social function 0-100) <4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	63	65	-	MD 3.05 higher (5.74 lower to 11.84 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36 - Mental health 0-100) <4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	63	65	-	MD 2.35 higher (3.01 lower to 7.71 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36 - Emotional role limitation 0-100) <4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	63	65	-	MD 7.83 lower (22.61 lower to 6.95 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 - General health 0-100) > 4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	52	55	-	MD 1.66 lower (10.42 lower to 7.1 higher)	⊕⊕OO LOW	CRITICAL

Quality of life (SF-36 - Physical function 0-100) > 4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	52	55	-	MD 1.26 lower (9.65 lower to 7.13 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36 - Physical role limitation 0-100) > 4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	52	55	-	MD 0.8 lower (17.79 lower to 16.19 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36 - Bodily pain 0-100) > 4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	52	55	-	MD 6.6 lower (15.86 lower to 2.66 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 - Vitality 0-100) > 4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	52	55	-	MD 1.83 higher (5.86 lower to 9.52 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36 - Social function 0-100) > 4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	52	55	-	MD 8.3 higher (4.97 lower to 21.57 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 - Mental health 0-100) > 4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	52	55	-	MD 3.88 higher (2.86 lower to 10.62 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 - Emotional role limitation 0-100) > 4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	52	55	-	MD 2.6 higher (11.98 lower to 17.18 higher)	⊕⊕OO LOW	CRITICAL
Pain (VAS 0-10) < 4 months (range of scores: 0-10; Better indicated by lower values)												

1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	63	65	-	MD 0.15 higher (0.71 lower to 1.01 higher)	⊕⊕OO LOW	CRITICAL
Pain (VAS 0-10) > 4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	52	55	-	MD 0.83 higher (0.19 lower to 1.85 higher)	⊕OOO VERY LOW	CRITICAL
Function (RMDQ 0-24) <4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	63	65	-	MD 0.97 lower (2.64 lower to 0.7 higher)	⊕OOO VERY LOW	CRITICAL
Function (RMDQ 0-24) > 4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	63	65	-	MD 0.19 higher (1.68 lower to 2.06 higher)	⊕⊕OO LOW	CRITICAL

[a] Downgraded by one increment if the majority of the evidence was at high risk of bias, and downgraded by two increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by one increment if the confidence interval crossed one MID or by two increments if the confidence interval crossed both MIDs.

Table 158: Manipulation/mobilisation versus ultrasound therapy in low back pain without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Manipulation/mobilisation versus ultrasound therapy**	**Control**	**Relative (95% CI)**	**Absolute**		
Pain (VAS 0-10) <4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	56	56	-	MD 1.65 higher (0.63 to 2.67 higher)	⊕OOO VERY LOW	CRITICAL

Pain (VAS 0-10) > 4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	40	33	-	MD 1.51 higher (0.1 to 2.92 higher)	⊕OOO VERY LOW	CRITICAL
Function (ODI 0-100) <4 months (range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	56	56	-	MD 7.8 higher (2.41 to 13.19 higher)	⊕OOO VERY LOW	CRITICAL
Function (ODI 0-100) > 4 months (range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	40	33	-	MD 5.2 higher (2.65 lower to 13.05 higher)	⊕OOO VERY LOW	CRITICAL

781 [a] Downgraded by one increment if the majority of the evidence was at high risk of bias, and downgraded by two increments if the majority of the evidence was at very high risk of bias
782 [b] Downgraded by one increment if the confidence interval crossed one MID or by two increments if the confidence interval crossed both MIDs

783

784 **Table 159: Manipulation/mobilisation versus self-management in low back pain with or without sciatica (mixed population)**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Manipulation/mobilisation versus self- management**	**Control**	**Relative (95% CI)**	**Absolute**		
Pain (VAS 0-10) <4 months (range of scores: 0-10; Better indicated by lower values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	0	-	-	MD 0.18 lower (0.92 lower to 0.56 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Function (ODI 0-100) <4 months (range of scores: 0-100; Better indicated by lower values)												
1	randomised	no serious	no serious	no serious	Serious[a]	none	39	38	-	MD 5.4 lower	⊕⊕⊕O	CRITICAL

	trials	risk of bias	inconsistency	indirectness						(10.32 to 0.48 lower)	MODERATE	

[a] Downgraded by one increment if the confidence interval crossed one MID or by two increments if the confidence interval crossed both MIDs

Table 160: Manipulation/mobilisation versus non-steroidal anti-inflammatories (NSAIDs) in low back pain without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Manipulation/mobilisation	NSAIDs	Relative (95% CI)	Absolute		
Pain severity (VAS, 0-10) < 4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	58	57	-	MD 0.2 lower (0.89 lower to 0.49 higher)	⊕⊕⊕O MODERATE	CRITICAL
Function (RMDQ, 0-24) < 4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	58	57	-	MD 0.4 lower (2.06 lower to 1.26 higher)	⊕⊕⊕O MODERATE	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias

Table 161: Manipulation/mobilisation versus non-steroidal anti-inflammatories (NSAIDs) in low back pain with or without sciatica (mixed population)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Manipulation/mobilisation versus NSAIDs	Control	Relative (95%	Absolute		

									CI)			
Pain (VAS 0-10) <4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	56	40	-	MD 0.80 lower (1.66 lower to 0.06 higher)	⊕⊕⊕O MODERATE	CRITICAL
Function (RMDQ 0-24) <4 months (range of scores: 0-10; Better indicated by lower values)												
2	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	94	77	-	MD 1.96 lower (3.29 to 0.62 lower)	⊕⊕⊕O MODERATE	CRITICAL

[a] Downgraded by one increment if the majority of the evidence was at high risk of bias, and downgraded by two increments if the majority of the evidence was at very high risk of bias

Table 162: Manipulation/mobilisation versus combination of inteventions (exercise + education) in low back pain with or without sciatica (mixed population)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Manipulation/mobilisation	Combi (exercise + edu)	Relative (95% CI)	Absolute		
Pain severity (NRS, 0-10) < 4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	13	10	-	MD 1.78 lower (3.22 to 0.34 lower)	⊕OOO VERY LOW	CRITICAL
Function (RMDQ, 0-24) < 4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	13	10	-	MD 4.85 lower (8.88 to 0.82 lower)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or downgraded by 2 increments if the confidence interval crossed both MIDs

797

J.284 Mixed modality manual therapy

799 **Table 163: Mixed modality manual therapy versus usual care in low back pain without sciatica**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Mixed modality manual therapy	UC	Relative (95% CI)	Absolute		
Pain severity (Melzak pain score, 0-5) < 4 months (range of scores: 0-5; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	8	10	-	MD 0.9 lower (1.4 to 0.39 lower)	⊕OOO VERY LOW	CRITICAL

800 [a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
801 [b] Downgraded by 1 increment if the confidence interval crossed one MID or downgraded by 2 increments if the confidence interval crossed both MIDs

802

803 **Table 164: Mixed modality manual therapy versus sham in low back pain without sciatica**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Mixed modality manual therapy	Sham	Relative (95% CI)	Absolute		
Responder criteria <4 months												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[a]	none	-	-	RR 1.38 (1.16 to 1.64)	-	⊕⊕⊕O MODERATE	CRITICAL

804 [a] Downgraded by one increment if the confidence interval crossed one MID or by two increments if the confidence interval crossed both MIDs

805

806 **Table 165: Mixed modality manual therapy versus sham in low back pain with or without sciatica (mixed population)**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Mixed modality manual therapy versus sham	Control	Relative (95% CI)	Absolute		
Pain (NRS 0-10) <4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[a]	none	15	14	-	MD 0.28 higher (0.46 lower to 1.02 higher)	⊕⊕⊕O MODERATE	CRITICAL
Pain (NRS 0-10) > 4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[a]	none	15	14	-	MD 0.32 lower (1.24 lower to 0.6 higher)	⊕⊕OO LOW	CRITICAL
Function (ODI change score 0-100) <4 months (Better indicated by lower values)												
1	randomised trials	Serious[b]	no serious inconsistency	no serious indirectness	Serious[a]	none	15	14	-	MD 2.03 lower (8.54 lower to 4.48 higher)	⊕⊕OO LOW	CRITICAL
Function (ODI change score 0-100) >4 months (Better indicated by lower values)												
1	randomised trials	Serious[b]	no serious inconsistency	no serious indirectness	Serious[a]	none	15	14	-	MD 1.26 lower (8.44 lower to 5.92 higher)	⊕⊕OO LOW	CRITICAL

807 [a] Downgraded by one increment if the confidence interval crossed one MID or by two increments if the confidence interval crossed both MIDs
808 [b] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias

809

810 **Table 166: Mixed modality manual therapy versus manipulation/mobilisation in low back pain without sciatica**

Quality assessment	No of patients	Effect	Quality	Importance

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Mixed modality manual therapy versus manipulation/mobilisation	Control	Relative (95% CI)	Absolute		
Pain (VAS 0-10) <4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	48	45	-	MD 0.54 lower (1.89 lower to 0.81 higher)	⊕OOO VERY LOW	CRITICAL
Pain (VAS 0-10) > 4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	49	40	-	MD 0.16 lower (1.1 lower to 0.78 higher)	⊕⊕OO LOW	CRITICAL
Function (RMDQ 0-24) <4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	48	45	-	MD 0.69 lower (2.48 lower to 1.1 higher)	⊕OOO VERY LOW	CRITICAL
Function (RMDQ 0-24) > 4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	48	41	-	MD 0.27 higher (1.48 lower to 2.02 higher)	⊕⊕OO LOW	CRITICAL

[a] Downgraded by one increment if the majority of the evidence was at high risk of bias, and downgraded by two increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by one increment if the confidence interval crossed one MID or by two increments if the confidence interval crossed both MIDs

Table 167: Mixed modality manual therapy versus soft tissue techniques (massage) in low back pain without sciatica

No of	Design	Risk of	Inconsistency	Indirectness	Imprecision	Other	Mixed modality manual	Control	Relative	Absolute	Quality	Importance
		Quality assessment					No of patients		Effect			

studies		bias				considerations	therapy versus massage		(95% CI)			
Pain (VAS 0-10) <4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	48	49	-	MD 0.74 lower (1.38 to 0.1 lower)	⊕OOO VERY LOW	CRITICAL
Pain (VAS 0-10) > 4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	49	47	-	MD 0.75 lower (1.61 lower to 0.11 higher)	⊕OOO VERY LOW	CRITICAL
Function (RMDQ 0-24) > 4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	48	49	-	MD 1.5 lower (3.18 lower to 0.18 higher)	⊕OOO VERY LOW	CRITICAL
Function (RMDQ 0-24) <4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	48	49	-	MD 2.07 lower (3.86 to 0.28 lower)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by one increment if the majority of the evidence was at high risk of bias, and downgraded by two increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by one increment if the confidence interval crossed one MID or by two increments if the confidence interval crossed both MIDs

Table 168: Mixed modality manual therapy versus traction in low back pain without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Mixed modality manual therapy versus traction**	**Control**	**Relative (95% CI)**	**Absolute**		
Pain (VAS 0-10) <4 months (range of scores: 0-10; Better indicated by lower values)												

1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	30	30	-	MD 1 lower (1.66 to 0.34 lower)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by one increment if the majority of the evidence was at high risk of bias, and downgraded by two increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by one increment if the confidence interval crossed one MID or by two increments if the confidence interval crossed both MIDs

Table 169: Mixed modality manual therapy versus exercise (biomechanical) in low back pain without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Mixed modality manual therapy versus biomechanical exercise**	**Control**	**Relative (95% CI)**	**Absolute**		
Pain (Melzak pain scale 0-5) <4 months (range of scores: 0-5; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	8	10	-	MD 0.5 lower (1.03 lower to 0.03 higher)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by one increment if the majority of the evidence was at high risk of bias, and downgraded by two increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by one increment if the confidence interval crossed one MID or by two increments if the confidence interval crossed both MIDs

J.8.1 Combination interventions – manual therapy adjunct

J.8.2 Low back pain with sciatica

Table 170: Manual therapy (manipulation) plus self-management (education) plus exercise (aerobic) compared with self-management (education) plus exercise (aerobic plus McKenzie)

Quality assessment	No of patients	Effect	Quality	Importance

No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Manipulation + education + exercise (aerobic)**	**education + exercise (aerobic + McKenzie)**	**Relative (95% CI)**	**Absolute**		
Pain (VAS change score) - <4 months (measured with: VAS; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	10	15	-	MD 0.9 lower (2.49 lower to 0.69 higher)	⊕OOO VERY LOW	CRITICAL
Function (ODI, 0-100) <4 months (range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	10	15	-	MD 2.86 higher (4.44 lower to 10.16 higher)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs.

Table 171: Manual therapy (soft tissue techniques – muscle energy technique) plus biomechanical exercise (McKenzie) plus self management (unsupervised exercise) versus biomechanical exercise (McKenzie) plus self management (unsupervised exercise

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Manual + ex + self manag**	**Ex + self manag**	**Relative (95% CI)**	**Absolute**		
Pain severity (VAS, 0-10) < 4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	20	20	-	MD 0.1 lower (0.72 lower to 0.52 higher)	⊕OOO VERY LOW	CRITICAL
Function (ODI, 0-100) < 4 months (range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	20	20	-	MD 0.86 lower (4.12 lower to 2.4 higher)	⊕⊕OO	CRITICAL

											LOW	

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or downgraded by 2 increments if the confidence interval crossed both MIDs

Table 172: Manual therapy (soft tissue techniques – muscle energy technique) plus biomechanical exercise (McKenzie) plus self management (unsupervised exercise) versus standard treatment (massage + laser + TENS) plus self management

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Manual + ex + self manag	Std treatment (massage + TENS + laser) + self manag	Relative (95% CI)	Absolute		
Pain severity (VAS, 0-10) < 4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	20	20	-	MD 3.29 lower (4.03 to 2.55 lower)	⊕OOO VERY LOW	CRITICAL
Function (ODI, 0-100) < 4 months (range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	20	20	-	MD 19.07 lower (24.26 to 13.88 lower)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or downgraded by 2 increments if the confidence interval crossed both MIDs

J.8.33 Low back pain without sciatica

Table 173: Manual therapy (soft tissue techniques - massage) plus self-management (exercise prescription) versus Postural therapy (Alexander technique -6 lessons)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Massage + self-management (exercise prescription) versus Alexander technique (6 lessons)	Control	Relative (95% CI)	Absolute		
Qualty of life (SF-36 physical component summary) >4months (follow-up 1 years; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	56	58	-	MD 1.59 higher (7.27 lower to 10.45 higher)	⊕⊕⊕O MODERATE	CRITICAL
Qualty of life (SF-36 mental component summary) >4 months (follow-up 1 years; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	56	58	-	MD 1.37 lower (9.31 lower to 6.57 higher)	⊕⊕⊕O MODERATE	CRITICAL
Pain (Von Korff pain scale) >4months (follow-up 1 years; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	56	58	-	MD 0.22 lower (1.19 lower to 0.75 higher)	⊕⊕⊕O MODERATE	CRITICAL
Function (RMDQ, 0-24) >4 months (follow-up 1 years; range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	58	56	-	MD 0.93 lower (2.84 lower to 0.98 higher)	⊕⊕OO LOW	CRITICAL
Healthcare utilisation (primary care contacts) >4months (follow-up 1 years; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	56	58	-	MD 0.16 lower (0.47 lower to 0.15 higher)	⊕⊕OO LOW	IMPORTANT

Healthcare utilisation (prescriptions) >4months (follow-up 1 years; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	56	58	-	MD 0.04 lower (0.55 lower to 0.47 higher)	⊕⊕⊕O MODERATE	IMPORTANT

[a] Downgraded by one increment if the majority of the evidence was at high risk of bias
[b] Downgraded by one increment if the confidence interval crossed one MID or by two increments if the confidence interval crossed both MIDs.

Table 174: Manual therapy (soft tissue techniques - massage) plus self-management (exercise prescription) versus Postural therapy (Alexander technique -(24 lessons)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Massage + self-management (exercise prescription) versus Alexander technique (24 lessons)	Control	Relative (95% CI)	Absolute		
Qualty of life (SF-36 physical component summary, 0-100) >4 months (follow-up 1 years; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	56	61	-	MD 8.47 lower (17.15 lower to 0.21 higher)	⊕⊕OO LOW	CRITICAL
Qualty of life (SF-36 mental component summary, 0-100) >4 months (follow-up 1 years; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	56	61	-	MD 1.01 lower (9.32 lower to 7.3 higher)	⊕⊕⊕O MODERATE	CRITICAL
Pain (Von Korff pain scale) >4 months (follow-up 1 years; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	serious[2]	none	57	61	-	MD 0.68 higher (0.28 lower to 1.64 higher)	⊕⊕OO LOW	CRITICAL

Function (RMDQ, 0-24) >4 months (follow-up 1 years; range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	56	61	-	MD 1.77 higher (0.11 lower to 3.65 higher)	⊕⊕OO LOW	CRITICAL
Healthcare utilisation (primary care contacts) > 4 months (follow-up 1 years; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	56	61	-	MD 0.12 lower (0.42 lower to 0.18 higher)	⊕⊕⊕O MODERATE	IMPORTANT
Healthcare utilisation (prescriptions) >4 months (follow-up 1 years; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	87	6	-	MD 0.49 lower (1.14 lower to 0.16 higher)	⊕⊕OO LOW	IMPORTANT

[a] Downgraded by one increment if the majority of the evidence was at high risk of bias.
[b] Downgraded by one increment if the confidence interval crossed one MID or by two increments if the confidence interval crossed both MIDs.

Table 175: Manual therapy (manipulation) plus exercise (McKenzie) compared with exercise (biomechanical - core stability)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Manipulation + exercise (McKenzie)**	**core stability**	**Relative (95% CI)**	**Absolute**		
Function (ODI, 0-100) <4 months (follow-up 4 weeks; measured with: ODI; range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	40	46	-	MD 4 lower (11.34 lower to 3.34 higher)	⊕⊕OO LOW	CRITICAL
Function (ODI, 0-100) >4 months (follow-up 12 months; measured with: ODI; range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	40	46	-	MD 3.7 lower (11.46 lower to 4.06 higher)	⊕⊕OO LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs.

Table 176: Manual therapy (manipulation) plus exercise (McKenzie) compared with exercise (biomechanical – stretching)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Manipulation + exercise (McKenzie) +	stretching	Relative (95% CI)	Absolute		
Function (ODI, 0-100) <4 months (follow-up 4 weeks; measured with: ODI; range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	40	37	-	MD 2.7 lower (10.29 lower to 4.89 higher)	⊕⊕OO LOW	CRITICAL
Function (ODI, 0-100) >4 months (follow-up 12 months; measured with: ODI; range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	40	37	-	MD 2 higher (5.46 lower to 9.46 higher)	⊕⊕OO LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs.

Table 177: Manual therapy (manipulation) + exercise (aerobic) compared to exercise (aerobic)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Manipulation + exercise (aerobic)	exercise (aerobic)	Relative (95% CI)	Absolute		
Pain (VAS, 0-10) <4 months (follow-up 6 weeks; measured with: VAS; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	15	18	-	MD 0.9 lower (2.68 lower to 0.88 higher)	⊕OOO	CRITICAL

											VERY LOW	
Function (Quebec back pain disability scale) - <4 months (follow-up 6 weeks; range of scores: 20-100; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	15	18	-	MD 10.7 lower (23.45 lower to 2.05 higher)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs.

Table 178: Manual therapy (manipulation) plus exercise (aerobic) compared with exercise (biomechanical)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Manipulation + exercise (aerob)**	**exercise (biomech)**	**Relative (95% CI)**	**Absolute**		
Pain (VAS 0-10) - <4 months (follow-up 6 weeks; measured with: VAS; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	15	18	-	MD 0.07 lower (1.64 lower to 1.5 higher)	⊕OOO VERY LOW	CRITICAL
Function (Quebec back pain disability scale 0-100) - <4 months (follow-up 6 weeks; range of scores: 20-100; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	15	18	-	MD 1.48 lower (14.26 lower to 11.3 higher)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs.

870 **Table 179: Manual therapy (manipulation) plus exercise (biomechanical) compared with exercise (aerobic)**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Manipulation + exercise (biomech)	exercise (aerobic)	Relative (95% CI)	Absolute		
Pain (VAS 0-10) - <4 months (follow-up 6 weeks; measured with: VAS; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	21	18	-	MD 1.89 lower (3.4 to 0.38 lower)	⊕OOO VERY LOW	CRITICAL
Function (Quebec back pain disability scale 0-100) - <4 months (follow-up 6 weeks; range of scores: 20-100; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	21	18	-	MD 11.45 lower (23.54 lower to 0.64 higher)	⊕OOO VERY LOW	CRITICAL

871 [a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
872 [b] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs.

873

874 **Table 180: Manual therapy (manipulation) plus exercise (biomechanical) compared with exercise (biomechanical)**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Manipulation + exercise (biomech)	exercise (biomech)	Relative (95% CI)	Absolute		
Pain (VAS 0-10) - <4 months (follow-up 6 weeks; measured with: VAS; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	21	18	-	MD 1.06 lower (2.32 lower to 0.2 higher)	⊕OOO VERY LOW	CRITICAL

Function (Quebec back pain disability scale 0-100) - <4 months (follow-up 6 weeks; range of scores: 20-100; Better indicated by lower values)											
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	21	18	-	MD 2.23 lower (14.36 lower to 9.9 higher)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs.

Table 181: Manual therapy (manipulation) plus exercise (biomechanical) compared with Manual therapy (manipulation) plus exercise (aerobic)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Manipulation + exercise (biomech)**	**manipulation + exercise (aerobic)**	**Relative (95% CI)**	**Absolute**		
Pain (VAS 0-10) - <4 months (follow-up 6 weeks; measured with: VAS; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	21	15	-	MD 0.99 lower (2.52 lower to 0.54 higher)	⊕OOO VERY LOW	CRITICAL
Function (Quebec back pain disability scale 0-100) - <4 months (follow-up 6 weeks; range of scores: 20-100; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	21	15	-	MD 0.75 lower (12.99 lower to 11.49 higher)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs.

Table 182: Manual therapy (mixed modality - manipulation plus soft tissue techniques - massage) compared with sham

Quality assessment	No of patients	Effect	Quality	Importance

No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Manipulation + massage**	**sham**	**Relative (95% CI)**	**Absolute**		
Pain (Pain disability index) - <4 months (follow-up 3 weeks; range of scores: 0-70; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	54	52	-	MD 0.6 lower (4.26 lower to 3.06 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Function (RMDQ, 0-24) <4 months (follow-up 3 weeks; measured with: RMDQ; range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[a]	none	54	52	-	MD 0.5 higher (0.74 lower to 1.74 higher)	⊕⊕⊕O MODERATE	CRITICAL

[a] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs.

J.8.4 Overall: low back pain with/without sciatica

Table 183: Manual therapy plus self-management (home exercise) compared with self-management (home exercise) plus exercise

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Manual therapy + home exercise**	**home exercise + exercise**	**Relative (95% CI)**	**Absolute**		
Pain (0-100 VAS converted to 0-10) <4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	21	27	-	MD 1.7 higher (0.55 to 2.85 higher)	⊕⊕⊕O MODERATE	CRITICAL

Pain (0-100 VAS converted to 0-10) >4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	22	27	-	MD 1.4 higher (0.26 to 2.54 higher)	⊕⊕⊕O MODERATE	CRITICAL
Function (ODI, 0-100) <4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	21	27	-	MD 12 higher (4.5 to 19.5 higher)	⊕⊕⊕O MODERATE	CRITICAL
Function (ODI, 0-100) >4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	21	27	-	MD 9 higher (1.19 to 16.81 higher)	⊕⊕⊕O MODERATE	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias

Table 184: Manual therapy (traction) plus infra-red plus exercise (biomechanical – stretch) compared with infra-red plus exercise (biomechanical – stretch)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Traction + infra-red + stretch**	**infra-red + stretch**	**Relative (95% CI)**	**Absolute**		
Pain (NRS 0-10) - <4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	34	37	-	MD 0.3 lower (0.91 lower to 0.31 higher)	⊕OOO VERY LOW	CRITICAL
Pain (NRS 0-10) - >4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	32	35	-	MD 0.9 lower (1.45 to 0.35 lower)	⊕⊕OO LOW	CRITICAL

Function (ODI, 0-100) <4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	34	37	-	MD 1.6 lower (3.11 to 0.09 lower)	⊕⊕OO LOW	CRITICAL
Function (ODI, 0-100) >4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	32	35	-	MD 3.3 lower (4.66 to 1.94 lower)	⊕⊕OO LOW	CRITICAL
Healthcare utilisation (medication use) <4 months												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	8/34 (23.5%)	11/37 (29.7%)	RR 0.79 (0.36 to 1.73)	62 fewer per 1000 (from 190 fewer to 217 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (medication use) >4 months												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	5/33 (15.2%)	8/35 (22.9%)	RR 0.66 (0.24 to 1.82)	78 fewer per 1000 (from 174 fewer to 187 more)	⊕OOO VERY LOW	IMPORTANT

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or downgraded by 2 increments if the confidence interval crossed both MIDs

Table 185: Manual therapy (manipulation) plus electrotherapy (interferential) compared with electrotherapy (interferential)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Manipulation + interferential**	**interferential**	**Relative (95% CI)**	**Absolute**		
Quality of life (EQ-5D) - <4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	66	65	-	MD 0.01 lower (0.15 lower to 0.13 higher)	⊕⊕⊕O MODERATE	CRITICAL

Quality of life (EQ-5D) - >4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	51	55	-	MD 0.05 higher (0.06 lower to 0.16 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36 Physical functioning, 0-100) <4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	66	65	-	MD 3.69 higher (3.56 lower to 10.94 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 Physical functioning, 0-100) >4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	51	55	-	MD 9.69 higher (0.32 to 19.06 higher)	⊕⊕⊕O MODERATE	CRITICAL
Quality of life (SF-36 Role physical, 0-100) <4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	66	65	-	MD 1.36 lower (15.64 lower to 12.92 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 Role physical, 0-100) >4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	51	55	-	MD 11.4 higher (6.1 lower to 28.9 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 Bodily pain, 0-100) <4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	66	65	-	MD 0.48 lower (8.33 lower to 7.37 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 Bodily pain, 0-100) >4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	51	55	-	MD 6 higher (3.8 lower to 15.8 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 General health, 0-100) <4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	66	65	-	MD 1.89 higher (3.87 lower to 7.65 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 General health, 0-100) >4 months (Better indicated by lower values)												

1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	51	55	-	MD 3.43 higher (4.21 lower to 11.07 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 Vitality, 0-100) <4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	66	65	-	MD 0.89 higher (5.72 lower to 7.5 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 Vitality, 0-100) >4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	51	55	-	MD 7 higher (0.89 lower to 14.89 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36 Social functioning, 0-100) <4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	66	65	-	MD 2.88 higher (5.96 lower to 11.72 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 Social functioning, 0-100) >4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	51	55	-	MD 8.1 higher (5.44 lower to 21.64 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 Role emotional, 0-100) <4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	66	65	-	MD 4.02 higher (10.94 lower to 18.98 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 Role emotional, 0-100) >4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	51	55	-	MD 10.8 higher (4.34 lower to 25.94 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 Mental health, 0-100) <4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	66	65	-	MD 4.81 higher (0.78 lower to 10.4 higher)	⊕⊕OO LOW	CRITICAL

Quality of life (SF-36 Mental health, 0-100) >4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	51	55	-	MD 9.46 higher (2.53 to 16.39 higher)	⊕⊕⊕O MODERATE	CRITICAL
Pain (0-100 VAS converted to 0-10) <4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	66	65	-	MD 0.33 lower (1.2 lower to 0.54 higher)	⊕⊕⊕O MODERATE	CRITICAL
Pain (0-100 VAS converted to 0-10) >4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	51	55	-	MD 0.08 higher (0.97 lower to 1.13 higher)	⊕⊕⊕O MODERATE	CRITICAL
Pain severity (McGill Pain Rating Index, range not stated) - <4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	66	65	-	MD 0.77 lower (4.41 lower to 2.87 higher)	⊕⊕⊕O MODERATE	CRITICAL
Pain severity (McGill Pain Rating Index, range not stated) - >4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	51	55	-	MD 0.9 lower (5.21 lower to 3.41 higher)	⊕⊕⊕O MODERATE	CRITICAL
Function (RMDQ, 0-24) <4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	66	65	-	MD 1.09 lower (2.75 lower to 0.57 higher)	⊕⊕OO LOW	CRITICAL
Function (RMDQ, 0-24) >4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	51	55	-	MD 1.6 lower (3.51 lower to 0.31 higher)	⊕⊕OO LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or downgraded by 2 increments if the confidence interval crossed both MIDs

899 **Table 186: Manual therapy (manipulation) plus exercise (biomechanical – core stability) compared with exercise (biomechanical – core stability)**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Manipulation + exercise (strength)	exercise (strength)	Relative (95% CI)	Absolute		
Medication use - >4 months												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	19/52 (36.5%)	60%	RR 0.61 (0.39 to 0.94)	234 fewer per 1000 (from 36 fewer to 366 fewer)	⊕OOO VERY LOW	IMPORTANT
Function (ODI 0-100) >4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	52	40	-	MD 10.3 higher (4.3 to 16.3 higher)	⊕⊕OO LOW	CRITICAL

900 [a] Downgraded by 1 increment if the majority of evidence was at high risk of bias, and downgraded by 2 increments if the majority of evidence was at very high risk of bias
901 [b] Downgraded by 1 increment if the confidence interval crossed 1 MID, and downgraded by 2 increments if the confidence interval crossed both MIDs

902

903 **Table 187: Manual therapy (manipulation) plus exercise (biomechanical - strength) compared with pharmacological (NSAID) plus exercise**
904 **(biomechanical - strength)**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Manipulation + exercise (strength)	NSAID + exercise (strength)	Relative (95% CI)	Absolute		
Pain (11-box scale 0-10) - <4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	56	40	-	MD 0.8 lower (1.66 lower to 0.06 higher)	⊕OOO VERY LOW	CRITICAL

Function (RMDQ, 0-24) <4 months (range of scores: 0-24; Better indicated by lower values)											
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	56	40	-	MD 5.8 lower (12.77 lower to 1.17 higher)	⊕OOO VERY LOW	CRITICAL

a Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or downgraded by 2 increments if the confidence interval crossed both MIDs

Table 188: Manual therapy (manipulation) plus exercise (biomechanical - stretch) compared with pharmacological (NSAID) plus exercise (biomechanical - strength)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Manipulation + exercise (stretch)**	**NSAID + exercise (strength)**	**Relative (95% CI)**	**Absolute**		
Pain (11-box scale 0-10) - <4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	36	40	-	MD 0.2 lower (1.21 lower to 0.81 higher)	⊕OOO VERY LOW	CRITICAL
Function (RMDQ, 0-24) <4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	36	40	-	MD 2.5 lower (10.18 lower to 5.18 higher)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or downgraded by 2 increments if the confidence interval crossed both MIDs

913 **Table 189: Mixed modality manual therapy plus self-management compared with self-management**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	MIXED MODALITY+ self-management	self-management	Relative (95% CI)	Absolute		
Quality of life (SF-36 Physical component summary score 0-100) <4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	259	227	-	MD 2.52 higher (1.23 to 3.81 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36 Physical component summary score 0-100) >4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	252	221	-	MD 1.68 higher (0.08 to 3.28 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36 Mental component summary score 0-100) <4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	259	227	-	MD 2.87 higher (1.26 to 4.48 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36 Mental component summary score 0-100) >4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	252	221	-	MD 1.68 higher (0.32 lower to 3.68 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (EQ-5D, 0-10) <4 months (Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	342	346	-	MD 0.05 higher (0.01 to 0.09 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (EQ-5D, 0-10) >4 months (Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	342	346	-	MD 0.04 higher (0.01 lower to 0.08 higher)	⊕⊕OO LOW	CRITICAL
Pain (Modified Von Korff scale 0-100 converted to 0-10) - <4 months (Better indicated by lower values)												

1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	275	239	-	MD 0.87 lower (1.3 to 0.44 lower)	⊕⊕OO LOW	CRITICAL
Pain (Modified Von Korff scale 0-100 converted to 0-10) - >4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	264	235	-	MD 0.59 lower (1.04 to 0.13 lower)	⊕⊕OO LOW	CRITICAL
Function (RMDQ, 0-24) - <4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	287	256	-	MD 1.57 lower (2.37 to 0.77 lower)	⊕⊕OO LOW	CRITICAL
Function (RMDQ, 0-24) - >4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	273	248	-	MD 1.01 lower (1.84 to 0.18 lower)	⊕⊕OO LOW	CRITICAL
Function (Modified Von Korff scale 0-100 converted to 0-10) - <4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	275	239	-	MD 0.4 lower (0.83 lower to 0.03 higher)	⊕⊕OO LOW	CRITICAL
Function (Modified Von Korff scale 0-100 converted to 0-10) - >4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	262	235	-	MD 0.57 lower (0.99 to 0.14 lower)	⊕⊕OO LOW	CRITICAL
Responder criteria (>30% improvement in RMDQ) - <4 months												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	193/268 (72%)	125/255 (49%)	RR 1.47 (1.27 to 1.7)	221 more per 1000 (from 123 more to 333 more)	⊕⊕OO LOW	IMPORTANT
Responder criteria (>30% improvement in RMDQ) - >4 months												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	187/275 (68%)	0%	RR 1.21 (1.06 to 1.39)	118 more per 1000 (from 34 more to 219 more)	⊕OOO VERY LOW	IMPORTANT

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or downgraded by 2 increments if the confidence interval crossed both MIDs

916

917 **Table 190: Mixed modality manual therapy plus self-management compared with self-management**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Mixed modality manual therapy + exercise (biomech) + self-management	self-management	Relative (95% CI)	Absolute		
Quality of life (SF-36 Physical component summary score, 0-100) <4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	231	227	-	MD 2.55 higher (1.22 to 3.88 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36 Physical component summary score, 0-100) >4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	221	221	-	MD 2.53 higher (0.78 to 4.28 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36 Mental component summary score, 0-100) <4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	231	227	-	MD 2.3 higher (0.68 to 3.92 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36 Mental component summary score, 0-100) >4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	221	221	-	MD 1.3 higher (0.75 lower to 3.35 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (EQ-5D, 0-10) <4 months (Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	322	326	-	MD 0.03 higher (0 to 0.07 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (EQ-5D, 0-10) >4 months (Better indicated by higher values)												

1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	322	326	-	MD 0.05 higher (0 to 0.1 higher)	⊕⊕OO LOW	CRITICAL
Pain (modified Von Korff 0-100 converted to 0-10 scale) - <4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	246	239	-	MD 0.82 lower (1.26 to 0.38 lower)	⊕⊕OO LOW	CRITICAL
Pain (modified Von Korff 0-100 converted to 0-10 scale) - >4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	245	235	-	MD 0.67 lower (1.13 to 0.21 lower)	⊕⊕OO LOW	CRITICAL
Function (RMDQ, 0-24) <4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	258	256	-	MD 1.87 lower (2.65 to 1.09 lower)	⊕⊕OO LOW	CRITICAL
Function (RMDQ, 0-24) >4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	257	248	-	MD 1.3 lower (2.12 to 0.48 lower)	⊕⊕OO LOW	CRITICAL
Function (modified Von Korff 0-100 converted to 0-10 scale) - <4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	246	239	-	MD 0.55 lower (0.97 to 0.14 lower)	⊕⊕OO LOW	CRITICAL
Function (modified Von Korff 0-100 converted to 0-10 scale) - >4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	246	235	-	MD 0.67 lower (1.11 to 0.23 lower)	⊕⊕OO LOW	CRITICAL
Responder criteria (>30% improvement in RMDQ) <4 months												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	185/260 (71.2%)	0%	RR 1.45 (1.25 to 1.68)	221 more per 1000 (from 123 more to 333	⊕⊕OO LOW	IMPORTANT

										more)		
Responder criteria (>30% improvement in RMDQ) >4 months												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	180/246 (73.2%)	0%	RR 1.31 (1.14 to 1.49)	-	⊕OOO VERY LOW	IMPORTANT

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or downgraded by 2 increments if the confidence interval crossed both MIDs

Table 191: Manual therapy (manipulation) plus exercise (biomechanical) plus self-management compared with self-management

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Manipulation + exercise (biomech) + self-management**	**self-management**	**Relative (95% CI)**	**Absolute**		
Quality of life (15D 0 to 1) - >4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	63	67	-	MD 0.01 lower (0.03 lower to 0.01 higher)	⊕⊕OO LOW	CRITICAL
Pain (0-100 VAS converted to 0-10) - >4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	96	100	-	MD 0.65 lower (1.3 lower to 0 higher)	⊕OOO VERY LOW	CRITICAL
Function (ODI, 0-100) >4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	96	100	-	MD 2.8 lower (6.05 lower to 0.45 higher)	⊕OOO VERY LOW	CRITICAL
Healthcare utilisation (visits to physicians) >4 months (Better indicated by lower values)												

1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	96	100	-	MD 0.3 lower (1.13 lower to 0.53 higher)	⊕⊕OO LOW	IMPORTANT
Healthcare utilisation (visits to physiotherapy or other therapies) >4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	96	100	-	MD 1.6 higher (0.5 lower to 3.7 higher)	⊕OOO VERY LOW	IMPORTANT

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or downgraded by 2 increments if the confidence interval crossed both MIDs

Table 192: Manual therapy (mixed modality: manipulation plus soft tissue techniques - massage) plus exercise (biomech) plus self-management compared with exercise (McKenzie) plus self-management

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Manipulation + massage + exercise (biomech) + self-management**	**exercise (McKenzie) + self-management**	**Relative (95% CI)**	**Absolute**		
Pain (back and leg pain 0-60) - <4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	161	168	-	MD 1.4 lower (4.14 lower to 1.34 higher)	⊕⊕⊕O MODERATE	CRITICAL
Pain (back and leg pain 0-60) - >4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	163	161	-	MD 2.8 lower (5.77 lower to 0.17 higher)	⊕⊕⊕O MODERATE	CRITICAL
Function (RMDQ, 0-24) <4 months (Better indicated by lower values)												
1	randomised	Serious[a]	no serious	no serious	no serious	none	161	168	-	MD 1.5 lower	⊕⊕⊕O	CRITICAL

	trials		inconsistency	indirectness	imprecision					(2.76 to 0.24 lower)	MODERATE	
Function (RMDQ, 0-24) >4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	163	161	-	MD 1.5 lower (2.87 to 0.13 lower)	⊕⊕⊕O MODERATE	CRITICAL
Healthcare utilisation (contact with healthcare in previous 2 months) <4 months												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	70/160 (43.8%)	35.3%	RR 1.24 (0.95 to 1.62)	85 more per 1000 (from 18 fewer to 219 more)	⊕⊕OO LOW	IMPORTANT
Healthcare utilisation (contact with healthcare in previous 2 months) >4 months												
1	randomised trials	Serious[s]	no serious inconsistency	no serious indirectness	no serious imprecision	none	89/163 (54.6%)	87/162 (53.7%)	RR 1.02 (0.83 to 1.24)	11 more per 1000 (from 91 fewer to 129 more)	⊕⊕⊕O MODERATE	IMPORTANT
Responder criteria ("Success" - decrease 5 points or absolute score below 5 points on RMDQ) <4 months												
1	randomised trials	Serious[s]	no serious inconsistency	no serious indirectness	no serious imprecision	none	95/161 (59%)	120/168 (71.4%)	RR 0.83 (0.7 to 0.97)	121 fewer per 1000 (from 21 fewer to 214 fewer)	⊕⊕⊕O MODERATE	CRITICAL
Responder criteria ("Success" - decrease 5 points or absolute score below 5 points on RMDQ) >4 months												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	101/163 (62%)	113/161 (70.2%)	RR 0.88 (0.75 to 1.03)	84 fewer per 1000 (from 175 fewer to 21 more)	⊕⊕⊕O MODERATE	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or downgraded by 2 increments if the confidence interval crossed both MIDs

Table 193: Manual therapy (manipulation) + exercise +self-management (education + advice to stay active) compared with exercise + self-management (education + advice to stay active)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Manipulation + education + exercise + self-management	education + exercise + self-management	Relative (95% CI)	Absolute		
Pain (0-100 VAS converted to 0-10) - <4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	31	33	-	MD 0.58 lower (1.49 lower to 0.33 higher)	⊕OOO VERY LOW	CRITICAL
Function (ODI, 0-100) <4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	31	33	-	MD 0 higher (7.25 lower to 7.25 higher)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or downgraded by 2 increments if the confidence interval crossed both MIDs

Table 194: Manual therapy (manipulation) + self-management (advice) + pharmacological therapy (NSAIDs) compared with usual care

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Manipulation + self management + NSAIDS	Usual care	Relative (95% CI)	Absolute		
Function (RMDQ, 0-24 change score) < 4 months (follow-up 16 weeks; range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[a]	none	37	35	-	MD 2.54 lower (4.37 to 0.71 lower)	⊕⊕⊕O MODERATE	CRITICAL

Function (RMDQ, 0-24 change score) > 4 months (follow-up 24 weeks; range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[a]	none	36	35	-	MD 2.58 lower (4.41 to 0.75 lower)	⊕⊕⊕O MODERATE	CRITICAL
Quality of life (SF-36 bodily pain, 0-100 change score) < 4 months (follow-up 16 weeks; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[a]	none	37	35	-	MD 1.83 higher (3.54 lower to 7.2 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36 physical function, 0-100 change score) < 4 months (follow-up 16 weeks; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[a]	none	37	35	-	MD 4.77 higher (1.96 lower to 11.5 higher)	⊕⊕⊕O MODERATE	CRITICAL
Quality of life (SF-36 bodily pain, 0-100 change score) > 4 months (follow-up 24 weeks; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[a]	none	36	35	-	MD 3.38 higher (1.99 lower to 8.75 higher)	⊕⊕⊕O MODERATE	CRITICAL
Quality of life (SF-36 physical function, 0-100 change score) > 4 months (follow-up 24 weeks; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[a]	none	36	35	-	MD 3 lower (9.73 lower to 3.73 higher)	⊕⊕OO LOW	CRITICAL

[a] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs

9 Acupuncture

Acupuncture versus placebo/sham

Table 195: Acupuncture versus placebo/sham in low back pain without sciatica

Quality assessment	No of patients	Effect	Quality	Importance

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Placebo/sham	Relative (95% CI)	Absolute		
Quality of life (SF-36 Physical component summary score 0–100) ≤4 months (range of scores: 0–100; Better indicated by higher values)												
2	randomised trials	no serious risk of bias	Serious[c]	no serious indirectness	Serious[b]	none	510	442	-	MD 2.44 higher (0.65 lower to 5.54 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36 Mental component summary score 0–100) ≤4 months (range of scores: 0–100; Better indicated by higher values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	510	442	-	MD 0.13 lower (1.25 lower to 1.51 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Quality of life (SF-36 Physical component summary score 0–100) > 4 months (range of scores: 0–100; Better indicated by higher values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[b]	none	510	440	-	MD 2.24 higher (0.92 to 3.56 higher)	⊕⊕⊕O MODERATE	CRITICAL
Quality of life (SF-36 Mental component summary score 0–100) > 4 months (Better indicated by lower values)												
2	randomised trials	no serious risk of bias	Serious[c]	no serious indirectness	no serious imprecision	none	510	440	-	MD 1.23 higher (2.14 lower to 4.6 higher)	⊕⊕⊕O MODERATE	CRITICAL
Quality of life (SF-36 General health 0–100) ≤4 months (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[b]	none	40	40	-	MD 5.6 higher (4.37 lower to 15.57 higher)	⊕⊕⊕O MODERATE	CRITICAL
Quality of life (SF-36 Physical function 0–100) ≤4 months (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[b]	none	40	40	-	MD 13.1 higher (3.81 to 22.39 higher)	⊕⊕⊕O MODERATE	CRITICAL
Quality of life (SF-36 Physical role limitation 0–100) ≤4 months (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[b]	none	40	40	-	MD 23 higher (7.57 to 38.43 higher)	⊕⊕⊕O MODERATE	CRITICAL

Quality of life (SF-36 Bodily pain 0–100) ≤4 months (Better indicated by lower values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[b]	none	180	110	-	MD 8.85 higher (3.58 to 14.12 higher)	⊕⊕⊕O MODERATE	CRITICAL
Quality of life (SF-36 Vitality 0–100) ≤4 months (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[b]	none	40	40	-	MD 10.8 higher (0.46 to 21.14 higher)	⊕⊕⊕O MODERATE	CRITICAL
Quality of life (SF-36 Social function 0–100)≤4 months (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[b]	none	40	40	-	MD 7.2 higher (2.47 lower to 16.87 higher)	⊕⊕⊕O MODERATE	CRITICAL
Quality of life (SF-36 Mental health 0–100) ≤4 months (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	40	40	-	MD 1.2 higher (8.73 lower to 11.13 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Quality of life (SF-36 Emotional role limitation 0–100) ≤4 months (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[b]	none	40	40	-	MD 5 higher (9.64 lower to 19.64 higher)	⊕⊕⊕O MODERATE	CRITICAL
Quality of life (SF-36 Bodily pain 0–100) > 4 months (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[b]	none	137	68	-	MD 8.4 higher (1.71 to 15.09 higher)	⊕⊕⊕O MODERATE	CRITICAL
Pain severity (VAS 0–10) ≤4 months (range of scores: 0–10; Better indicated by lower values)												
7	randomised trials	no serious risk of bias	Serious[c]	no serious indirectness	Serious[b]	none	712	647	-	MD 0.80 lower (1.36 to 0.25 lower)	⊕⊕OO LOW	CRITICAL
Pain severity (VAS 0–10) > 4 months (range of scores: 0–10; Better indicated by lower values)												
4	randomised	no serious	no serious	no serious	no serious	none	611	548	-	MD 0.33 lower (0.6	⊕⊕⊕⊕	CRITICAL

	trials	risk of bias	inconsistency	indirectness	imprecision					lower to 0.06 higher)	HIGH	
Function (RMDQ, 0–24) >4 months (Better indicated by lower values)												
2	randomised trials	no serious risk of bias	very serious	no serious indirectness	very serious[b]	none	147	152	-	MD 0.20 lower (1.52 lower to 1.12 higher)	⊕OOO VERY LOW	CRITICAL
Function (RMDQ, 0–24) ≤4 months (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	192	199	-	MD 1.38 lower (6.08 lower to 3.31 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Function (ODI) ≤4 months [change score] (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[b]	none	57	59	-	MD 0.13 lower (0.28 lower to 0.02 higher)	⊕⊕⊕O MODERATE	CRITICAL
Function (ODI) > 4 months [change score] (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[b]	none	57	59	-	MD 0.2 lower (0.5 lower to 0.1 higher)	⊕⊕⊕O MODERATE	CRITICAL
Function (FFbH-R) ≤4 months (Better indicated by higher values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision[b]	none	140	70	-	MD 3.90 lower (9.54 lower to 1.74 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Function (FFbH-R) >4 months (Better indicated by higher values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision[b]	none	137	68	-	MD 2.90 lower (9.07 lower to 3.27 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Function (PDI) ≤4 months (Better indicated by lower values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	180	115	-	MD 3.17 lower (6.3 to 0.05 lower)	⊕⊕⊕⊕ HIGH	CRITICAL
Function (PDI) >4 months (Better indicated by lower values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	177	133	-	MD 2.58 lower (5.82 lower to 0.67 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Function FFbH-R ≤4 months (Better indicated by lower values)												

1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	373	376	-	MD 4.10 lower (7.37 to 0.83 lower)	⊕⊕⊕⊕ HIGH	CRITICAL
Function (FFbH-R) >4 months (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	377	376	-	MD 4.60 higher (1.31 to 7.89 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Psychological distress (BDI) ≤4 months (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[b]	none	57	59	-	MD 0.13 lower (0.39 to 0.03 lower)	⊕⊕⊕O MODERATE	CRITICAL
Psychological distress (BDI) > 4 months (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	57	59	-	MD 0.08 lower (0.31 lower to 0.15 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Psychological distress (HADS) ≤4 months (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	40	45	-	MD 2.60 lower (4.86 to 0.34 lower)	⊕⊕⊕⊕ HIGH	CRITICAL
Psychological distress (HADS) > 4 months (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	40	45	-	MD 1.5 lower (3.63 lower to 0.63 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Psychological distress (CES-D) ≤4 months (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	140	70	-	MD 0.5 lower (3.14 to 2.14 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Psychological distress (CES-D) > 4 months (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[b]	none	137	68	-	MD 2.5 lower (5.26 lower to 0.26 higher)	⊕⊕⊕O MODERATE	CRITICAL
Serious adverse events (not treatment related)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[b]	none	25/527 (4.7%)	5.7%	RR 1.19 (0.63 to 2.25)	11 more per 1000 (from 21 fewer to 71 more)	⊕⊕OO LOW	IMPORTANT

Adverse effects (possibly related to treatment)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[b]	none	21/298 (7%)	8.6%	RR 2.19 (0.09 to 53.93)	102 more per 1000 (from 78 fewer to 1000 more)	⊕⊕OO LOW	IMPORTANT

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs
[c] I^2 >75%; unexplained hetrogeneity. RE analysis used.

Table 196: Acupuncture vs placebo/sham in low back pain with/without sciatica (overall population)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Acupuncture**	**Placebo/sham**	**Relative (95% CI)**	**Absolute**		
Pain severity (VAS 0-10) <4 months (Better indicated by lower values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[a]	none	47	43	-	MD 0.52 lower (1.27 lower to 0.24 higher)	⊕⊕⊕O MODERATE	CRITICAL
Function (RMDQ, 0-24) <4 months (Better indicated by lower values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[a]	none	47	43	-	MD 0.83 lower (2.97 lower to 1.31 higher)	⊕⊕⊕O MODERATE	CRITICAL
Overall - Responder criteria (improvement in function >35%) <4 months												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[a]	none	50/68 (73.5%)	96/137 (70.1%)	OR 1.19 (0.62 to 2.28)	35 more per 1000 (from 109 fewer to 142 more)	⊕⊕⊕O MODERATE	IMPORTANT
Overall (mixed) Adverse effects possibly related to treatment												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[a]	none	4/93 (4.3%)	7/163 (4.3%)	RR 0.95 (0.29 to 3.08)	2 fewer per 1000 (from 30 fewer to 89 more)	⊕⊕⊕O MODERATE	IMPORTANT

[a] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

Acupuncture versus usual care

Table 197: Acupuncture versus usual care in low back pain without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Usual care	Relative (95% CI)	Absolute		
Quality of life (SF-36 Physical component score 0–100) ≤4 months (Better indicated by lower values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	510	435	-	MD 4.70 higher (3.47 to 5.93 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Quality of life (SF-36 Mental component score 0–100) ≤4 months (Better indicated by lower values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[b]	none	510	435	-	MD 1.74 higher (0.29 to 3.19 higher)	⊕⊕⊕O MODERATE	CRITICAL
Quality of life (SF-12 Physical component score 0–100) > 4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	373	364	-	MD 5.8 higher (4.36 to 7.24 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-12 Mental component score 0–100) > 4 months (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	373	364	-	MD 1.5 higher (0.15 lower to 3.15 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Quality of life (SF-36 Bodily pain 0–100)≤4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	140	74	-	MD 18.9 higher (13.37 to 24.43 higher)	⊕⊕⊕O MODERATE	CRITICAL

Pain severity (VAS 0–10) ≤4 months (Better indicated by lower values)												
8	randomised trials	Serious[a]	very serious[c]	no serious indirectness	serious[b]	none	707	627	-	MD 1.61 lower (2.23 to 0.99 lower)	⊕OOO VERY LOW	CRITICAL
Pain severity (VAS 0–10) > 4 months (Better indicated by lower values)												
3	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	477	473	-	MD 0.97 lower (1.20 to 0.73 lower)	⊕⊕OO LOW	CRITICAL
Function (RMDQ, 0–24) ≤4 months (Better indicated by lower values)												
5	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[b]	none	395	382	-	MD 2.07 lower (2.56 to 1.58 lower)	⊕⊕⊕O MODERATE	CRITICAL
Function (RMDQ, 0–24) >4 months (Better indicated by lower values)												
4	randomised trials	no serious risk of bias	Serious[c]	no serious indirectness	no serious imprecision	none	383	370	-	MD 0.84 lower (1.72 lower to 0.04 higher)	⊕⊕⊕O MODERATE	CRITICAL
Function (FFbH-R) ≤4 months (Better indicated by higher values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[b]	none	140	74	-	MD 9.10 lower (14.55 to 3.65 lower)	⊕⊕⊕O MODERATE	CRITICAL
Function (PDI) ≤4 months (Better indicated by lower values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[b]	none	180	120	-	MD 8.38 lower (12.48 to 6.28 lower)	⊕⊕⊕O MODERATE	CRITICAL
Function (PDI) 4 months-1 year (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[b]	none	40	46	-	MD 6.7 lower (11.53 to 1.87 lower)	⊕⊕⊕O MODERATE	CRITICAL
Function (FFbH-R) ≤4 months (Better indicated by lower values)												
3	randomised trials	no serious risk of bias	very serious[c]	no serious indirectness	Serious[b]	none	1844	1771	-	MD 11.68 lower (23.2 to 0.17 lower)	⊕OOO VERY LOW	CRITICAL
Function (FFbH-R) > 4 months - Function (FFbH-R) > 4 months (Better indicated by lower values)												

1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[b]	none	337	364	-	MD 11.10 lower (14.49 to 7.71 lower)	⊕⊕⊕O MODERATE	CRITICAL
Psychological distress (CES-D 0–100) ≤ 4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	140	74	-	MD 0.8 lower (3.6 lower to 2 higher)	⊕⊕⊕O MODERATE	CRITICAL
Psychological distress (HADS 0–42) ≤ 4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	40	46	-	MD 2.8 lower (4.91 to 0.69 lower)	⊕⊕OO LOW	CRITICAL
Psychological distress (HADS 0–42) > 4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	40	46	-	MD 2.3 lower (4.48 to 0.12 lower)	⊕⊕OO LOW	CRITICAL
Healthcare utilisation (number of providers visits) (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	94	90	-	MD 0.4 higher (0.71 lower to 1.51 higher)	⊕⊕⊕O MODERATE	IMPORTANT
Healthcare utilisation -(number of filled pain medication prescriptions) (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	94	90	-	MD 0.4 higher (2.13 lower to 2.93 higher)	⊕⊕⊕O MODERATE	IMPORTANT
Serious adverse events (not treatment related)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[b]	none	25/527 (4.7%)	6.8%	RR 0.93 (0.52 to 1.67)	5 fewer per 1000 (from 33 fewer to 46 more)	⊕⊕OO LOW	IMPORTANT

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs
[c] Heterogeneity, I^2=81%, unexplained by subgroup analysis.
[d] I^2 >50% and ≤75%; unexplained hetrogeneity. RE analysis used.
[e] I^2 >75%; unexplained heterogeneity. RE analysis used.

956 **Table 198: Acupuncture versus usual care in low back pain with/without sciatica (overall population)**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Usual care	Relative (95% CI)	Absolute		
Quality of life (EQ5D 0–1) ≤4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	96	42	-	MD 0.1 higher (0.01 to 0.19 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (EQ5D 0–1) > 4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	145	68	-	MD 0.01 higher (0.05 lower to 0.08 higher)	⊕⊕⊕O MODERATE	CRITICAL
Quality of life (SF-36 General health 0–100) ≤4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	74	69	-	MD 7.4 higher (1.35 to 13.45 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 Physical role limitation 0–100) ≤4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	74	69	-	MD 14.9 higher (1.58 to 28.22 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36 bodily pain 0–100) ≤4 months (Better indicated by lower values)												
2	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	218	139	-	MD 5.12 higher (0.22 to 10.03 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 Physical function 0–100) ≤4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	74	69	-	MD 8.2 higher (1.54 to 14.86 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 Vitality 0–100) ≤4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	74	69	-	MD 10.1 higher (3.19 to 17.01 higher)	⊕⊕OO LOW	CRITICAL

Quality of life (SF-36 Social functioning 0–100) ≤4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	74	69	-	MD 7.2 higher (0.77 lower to 15.17 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 Mental health 0–100) ≤4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	74	69	-	MD 4.6 higher (2.39 lower to 11.59 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 Emotional role limitation 0–100) ≤4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	74	69	-	MD 13.4 higher (0.11 lower to 26.91 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 Bodily pain 0–100) > 4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	145	67	-	MD 6.1 higher (0.6 lower to 12.8 higher)	⊕OOO VERY LOW	CRITICAL
Pain severity (VAS 0–10) ≤4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	25	20	-	MD 1.28 lower (2.09 to 0.47 lower)	⊕OOO VERY LOW	CRITICAL
Pain severity (VAS 0–10) > 4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	135	57	-	MD 0.1 lower (0.4 lower to 0.2 higher)	⊕⊕OO LOW	CRITICAL
Function (RMDQ 0–24) ≤4 months (Better indicated by lower values)												
2	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	56	44	-	MD 2.24 lower (3.43 to 1.06 lower)	⊕OOO VERY LOW	CRITICAL
Function (ODI) >4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	134	57	-	MD 1.0 higher (4.16 lower to 6.16 higher)	⊕⊕⊕O MODERATE	CRITICAL
Overall - Responder criteria (improvement in function >35%) <4 months												

1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[b]	none	50/68 (73.5%)	31/70 (44.3%)	OR 3.49 (1.71 to 7.15)	292 more per 1000 (from 133 more to 408 more)	⊕⊕⊕O MODERATE	IMPORTANT

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

199 Acupuncture versus electrotherapy (TENS)

Table 199: Acupuncture versus electrotherapy (TENS) in low back pain without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Acupuncture**	**TENS**	**Relative (95% CI)**	**Absolute**		
Pain (VAS 0–10) ≤4 months (Better indicated by lower values)												
2	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	16	16	-	MD 1.54 lower (3.43 lower to 0.36 higher)	⊕⊕OO LOW	CRITICAL
Function (RMDQ 0–24) ≤4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	7	6	-	MD 0.8 lower (5.38 lower to 3.78 higher)	⊕OOO VERY LOW	CRITICAL
Adverse events												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	3/10 (30%)	3/10 (30%)	RR 1 (0.26 to 3.81)	0 fewer per 1000 (from 222 fewer to 843 more)	⊕OOO VERY LOW	IMPORTANT
								30%		0 fewer per 1000 (from 222 fewer to 843 more)		

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

J.9.4 Acupuncture versus NSAIDs

964 **Table 200: Acupuncture versus NSAIDs in low back pain with/without sciatica (overall population)**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	NSAIDs	Relative (95% CI)	Absolute		
Pain (VAS 0–10) oral diclofenac ≤4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	29	29	-	MD 1.5 higher (0.11 to 2.89 higher)	⊕⊕OO LOW	CRITICAL
Pain (VAS 0–10) intramuscular diclofenac ≤4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	24	20	-	MD 0.37 lower (0 to 0.47 higher)	⊕OOO VERY LOW	CRITICAL
Pain (VAS 0–10) > 4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	29	29	-	MD 0.2 lower (1.33 lower to 0.93 higher)	⊕⊕OO LOW	CRITICAL
Function (ODI/RMDQ) ≤4 months (Better indicated by lower values)												
2	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	53	49	-	SMD 0.39 higher (0.01 lower to 0.78 higher)	⊕⊕OO LOW	CRITICAL
Function (ODI 0–100) > 4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	29	29	-	MD 7.6 lower (16.47 lower to 1.27 higher)	⊕⊕OO LOW	CRITICAL
Healthcare utilisation (Inpatient care) > 4 months												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	19/29 (65.5%)	27/29 (93.1%)	RR 0.7 (0.53 to 0.93)	279 fewer per 1000 (from 65 fewer to 438 fewer)	⊕⊕OO LOW	IMPORTANT
								93.1%		279 fewer per 1000 (from		

										65 fewer to 438 fewer)		
Healthcare utilisation (duration of hospital stay) > 4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	29	29	-	MD 5.38 lower (10.73 to 0.03 lower)	⊕⊕OO LOW	IMPORTANT

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

Acupuncture versus massage

Table 201: Acupuncture versus massage in low back pain without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture	Massage	Relative (95% CI)	Absolute		
Function (RMDQ 0–24) ≤4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	94	78	-	MD 1.6 higher (0.22 lower to 3.42 higher)	⊕OOO VERY LOW	CRITICAL
Function (RMDQ 0–24) > 4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	94	78	-	MD 1.2 higher (0.68 lower to 3.08 higher)	⊕⊕OO LOW	CRITICAL
Healthcare utilisation (number of providers visits) (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	94	78	-	MD 0.9 higher (0.02 to 1.78 higher)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (number of filled pain medication prescriptions) (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	94	78	-	MD 1.9 higher (0.07 lower to 3.87 higher)	⊕OOO VERY LOW	IMPORTANT

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

936 Combined interventions – acupuncture adjunct

Table 202: Acupuncture plus electrotherapy (TENS) compared with usual care in low back pain without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture + TENS	usual care	Relative (95% CI)	Absolute		
Pain (0–100 VAS converted to 0–10) - ≤4 months (follow-up 10 weeks; measured with: VAS; range of scores: 0–10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	6	7	-	MD 0.89 lower (3.18 lower to 1.4 higher)	⊕OOO VERY LOW	CRITICAL
Disability (RMDQ 0–24) - ≤4 months (follow-up 10 weeks; measured with: RMDQ; range of scores: 0–24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	6	7	-	MD 1.2 lower (4.84 lower to 2.44 higher)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs.

Table 203: Acupuncture plus electrotherapy (TENS) compared with electrotherapy (TENS) in low back pain without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture + TENS	TENS	Relative (95% CI)	Absolute		
Pain (0–100 VAS converted to 0–10) - ≤4 months (follow-up 10 weeks; measured with: VAS; range of scores: 0–10; Better indicated by lower values)												

1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	6	6	-	MD 0.88 lower (2.95 lower to 1.19 higher)	⊕OOO VERY LOW	CRITICAL
Disability (RMDQ 0–24) - ≤4 months (follow-up 10 weeks; measured with: RMDQ; range of scores: 0–24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	6	6	-	MD 1 lower (4.15 lower to 2.15 higher)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs.

Table 204: Acupuncture plus manual therapy (massage) compared with usual care in low back pain without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Acupuncture + massage**	**usual care**	**Relative (95% CI)**	**Absolute**		
Pain (proportion of baseline value) - ≤4 months (follow-up 4 weeks; measured with: VAS; range of scores: 0–10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	27	24	-	MD 0.38 lower (0.55 to 0.21 lower)	⊕⊕OO LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias

Table 205: Acupuncture plus exercise (biomech plus aerobic) plus self-management compared with exercise (biomechanical plus aerobic) plus self-management in low back pain without sciatica

Quality assessment	No of patients	Effect	Quality	Importance

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Acupuncture + exercise (biomech + aerobic)	exercise (biomech + aerobic)	Relative (95% CI)	Absolute		
Quality of life (EQ-5D) - ≤4 months (follow-up 3 months; measured with: EQ-5D; range of scores: 0–1; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	24	27	-	MD 0.06 lower (0.23 lower to 0.11 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (EQ-5D) - >4 months (follow-up 6 months; measured with: EQ5D; range of scores: 0–1; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	serious[2]	none	24	27	-	MD 0.11 higher (0 to 0.22 higher)	⊕⊕OO LOW	CRITICAL
Pain (VAS 0–10) - ≤4 months (follow-up 3 months; measured with: VAS; range of scores: 0–10; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	24	27	-	MD 1.19 higher (0.34 lower to 2.72 higher)	⊕⊕OO LOW	CRITICAL
Pain (VAS 0–10) - >4 months (follow-up 6 months; measured with: VAS; range of scores: 0–10; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	24	27	-	MD 0.29 lower (1.87 lower to 1.29 higher)	⊕⊕OO LOW	CRITICAL
Disability (ODI) - ≤4 months (follow-up 3 months; measured with: ODI; range of scores: 0–100; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	24	27	-	MD 1.36 higher (4.45 lower to 7.17 higher)	⊕⊕OO LOW	CRITICAL
Disability (ODI) - >4 months (follow-up 6 months; measured with: ODI; range of scores: 0–100; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	24	27	-	MD 4 lower (12.41 lower to 4.41 higher)	⊕⊕OO LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs.

J.10 Electrotherapies

Table 206: TENS versus sham for low back pain in low back pain without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	TENS versus sham	Control	Relative (95% CI)	Absolute		
SF-36; stratum = without sciatica - Physical function; outcome ≤4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	15	12	-	MD 19.41 higher (5.79 to 33.03 higher)	⊕⊕OO LOW	CRITICAL
SF-36; stratum = without sciatica - Social function; outcome ≤4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	15	12	-	MD 17.70 higher (5.97 to 29.43 higher)	⊕⊕OO LOW	CRITICAL
SF-36; stratum = without sciatica - Physical role limitation; outcome ≤4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	15	12	-	MD 52.76 higher (23.03 to 9 higher)	⊕⊕OO LOW	CRITICAL
SF-36; stratum = without sciatica - Emotional role limitation; outcome ≤4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	15	12	-	MD 33.36 higher (11.14 to 55.58 higher)	⊕⊕OO LOW	CRITICAL
SF-36; stratum = without sciatica - Mental health; outcome ≤4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	15	12	-	MD 7.39 higher (0.32 to 14.46 higher)	⊕OOO VERY LOW	CRITICAL
SF-36; stratum = without sciatica - Vitality; outcome ≤4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	15	12	-	MD 4.25 higher (2.61 lower to 11.11 higher)	⊕⊕OO LOW	CRITICAL

SF-36; stratum = without sciatica - Bodily pain; outcome ≤4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	15	12	-	MD 14.98 higher (7.56 to 22.4 higher)	⊕⊕OO LOW	CRITICAL
SF-36; stratum = without sciatica - General health perception; outcome ≤4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	15	12	-	MD 10.51 higher (3.51 to 17.51 higher)	⊕⊕OO LOW	CRITICAL
Back pain % of baseline; stratum = without sciatica; outcome ≤4 months (Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	15	15	-	MD 33.62 lower (53.27 to 13.97 lower)	⊕⊕⊕O MODERATE	CRITICAL
Back pain; stratum = without sciatica; outcome ≤4 months (range of scores: 0-10; Better indicated by lower values)												
2	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	52	50	-	MD 0.5 lower (0.53 to 0.47 lower)	⊕⊕⊕O MODERATE	CRITICAL
Function, RMDQ; stratum = without sciatica; outcome ≤4 months (range of scores: 0-24; Better indicated by lower values)												
3	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	241	249	-	MD 0.36 lower (1.4 lower to 0.68 higher)	⊕⊕⊕O MODERATE	CRITICAL
Function, ODI 0-100; stratum = without sciatica; outcome ≤4 months (range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	23	21	-	MD 4.40 lower (5.07 to 3.73 lower)	⊕⊕⊕O MODERATE	CRITICAL

(a) Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
(b) Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs.

Table 207: TENS versus sham for low back pain in low back pain with or without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**TENS versus sham**	**Control**	**Relative (95% CI)**	**Absolute**		

SF-36 Composite scores; stratum +/- sciatica - Physical composite; outcome ≤4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	serious	no serious inconsistency	no serious indirectness	no serious imprecision	none	91	83	-	MD 1 higher (1.25 lower to 3.25 higher)	⊕⊕⊕O MODERATE	CRITICAL
SF-36 Composite scores; stratum +/- sciatica - Mental composite; outcome ≤4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	91	83	-	MD 0.2 higher (3.29 lower to 3.69 higher)	⊕⊕⊕O MODERATE	CRITICAL
Back pain (VAS cm); stratum +/- sciatica; outcome ≤4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	15	26	-	MD 0.01 lower (1.75 lower to 1.73 higher)	⊕OOO VERY LOW	CRITICAL
Back pain VAS: improvement of ≥50% from baseline; stratum = +/- sciatica; outcome ≤4 months												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	26/104 (25%)	7/104 (6.7%)	RR 3.71 (1.69 to 8.18)	182 more per 1000 (from 46 more to 483 more)	⊕⊕⊕O MODERATE	CRITICAL
Function; stratum +/- sciatica; outcome ≤4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	15	26	-	MD 1 lower (4.53 lower to 2.53 higher)	⊕⊕OO LOW	CRITICAL
Roland-Morris Disability Questionnaire: improvement of 4 points (median 15 at baseline); stratum = +/- sciatica; outcome ≤4 months												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	29/110 (26.4%)	28/112 (25%)	RR 1.05 (0.67 to 1.65)	12 more per 1000 (from 82 fewer to 162 more)	⊕OOO VERY LOW	CRITICAL

(a) Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
(b) Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs.

Table 208: TENS versus usual care for low back pain in low back pain without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	TENS versus usual care	Control	Relative (95% CI)	Absolute		

Pain VAS; stratum = without sciatica; outcome ≤4 months (range of scores: 0-10; Better indicated by lower values)												
2	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	33	37	-	MD 0.45 higher (0.37 to 0.53 higher)	⊕⊕OO LOW	CRITICAL
Function RMDQ final values; stratum = without sciatica;, outcome ≤4 months (range of scores: 0-24; Better indicated by lower values)												
2	randomised trials	very serious[a,]	no serious inconsistency	no serious indirectness	very serious[b]	none	12	14	-	MD 0.20 lower (3.08 lower to 2.68 higher)	⊕OOO VERY LOW	CRITICAL
Function ODI 0-100 change scores,; stratum = without sciatica; outcome ≤4 months (range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	21	23	-	MD 6.80 higher (5.17 to 8.43 higher)	⊕⊕⊕O MODERATE	CRITICAL

(a) Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
(b) Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs.

Table 209: TENS versus usual care for low back pain in low back pain with or without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**TENS versus usual care**	**Control**	**Relative (95% CI)**	**Absolute**		
Pain VAS; stratum +/- sciatica; outcome ≤4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	53	49	-	MD 0.25 lower (1.06 lower to 0.56 higher)	⊕⊕OO LOW	CRITICAL
Quebec Back Pain Disability Scale; stratum +/- sciatica; outcome ≤4 months (range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	very serious[a,b]	no serious inconsistency	no serious indirectness	no serious imprecision	none	53	49	-	MD 0.85 higher (5.21 lower to 6.91 higher)	⊕⊕OO LOW	CRITICAL

(a) Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
(b) Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs.

1002 **Table 210: TENS versus acupuncture for low back pain without sciatica**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	TENS versus acupuncture	Control	Relative (95% CI)	Absolute		
Pain VAS; stratum = without sciatica; outcome ≤4 months (range of scores: 0-100; Better indicated by lower values)												
2	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	16	17	-	MD 1.53 higher (0.39 lower to 3.46 higher)	⊕OOO VERY LOW	CRITICAL
Function; stratum = without sciatica; outcome ≤4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	6	7	-	MD 0.8 higher (3.78 lower to 5.38 higher)	⊕OOO VERY LOW	CRITICAL
Functional ability; stratum = without sciatica; outcome ≤4 months (range of scores: 0-20; Better indicated by higher values)												
1	randomised trials	serious[b]	no serious inconsistency	no serious indirectness	serious[d]	none	10	10	-	MD 1.42 lower (3.09 lower to 0.25 higher)	⊕⊕OO LOW	CRITICAL

1003 (a) Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
1004 *(b)* Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs.

1005 **Table 211: TENS versus corset for low back pain without sciatica**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	TENS versus corset	Control	Relative (95% CI)	Absolute		
Pain; stratum = without sciatica; outcome ≤4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised	very	no serious	no serious	serious[b]	none	20	24	-	MD 0.63 higher (1.07 lower	⊕OOO	CRITICAL

	trials	serious[a]	inconsistency	indirectness						to 2.33 higher)	VERY LOW	

(a) Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
(b) Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs.

Table 212: TENS versus manipulation for low back pain without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**TENS versus manipulation**	**Control**	**Relative (95% CI)**	**Absolute**		
Pain; stratum = without sciatica; outcome ≤4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	20	43	-	MD 1.45 higher (0.09 lower to 2.99 higher)	⊕OOO VERY LOW	CRITICAL

(a) Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
(b) Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs.

Table 213: TENS versus massage for low back pain without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**TENS versus massage**	**Control**	**Relative (95% CI)**	**Absolute**		
Pain; stratum = without sciatica; outcome ≤4 months (range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	20	20	-	MD 0.76 higher (0.95 lower to 2.47 higher)	⊕OOO VERY LOW	CRITICAL

(a) Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
(b) Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs.

1015 **Table 214: TENS versus massage for low back pain with or without sciatica**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	TENS versus massage	Control	Relative (95% CI)	Absolute		
Pain rating index change (%); stratum +/- sciatica; outcome ≤4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	20	21	-	MD 32.3 lower (36.58 to 28.02 lower)	⊕⊕OO LOW	CRITICAL
Responder: >50% decrease in pain; outcome ≤4 months												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	17/20 (85%)	8/21 (38.1%)	RR 2.23 (1.25 to 3.97)	469 more per 1000 (from 95 more to 1000 more)	⊕⊕OO LOW	IMPORTANT

1016 (a) Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias

1017 **Table 215: PENS versus sham for low back pain without sciatica**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	PENS versus sham		Relative (95% CI)	Absolute		
SF-36 Composite scores; stratum = without sciatica - Mental composite; chronic low back pain; outcome >4 months (Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	92	92	-	MD 2.38 lower (6.34 lower to 1.57 higher)	⊕⊕OO LOW	CRITICAL
SF-36 Composite scores; stratum = without sciatica - Physical composite; chronic low back pain; outcome >4 months (Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	92	92	-	MD 1.23 lower (8.28 lower to 5.82 higher)	⊕⊕⊕O MODERATE	CRITICAL
SF-36 Domain scores; stratum = without sciatica - Physical function; chronic low back pain; outcome ≤4 months (range of scores: 0-100; Better indicated by higher values)												

1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	13	12	-	MD 27.98 higher (15.18 to 40.78 higher)	⊕⊕OO LOW	CRITICAL
SF-36 Domain scores; stratum = without sciatica - Social function; chronic low back pain; outcome ≤4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	13	12	-	MD 26.87 higher (15.32 to 38.42 higher)	⊕⊕OO LOW	CRITICAL
SF-36 Domain scores; stratum = without sciatica - Physical role limitation; chronic low back pain; outcome ≤4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	13	12	-	MD 55.76 higher (28.34 to 83.18 higher)	⊕⊕OO LOW	CRITICAL
SF-36 Domain scores; stratum = without sciatica - Emotional role limitation; chronic low back pain; outcome ≤4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	13	12	-	MD 68.42 higher (44.07 to 92.77 higher)	⊕⊕OO LOW	CRITICAL
SF-36 Domain scores; stratum = without sciatica - Mental health; chronic low back pain; outcome ≤4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	13	12	-	MD 8.48 higher (1.69 to 15.27 higher)	⊕⊕OO LOW	CRITICAL
SF-36 Domain scores; stratum = without sciatica - Vitality; chronic low back pain; outcome ≤4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	13	12	-	MD 11.89 higher (3.82 to 19.96 higher)	⊕⊕OO LOW	CRITICAL
SF-36 Domain scores; stratum = without sciatica - Bodily pain; chronic low back pain; outcome ≤4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	13	12	-	MD 21.05 higher (14.04 to 28.06 higher)	⊕⊕OO LOW	CRITICAL
SF-36 Domain scores; stratum = without sciatica - General health perception; chronic low back pain; outcome ≤4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	13	12	-	MD 24.23 higher (15.63 to 32.83 higher)	⊕⊕OO LOW	CRITICAL
Pain; stratum = without sciatica; outcome ≤4 months (Better indicated by lower values)												
2	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	30	29	-	SMD 1.33 lower (1.92 to 0.75 lower)	⊕⊕OO LOW	CRITICAL

Pain; stratum = without sciatica; outcome >4 months (Better indicated by lower values)												
2	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	92	92	-	SMD 0.05 lower (0.34 lower to 0.24 higher)	⊕⊕⊕O MODERATE	CRITICAL
Disability (ODI, change score); stratum = without sciatica; outcome ≤4 months (range of scores: 0-24 or 0-50; Better indicated by lower values)												
1	randomised trials	very serious[a]	serious[c]	no serious indirectness	no serious imprecision	none	13	12	-	MD 11.69 lower (14.92 to 8.46 lower)	⊕OOO VERY LOW	CRITICAL
Function (RMDQ, final value); stratum = without sciatica; outcome ≤4 months (Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	17	17	-	MD 2.93 lower (6.11 lower to 0.25 higher)	⊕⊕OO LOW	CRITICAL
Function (RMDQ, final value); stratum = without sciatica; outcome >4 months (range of scores: 0-24 or 0-50; Better indicated by lower values)												
2	randomised trials	very serious[a]	serious[c]	no serious indirectness	no serious imprecision	none	92	92	-	MD 0.81 higher (0.53 lower to 2.15 higher)	⊕OOO VERY LOW	CRITICAL

(a) Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
(b) Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs.
(c) Downgraded by 1 or 2 increments because heterogeneity, I^2=50%, p=0.04, unexplained by subgroup analysis

Table 216: PENS versus usual care for low back pain with or without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**PENS versus usual care**	**Control**	**Relative (95% CI)**	**Absolute**		
Pain VAS; stratum +/- sciatica; outcome ≤4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	53	49	-	MD 0.05 lower (0.95 lower to 0.85 higher)	⊕⊕OO LOW	CRITICAL
Quebec Back Pain Disability Scale; stratum +/- sciatica; outcome ≤4 months (range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	53	49	-	MD 1.62 lower (7.75 lower to 4.51 higher)	⊕⊕OO LOW	CRITICAL

(a) Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias

Table 217: PENS versus TENS for low back pain without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	PENS versus TENS	Control	Relative (95% CI)	Absolute		
SF-36; stratum = without sciatica (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	208	240	-	not pooled	⊕OOO VERY LOW	CRITICAL
SF-36; stratum = without sciatica - Physical function; outcome ≤4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	13	15	-	MD 8.57 higher (6.78 lower to 23.92 higher)	⊕OOO VERY LOW	CRITICAL
SF-36; stratum = without sciatica - Social functionic; outcome ≤4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	13	15	-	MD 9.17 higher (0.08 lower to 18.42 higher)	⊕⊕OO LOW	CRITICAL
SF-36; stratum = without sciatica - Physical role limitation; outcome ≤4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	13	15	-	MD 3.00 higher (25.48 lower to 31.48 higher)	⊕OOO VERY LOW	CRITICAL
SF-36; stratum = without sciatica - Emotional role limitation; outcome ≤4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	13	15	-	MD 35.06 higher (15.13 to 54.99 higher)	⊕⊕OO LOW	CRITICAL
SF-36; stratum = without sciatica - Mental health; outcome ≤4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised	very	no serious	no serious	no serious	none	13	15	-	MD 1.09 higher (3.26	⊕⊕OO	CRITICAL

	trials	serious[a]	inconsistency	indirectness	imprecision					lower to 5.44 higher)	LOW	
SF-36; stratum = without sciatica - Vitality; outcome ≤4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	13	15	-	MD 7.64 higher (0.58 to 14.7 higher)	⊕⊕OO LOW	CRITICAL
SF-36; stratum = without sciatica - Bodily pain; outcome ≤4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	13	15	-	MD 6.07 higher (2.76 lower to 14.9 higher)	⊕OOO VERY LOW	CRITICAL
SF-36; stratum = without sciatica - General health perception; outcome ≤4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	13	15	-	MD 13.72 higher (3.74 to 23.7 higher)	⊕⊕OO LOW	CRITICAL
Pain VAS; stratum = without sciatica; outcome ≤4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	13	15	-	MD 0.81 lower (2.29 lower to 0.67 higher)	⊕OOO VERY LOW	CRITICAL
Function; stratum = without sciatica; outcome ≤4 months (range of scores: 0-50; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	13	15	-	MD 2.93 lower (6.84 lower to 0.98 higher)	⊕OOO VERY LOW	CRITICAL

(a) Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
(b) Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs.

Table 218: PENS versus TENS for low back pain with or without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**PENS versus TENS**	**Control**	**Relative (95% CI)**	**Absolute**		
Pain VAS; stratum +/- sciatica; outcome ≤4 months (range of scores: 0-10; Better indicated by lower values)												

1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	53	49	-	MD 0.2 higher (0.65 lower to 1.05 higher)	⊕OOO VERY LOW	CRITICAL
Function; stratum +/- sciatica; outcome ≤4 months (range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	53	49	-	MD 2.47 lower (8.36 lower to 3.42 higher)	⊕OOO VERY LOW	CRITICAL

(a) Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
(b) Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs.

Table 219: Interferential therapy versus placebo/sham for low back pain without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Interferential therapy versus placebo/sham**	**Control**	**Relative (95% CI)**	**Absolute**		
Back pain NRS cm; stratum = without sciatica (Better indicated by lower values)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	59	58	-	MD 0.85 lower (1.14 to 0.56 lower)	⊕⊕⊕⊕ HIGH	CRITICAL

Table 220: Interferential versus traction for low back pain with or without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Interferential versus traction**	**Control**	**Relative (95%**	**Absolute**		

									CI)			
Function; outcome ≤4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	61	67	-	MD 0.6 lower (5.68 lower to 4.48 higher)	⊕⊕OO LOW	CRITICAL

(a) Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias

Table 221: Laser versus sham for low back pain with sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Laser versus sham	Control	Relative (95% CI)	Absolute		
Back pain; stratum = with sciatica - final score; outcome at ≤4 months (range of scores: 0-10; Better indicated by lower values)												
2	randomised trials	serious[a]	serious[c]	no serious indirectness	no serious imprecision	none	40	40	-	MD 0.35 higher (0.28 lower to 0.98 higher)	⊕⊕OO LOW	CRITICAL
Back pain; stratum = with sciatica - change score; outcome at ≤4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	182	182	-	MD 1.43 lower (1.56 to 1.3 lower)	⊕⊕⊕O MODERATE	CRITICAL
Function; stratum = with sciatica; outcome at ≤4 months (range of scores: 0-24; Better indicated by lower values)												
2	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	40	40	-	MD 1.14 lower (3.31 lower to 1.04 higher)	⊕⊕OO LOW	CRITICAL
Responder (Function improvement); stratum = with sciatica; outcome at ≤4 months												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	151/182 (83%)	98/182 (53.8%)	RR 1.54 (1.33 to 1.79)	291 more per 1000 (from 178 more to 425 more)	⊕⊕⊕⊕ HIGH	IMPORTANT

(a) Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
(b) Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs.
(c) Downgraded by 1 or 2 increments because heterogeneity, I2=50%, p=0.04, unexplained by subgroup analysis

1039 **Table 222: Laser versus sham for low back pain without sciatica**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Laser versus sham	Control	Relative (95% CI)	Absolute		
Back pain; stratum = without sciatica; outcome ≤4 months (range of scores: 0-10; Better indicated by lower values)												
2	randomised trials	serious[a]	serious[c]	no serious indirectness	no serious imprecision	none	29	28	-	SMD 0.80 lower (1.73 lower to 0.12 higher)	⊕⊕OO LOW	CRITICAL
Back pain (max pain in last 24hrs); stratum = without sciatica; outcome ≤4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency[c]	no serious indirectness	serious[b]	none	30	31	-	MD 1.6 lower (2.8 to 0.37 lower)	⊕⊕OO LOW	CRITICAL
Responder (pain improvement >60%): stratum = without sciatica - Chronic low back pain; outcome ≤4 months												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	27/38 (71.1%)	12/33 (36.4%)	RR 1.95 (1.19 to 3.21)	345 more per 1000 (from 69 more to 804 more)	⊕OOO VERY LOW	IMPORTANT
Function (RMDQ/ODI); stratum = without sciatica; outcome ≤4 months (range of scores: 0-0-100; Better indicated by lower values)												
2	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	29	28	-	SMD 0.62 lower (2.55 lower to 1.32 higher)	⊕OOO VERY LOW	CRITICAL
Function (ODI)= without sciatica < 4 months (Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	31	30	-	MD 8.2 lower (13.6 to 2.8 lower)	⊕⊕OO LOW	CRITICAL

1040 (a) Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
1041 (b) Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs.
1042 (c) Downgraded by 1 or 2 increments because heterogeneity, I2=50%, p=0.04, unexplained by subgroup analysis

1043

1044 **Table 223: Laser versus usual care for low back pain with sciatica**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Laser versus usual care	Control	Relative (95% CI)	Absolute		
Back pain; stratum = with sciatica; outcome at ≤4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	182	182	-	MD 0.92 lower (1.05 to 0.78 lower)	⊕⊕⊕⊕ HIGH	CRITICAL
Function improvement; stratum = with sciatica; outcome at ≤4 months												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	151/182 (83%)	33/182 (18.1%)	RR 4.58 (3.34 to 6.27)	649 more per 1000 (from 424 more to 956 more)	⊕⊕⊕⊕ HIGH	IMPORTANT

1045 **Table 224: Laser versus usual care for low back pain with or without sciatica**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Laser versus usual care	Control	Relative (95% CI)	Absolute		
Pain VAS; stratum: +/- sciatica; outcome ≤4 months (follow-up ≤4 months; range of scores: 0-10; Better indicated by lower values)												
2	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	75	75	-	MD 1.26 lower (1.74 to 0.78 lower)	⊕⊕OO LOW	CRITICAL
Roland Disability Questionnaire; stratum: +/- sciatica; outcome ≤4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	25	25	-	MD 0.8 higher (1.06 lower to 2.66 higher)	⊕OOO VERY	CRITICAL

											LOW	

(a) Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
(b) Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs.

Table 225: Laser versus exercise for low back pain with or without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Laser versus exercise	Control	Relative (95% CI)	Absolute		
Pain VAS; stratum: +/- sciatica; outcome ≤4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	25	25	-	MD 1 lower (1.75 to 0.25 lower)	⊕⊕OO LOW	CRITICAL
Roland Disability Questionnaire; stratum: +/- sciatica; outcome ≤4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	25	25	-	MD 1.1 higher (0.59 lower to 2.79 higher)	⊕⊕OO LOW	CRITICAL

(a) Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias

Table 226: Laser versus traction for low back pain with sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Laser versus traction	Control	Relative (95% CI)	Absolute		
Back pain; stratum = with sciatica; outcome ≤4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	20	20	-	MD 0.13 lower (1.16 lower to 0.9 higher)	⊕OOO VERY LOW	CRITICAL

Radicular pain; stratum = with sciatica; outcome ≤4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	20	20	-	MD 0.59 lower (1.66 lower to 0.48 higher)	⊕OOO VERY LOW	CRITICAL
Function; stratum = with sciatica; outcome ≤4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	20	20	-	MD 2.2 lower (4.84 lower to 0.44 higher)	⊕OOO VERY LOW	CRITICAL

(a) Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
(b) Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs.

Table 227: Ultrasound versus placebo/sham for low back pain with sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Ultrasound versus placebo/sham**	**Control**	**Relative (95% CI)**	**Absolute**		
Back pain (VAS cm); stratum = with sciatica; outcome at ≤4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	15	15	-	MD 0.06 lower (2.1 lower to 1.98 higher)	⊕OOO VERY LOW	CRITICAL
Function; stratum = with sciatica; outcome at ≤4 months (range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	15	15	-	MD 3.86 higher (2.48 lower to 10.2 higher)	⊕⊕OO LOW	CRITICAL
Paracetamol use; stratum = with sciatica; outcome at ≤4 months (Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	15	15	-	MD 7.67 lower (21.37 lower to 6.03 higher)	⊕⊕OO LOW	IMPORTANT

(a) Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
(b) Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs.

Table 228: Ultrasound versus placebo/sham for low back pain without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Ultrasound versus placebo/sham	Control	Relative (95% CI)	Absolute		
Back pain (VAS cm); stratum = without sciatica; outcome at ≤4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	21	18	-	MD 0.22 higher (0.55 lower to 0.99 higher)	⊕⊕OO LOW	CRITICAL
Moderate (>30%) pain reduction; stratum = without sciatica; outcome ≤4 months												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[b]	none	128/233 (54.9%)	120/222 (54.1%)	RR 1.02 (0.86 to 1.2)	11 more per 1000 (from 76 fewer to 108 more)	⊕⊕⊕O MODERATE	IMPORTANT
Function; stratum = without sciatica; outcome at ≤4 months (range of scores: 0-100; Better indicated by lower values)												
2	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	26	23	-	MD 7.46 lower (13.54 to 1.38 lower)	⊕⊕OO LOW	CRITICAL

(a) Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
(b) Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs

Table 229: Ultrasound versus usual care (both groups had exercise) for low back pain without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Ultrasound versus usual care (both groups had exercise)	Control	Relative (95% CI)	Absolute		
SF-36; stratum = without sciatica - Physical function domain; outcome ≤4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised	very	no serious	no serious	serious[b]	none	20	20	-	MD 2.75 lower (9.72	⊕OOO	CRITICAL

	trials	serious[a]	inconsistency	indirectness						lower to 4.22 higher)	VERY LOW	
SF-36; stratum = without sciatica - Mental health domain; outcome ≤4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	20	20	-	MD 0.7 lower (7.64 lower to 6.24 higher)	⊕OOO VERY LOW	CRITICAL
SF-36; stratum = without sciatica - Pain domain; outcome ≤4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	20	20	-	MD 0.25 lower (7.67 lower to 7.17 higher)	⊕⊕OO LOW	CRITICAL
SF-36; stratum = without sciatica - General health domain; outcome ≤4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	20	20	-	MD 5.75 lower (15.34 lower to 3.84 higher)	⊕OOO VERY LOW	CRITICAL
SF-36; stratum = without sciatica - Social function domain; outcome ≤4 months (range of scores: 0-10; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	20	20	-	MD 1.75 lower (9.54 lower to 6.04 higher)	⊕OOO VERY LOW	CRITICAL
SF-36; stratum = without sciatica - Physical role limitation domain; outcome ≤4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	20	20	-	MD 6 higher (1.55 lower to 13.55 higher)	⊕⊕OO LOW	CRITICAL
SF-36; stratum = without sciatica - Emotional role limitation domain; outcome ≤4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	20	20	-	MD 7 higher (2.2 lower to 16.2 higher)	⊕OOO VERY LOW	CRITICAL
SF-36; stratum = without sciatica - Energy domain; outcome ≤4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	20	20	-	MD 3.5 lower (11.53 lower to 4.53 higher)	⊕OOO VERY LOW	CRITICAL

Pain; stratum = without sciatica; outcome ≤4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	20	20	-	MD 1.7 lower (2.57 to 0.83 lower)	⊕⊕OO LOW	CRITICAL
Function; stratum = without sciatica; outcome ≤4 months (range of scores: 0-50; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	20	20	-	MD 0.6 lower (2.8 lower to 1.6 higher)	⊕⊕OO LOW	CRITICAL
Depression; stratum = without sciatica; outcome ≤4 months (range of scores: 0-63; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	20	20	-	MD 0.75 lower (3.01 lower to 1.51 higher)	⊕⊕OO LOW	CRITICAL

(a) Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
(b) Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs.

Table 230: Ultrasound versus laser for low back pain with or without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Ultrasound**	**Laser**	**Relative (95% CI)**	**Absolute**		
Back pain; stratum +/- sciatica (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	27	35	-	MD 0.37 lower (1.53 lower to 0.79 higher)	⊕OOO VERY LOW	CRITICAL

(a) Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
(b) Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs.

Table 231: Ultrasound versus traction for low back pain with sciatica

Quality assessment	No of patients	Effect	Quality	Importance

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Ultrasound versus traction	Control	Relative (95% CI)	Absolute		
Back pain; stratum = with sciatica; outcome ≤4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	20	20	-	MD 0.44 lower (1.42 lower to 0.54 higher)	⊕OOO VERY LOW	CRITICAL
Function RMDQ SMD; stratum = with sciatica; outcome ≤4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	20	20	-	MD 0.3 lower (3.46 lower to 2.86 higher)	⊕⊕OO LOW	CRITICAL

(a) Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
(b) Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs.

J.10.1 Combinations of interventions – electrotherapy adjunct

J.10.1.1 Low back pain with sciatica

1086 **Table 232: Electrotherapy (ultrasound) plus exercise (biomechanical plus aerobics) compared with waiting list control**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Exercise (biomechanical + aerobics) + ultrasound	waiting list control	Relative (95% CI)	Absolute		
Back Pain (VAS 0-10) - ≤4 months (follow-up 3 weeks; measured with: VAS 0-10; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	15	15	-	MD 2.6 lower (4.27 to 0.93 lower)	⊕⊕OO LOW	CRITICAL
Leg Pain (VAS 0-10) - ≤4 months (follow-up 3 weeks; measured with: VAS 0-10; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	15	15	-	MD 2 lower (3.73 to 0.27 lower)	⊕⊕OO LOW	CRITICAL
Function (ODI 0-100) - ≤4 months (follow-up 3 weeks; measured with: ODI; range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	15	15	-	MD 0.34 lower (7.27 lower to 6.59 higher)	⊕OOO VERY LOW	CRITICAL
Medication use - ≤4 months (follow-up 3 weeks; measured with: Paracetamol intake; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	15	15	-	MD 22.27 lower (38.26 to 6.28 lower)	⊕⊕OO LOW	IMPORTANT

1087 (a) Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
1088 (b) Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs.

1089

1090 **Table 233: Electrotherapy (ultrasound) plus exercise (biomechanical plus aerobics) compared with exercise (biomechanical plus aerobics)**

Quality assessment	No of patients	Effect	Quality	Importance

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Ultrasound + exercise (biomechanical + aerobics)	exercise (biomechanical + aerobics)	Relative (95% CI)	Absolute		
Back Pain (VAS 0-10) - ≤4 months (follow-up 3 weeks; measured with: VAS 0-10; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	15	15	-	MD 0.26 lower (2.3 lower to 1.78 higher)	⊕OOO VERY LOW	CRITICAL
Leg Pain (VAS 0-10) - ≤4 months (follow-up 3 weeks; measured with: VAS 0-10; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	15	15	-	MD 1 higher (1.44 lower to 3.44 higher)	⊕OOO VERY LOW	CRITICAL
Function (ODI 0-100) - ≤4 months (follow-up 3 weeks; measured with: Oswestry disability index 0-100; range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	15	15	-	MD 3.86 higher (2.48 lower to 10.2 higher)	⊕⊕OO LOW	CRITICAL
Medication use - ≤4 months (follow-up 3 weeks; measured with: Use of paracetamol; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	15	15	-	MD 7.67 lower (21.37 lower to 6.03 higher)	⊕⊕OO LOW	IMPORTANT

(a) Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
(b) Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs.

J.10.52 Low back pain without sciatica

Table 234: Electrotherapy (laser) plus self-management (education) plus exercise (biomechanical) compared with self-management (education) plus exercise (biomechanical)

Quality assessment	No of patients	Effect	Quality	Importance

No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Laser + education + exercise (biomechanical)**	**education + exercise (biomechanical)**	**Relative (95% CI)**	**Absolute**		
Pain (0-10 VAS) - <4 months (follow-up 3 weeks; measured with: VAS; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	50	50	-	MD 1.64 lower (2.42 to 0.86 lower)	⊕⊕OO LOW	CRITICAL

(a) Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
(b) Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs.

Table 235: Electrotherapy (TENS) plus acupuncture compared with acupuncture

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**TENS + acupuncture**	**acupuncture**	**Relative (95% CI)**	**Absolute**		
Pain (0-100 VAS converted to 0-10) - <4 months (follow-up 10 weeks; measured with: VAS; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	6	7	-	MD 0.59 higher (1.48 lower to 2.66 higher)	⊕OOO VERY LOW	CRITICAL
Function (RMDQ 0-24) - <4 months (follow-up 10 weeks; measured with: RMDQ; range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	6	7	-	MD 0.2 lower (3.98 lower to 3.58 higher)	⊕OOO VERY LOW	CRITICAL

(a) Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
(b) Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs.

1104 **Table 236: Electrotherapy (TENS) plus exercise (biomechanical) compared with sham TENS**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	TENS + exercise (biomechanical)	sham TENS	Relative (95% CI)	Absolute		
Pain (Borg verbal pain rating scale 0-10) - <4 months (follow-up 8 weeks; measured with: VRS; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	21	21	-	MD 0.66 lower (0.7 to 0.62 lower)	⊕⊕OO LOW	CRITICAL
Function (ODI 0-100) - <4 months (follow-up 8 weeks; measured with: ODI; range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	21	21	-	MD 7.6 lower (8.77 to 6.43 lower)	⊕⊕OO LOW	CRITICAL

1105 (a) Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias

1106 **Table 237: Electrotherapy (TENS) plus exercise (biomechanical) compared with exercise (biomechanical)**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	TENS + exercise (biomechanical)	exercise (biomechanical)	Relative (95% CI)	Absolute		
SF-36 (0-100) - <4 months: Mental health (follow-up 6 weeks; measured with: SF-36; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	20	20	-	MD 6.95 higher (0.44 lower to 14.34 higher)	⊕OOO VERY LOW	CRITICAL
SF-36 (0-100) - <4 months: General health (follow-up 6 weeks; measured with: SF-36; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	20	20	-	MD 6.15 higher (5.3 lower to 17.6 higher)	⊕OOO VERY LOW	CRITICAL

SF-36 (0-100) - <4 months: Energy (follow-up 6 weeks; measured with: SF-36; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	20	20	-	MD 16.05 higher (7.72 to 24.38 higher)	⊕OOO VERY LOW	CRITICAL
Pain (Borg and PDI -converted to 0-10) - <4 months (range of scores: 0-10; Better indicated by lower values)												
2	randomised trials	very serious[a]	very serious[c]	no serious indirectness	very serious[b]	none	41	43	-	MD 0.15 higher (0.54 lower to 0.85 higher)	⊕OOO VERY LOW	CRITICAL
Function (ODI 0-100) - <4 months (measured with: ODI; range of scores: 0-100; Better indicated by lower values)												
2	randomised trials	very serious[a]	very serious[c]	no serious indirectness	very serious[b]	none	41	43	-	MD 2.63 higher (5.61 lower to 4.86 higher)	⊕OOO VERY LOW	CRITICAL
Psychological distress: Beck Depression Inventory (0-63) - <4 months (follow-up 6 weeks; measured with: BDI; range of scores: 0-63; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	20	20	-	MD 1.5 lower (3.68 lower to 0.68 higher)	⊕OOO VERY LOW	CRITICAL

(a) Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias.
(b) Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs.
(c) Downgraded by 1 increment for I2 >50% - 74% and 2 increments for I2 >75%.

Table 238: Electrotherapy (PENS) plus exercise (biomechanical plus aerobics) compared with sham PENS plus exercise (biomechancial plus aerobics)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**PENS + exercise (biomechanical + aerobics)**	**sham PENS + exercise (biomechanical + aerobics)**	**Relative (95% CI)**	**Absolute**		
SF-36 (0-100) - <4 months: Mental component summary score (follow-up 6 weeks; measured with: SF-36; range of scores: 0-100; Better indicated by higher values)												
1	randomised	serious[a]	no serious	no serious	serious[b]	none	45	44	-	MD 3.1 lower	⊕⊕OO	CRITICAL

	trials		inconsistency	indirectness					(8.34 lower to 2.14 higher)	LOW	
SF-36 (0-100) - >4 months: Mental component summary score (follow-up 6 months; measured with: SF-36; range of scores: 0-100; Better indicated by higher values)											
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	45	44	-	MD 1.7 lower (7.44 lower to 4.04 higher)	⊕⊕OO LOW	CRITICAL
SF-36 (0-100) - <4 months: Physical component summary score (follow-up 6 weeks; measured with: SF-36; range of scores: 0-100; Better indicated by higher values)											
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	45	44	-	MD 3 lower (13.09 lower to 7.09 higher)	⊕⊕OO LOW	CRITICAL
SF-36 (0-100) - >4 months: Physical component summary score (follow-up 6 months; measured with: SF-36; range of scores: 0-100; Better indicated by higher values)											
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	45	44	-	MD 4.1 lower (15.06 lower to 6.86 higher)	⊕⊕OO LOW	CRITICAL
Pain (McGill) - <4 months (follow-up 6 weeks; measured with: McGill; range of scores: 0-78; Better indicated by lower values)											
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	45	44	-	MD 1 lower (4.34 lower to 2.34 higher)	⊕⊕OO LOW	CRITICAL
Pain (McGill) - >4 months (follow-up 6 months; measured with: McGill; range of scores: 0-78; Better indicated by lower values)											
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	45	44	-	MD 0.7 lower (4.04 lower to 2.64 higher)	⊕⊕⊕O MODERATE	CRITICAL
Function (RMDQ) - <4 months (follow-up 6 weeks; measured with: RMDQ; range of scores: 0-24; Better indicated by lower values)											
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	45	44	-	MD 0.4 higher (1.53 lower to 2.33 higher)	⊕⊕⊕O MODERATE	CRITICAL
Function (RMDQ) - >4 months (follow-up 6 months; measured with: RMDQ; range of scores: 0-24; Better indicated by lower values)											
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	45	44	-	MD 0.7 higher (1.31 lower to 2.71 higher)	⊕⊕OO LOW	CRITICAL

(a) Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias

(b) Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs.

Table 239: Electrotherapy (ultrasound) plus exercise compared with exercise (biomechanical)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Ultrasound + exercise	exercise (biomechanical)	Relative (95% CI)	Absolute		
SF-36 (0-100) - <4 months: Mental health (follow-up 6 weeks; measured with: SF-36; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	19	20	-	MD 1.3 higher (6.09 lower to 8.69 higher)	⊕OOO VERY LOW	CRITICAL
SF-36 (0-100) - <4 months: General health (follow-up 6 weeks; measured with: SF-36; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	19	20	-	MD 1.27 higher (9.07 lower to 11.61 higher)	⊕OOO VERY LOW	CRITICAL
SF-36 (0-100) - <4 months: Energy (follow-up 6 weeks; measured with: SF-36; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	19	20	-	MD 0.93 higher (8.36 lower to 10.22 higher)	⊕OOO VERY LOW	CRITICAL
Pain (pain disabiltiy index 0-50) - <4 months (follow-up 6 weeks; range of scores: 0-50; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	19	20	-	MD 0.29 lower (3.07 lower to 2.49 higher)	⊕OOO VERY LOW	CRITICAL
Function (ODI 0-100) - <4 months (follow-up 6 weeks; measured with: ODI; range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	19	20	-	MD 0.28 higher (2.03 lower to 2.59 higher)	⊕OOO VERY LOW	CRITICAL
Depression (Beck Depression Inventory (0-63)) - <4 months (follow-up 6 weeks; measured with: BDI; range of scores: 0-63; Better indicated by lower values)												

1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	19	20	-	MD 0.91 lower (3.05 lower to 1.23 higher)	⊕OOO VERY LOW	CRITICAL

(a) Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
(b) Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs.

Table 240: Electrotherapy (ultrasound) plus exercise plus self-management compared with exercise plus self-management

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Ultrasound + exercise + self-management	exercise + self-management	Relative (95% CI)	Absolute		
Pain (0-100 VAS converted to 0-10) - <4 months (follow-up 2 months; measured with: VAS; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	21	18	-	MD 0.22 higher (0.55 lower to 0.99 higher)	⊕OOO VERY LOW	CRITICAL
Function (Functional Rating Index) - <4 months (follow-up 2 months; range of scores: 0-40; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	21	18	-	MD 7.7 lower (14.13 to 1.27 lower)	⊕OOO VERY LOW	CRITICAL

(a) Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
(b) Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs.

J.10.213 Low back pain with/without sciatica

Table 241: Electroacupuncture plus self-management (mixed modality - education + home exercise) plus exercise compared with self-management (mixed modality - education + home exercise) plus exercise

Quality assessment	No of patients	Effect	Quality	Importance

No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Electroacupuncture + education + exercise + home exercise**	**education + exercise + home exercise**	**Relative (95% CI)**	**Absolute**		
Pain (NRS 0-10) - <4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	24	25	-	MD 1.81 lower (3.07 to 0.55 lower)	⊕⊕OO LOW	CRITICAL
Function (Aberdeen low back pain scale 0-100 cvonverted to 0-10 scale) - <4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	24	25	-	MD 0.6 lower (1.25 lower to 0.06 higher)	⊕OOO VERY LOW	CRITICAL
Analgesic consumption - <4 months												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	2/26 (7.7%)	4/26 (15.4%)	RR 0.5 (0.1 to 2.5)	77 fewer per 1000 (from 138 fewer to 231 more)	⊕OOO VERY LOW	IMPORTANT
								15.4%		77 fewer per 1000 (from 139 fewer to 231 more)		

(a) Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
(b) Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs.

Table 242: Electrotherapy (Interferential) plus manual therapy (manipulation) compared with manual therapy (manipulation)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Interferential + manipulation**	**manipulation**	**Relative (95% CI)**	**Absolute**		

Quality of life (EQ-5D) - <4 months (Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	66	63	-	MD 0.01 lower (0.15 lower to 0.13 higher)	⊕⊕⊕O MODERATE	CRITICAL
Quality of life (EQ-5D) - >4 months (Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	51	52	-	MD 0.1 higher (0.01 lower to 0.21 higher)	⊕⊕OO LOW	CRITICAL
SF-36 (0-100) - <4 months: Physical functioning (Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	66	63	-	MD 0.95 lower (8.27 lower to 6.37 higher)	⊕OOO VERY LOW	CRITICAL
SF-36 (0-100) - >4 months: Physical functioning (Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	51	52	-	MD 12.04 higher (2.6 to 21.48 higher)	⊕⊕⊕O MODERATE	CRITICAL
SF-36 (0-100) - <4 months: Role physical (Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	66	63	-	MD 1.43 higher (12.96 lower to 15.82 higher)	⊕OOO VERY LOW	CRITICAL
SF-36 (0-100) - >4 months: Role physical (Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	51	52	-	MD 12.2 higher (5.48 lower to 29.88 higher)	⊕OOO VERY LOW	CRITICAL
SF-36 (0-100) - <4 months: Bodily pain (Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	66	63	-	MD 0.69 lower (8.86 lower to 7.48 higher)	⊕OOO VERY LOW	CRITICAL
SF-36 (0-100) - >4 months: Bodily pain (Better indicated by lower values)												

1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	51	52	-	MD 12.59 higher (2.65 to 22.53 higher)	⊕⊕⊕O MODERATE	CRITICAL
SF-36 (0-100) - <4 months: General health (Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	66	63	-	MD 2.27 higher (3.56 lower to 8.1 higher)	⊕OOO VERY LOW	CRITICAL
SF-36 (0-100) - >4 months: General health (Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	51	52	-	MD 3.27 higher (4.58 lower to 11.12 higher)	⊕OOO VERY LOW	CRITICAL
SF-36 (0-100) - <4 months: Vitality (Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	66	63	-	MD 0.96 lower (7.64 lower to 5.72 higher)	⊕OOO VERY LOW	CRITICAL
SF-36 (0-100) - >4 months: Vitality (Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	51	52	-	MD 5.17 higher (2.93 lower to 13.27 higher)	⊕OOO VERY LOW	CRITICAL
SF-36 (0-100) - <4 months: Social functioning (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[b]	none	66	63	-	MD 0.17 lower (9.05 lower to 8.71 higher)	⊕⊕OO LOW	CRITICAL
SF-36 (0-100) - >4 months: Social functioning (Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	51	52	-	MD 0.2 lower (13.99 lower to 13.59 higher)	⊕OOO VERY LOW	CRITICAL
SF-36 (0-100) - <4 months: Role emotional (Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	66	63	-	MD 11.85 higher (3.38 lower to 27.08	⊕⊕OO LOW	CRITICAL

										higher)		
SF-36 (0-100) - >4 months: Role emotional (Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	very serious[2]	none	51	52	-	MD 8.2 higher (7.21 lower to 23.61 higher)	⊕OOO VERY LOW	CRITICAL
SF-36 (0-100) - <4 months: Mental health domain (Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	66	63	-	MD 2.46 higher (3.06 lower to 7.98 higher)	⊕OOO VERY LOW	CRITICAL
SF-36 (0-100) - >4 months: Mental health domain (Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	51	52	-	MD 5.58 higher (1.53 lower to 12.69 higher)	⊕⊕OO LOW	CRITICAL
Pain (0-100 VAS converted to 0-10) - <4 months (Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	66	63	-	MD 0.48 lower (1.35 lower to 0.39 higher)	⊕⊕OO LOW	CRITICAL
Pain (0-100 VAS converted to 0-10) - >4 months (Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	51	52	-	MD 0.75 lower (1.81 lower to 0.31 higher)	⊕⊕OO LOW	CRITICAL
Function (RMDQ) - <4 months (Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	66	63	-	MD 0.12 lower (1.78 lower to 1.54 higher)	⊕⊕⊕O MODERATE	CRITICAL
Function (RMDQ) - >4 months (Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	51	52	-	MD 1.79 lower (3.77 lower to 0.19 higher)	⊕⊕OO LOW	CRITICAL

(a) Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
(b) Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs.

Table 243: Electrotherapy (laser) plus self-management (home exercise) compared with self-management (home exercise)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Laser + home exercise	home exercise	Relative (95% CI)	Absolute		
Pain (VAS 0-10) - <4 months (Better indicated by lower values)												
2	randomised trials	very serious[a]	very serious[c]	no serious indirectness	serious[b]	none	44	43	-	MD 0.99 lower (2.85 lower to 0.87 higher)	⊕OOO VERY LOW	CRITICAL
Function (ODI 0-100) - <4 months (Better indicated by lower values)												
2	randomised trials	very serious[a]	very serious[c]	no serious indirectness	very serious[b]	none	44	43	-	MD 4.00 lower (11.23 lower to 3.23 higher)	⊕OOO VERY LOW	CRITICAL

(a) Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias.
(b) Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs.
(c) Downgraded by 1 increment for I2 >50% - 74% and 2 increments for I2 >75%.

Table 244: Electrotherapy (HILT Laser) + self-management (unsupervised exercise) compared to placebo HILT laser + self-management (unsupervised exercise)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	HILT laser + self-management (unsupervised exercise) compared to placebo HILT laser + self-management (unsupervised exercise) for low back	Control	Relative (95% CI)	Absolute		

							pain					
Pain severity (VAS, 0-10) ≤ 4 months (follow-up 12 weeks; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	28	24	-	MD 1.07 lower (1.77 to 0.37 lower)	⊕OOO VERY LOW	CRITICAL
Function (RMDQ, 0-24) ≤ 4 months (follow-up 12 weeks; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	28	24	-	MD 1.42 lower (1.95 to 0.89 lower)	⊕OOO VERY LOW	CRITICAL
Function (MODQ, 0-100) ≤ 4 months (follow-up 12 weeks; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	28	24	-	MD 3.61 lower (5.62 to 1.6 lower)	⊕⊕OO LOW	CRITICAL

(a) Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
(b) Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs.

Table 245: Electrotherapy (BEMER + TENS) + exercise + manual therapy (massage) compared to placebo BEMER + TENS + exercise + manual therapy (massage)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	BEMER + TENS+ exercise + manual therapy (massage) vs placebo	Control	Relative (95%	Absolute		

							BEMER + TENS + manual therapy (massage)		**CI)**			
Quality of life (SF-36 Physical functioning, 0-100) ≤ 4 months (follow-up 15 weeks; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	13	13	-	MD 0.15 lower (3.95 lower to 3.65 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 Role physical, 0-100) ≤ 4 months (follow-up 15 weeks; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	14	14	-	MD 5.63 lower (13.72 lower to 2.46 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 Bodily pain, 0-100) ≤ 4 months (follow-up 15 weeks; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	15	18	-	MD 4.01 lower (8.86 lower to 0.84 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 General health, 0-100) ≤ 4 months (follow-up 15 weeks; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	12	14	-	MD 1.40 lower (5.18 lower to 2.38 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 Vitality, 0-100) ≤ 4 months (follow-up 15 weeks; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	10	12	-	MD 5.6 lower (11.13 to 0.07 lower)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 Social functioning, 0-100) ≤ 4 months (follow-up 15 weeks; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	13	18	-	MD 0.98 lower (8.25 lower to 6.29 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 Role emotional, 0-100) ≤ 4 months (follow-up 15 weeks; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	13	15	-	MD 3.5 lower (16.38 lower to 9.38 higher)	⊕OOO VERY LOW	CRITICAL

Quality of life (SF-36 Mental health, 0-100) ≤ 4 months (follow-up 15 weeks; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	9	15	-	MD 0.52 lower (6.71 lower to 5.67 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 Physical component summary score, 0-100) ≤ 4 months (follow-up 15 weeks; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	6	10	-	MD 0.93 lower (6.38 lower to 4.52 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 Mental component summary score, 0-100) ≤ 4 months (follow-up 15 weeks; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	6	10	-	MD 8.66 lower (15.29 to 2.03 lower)	⊕OOO VERY LOW	CRITICAL
Pain severity (exercise VAS, 0-10) ≤ 4 months (follow-up 15 weeks; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	18	19	-	MD 0.42 higher (0.99 lower to 1.83 higher)	⊕OOO VERY LOW	CRITICAL
Pain severity (resting VAS, 0-10) ≤ 4 months (follow-up 15 weeks; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	18	19	-	MD 0.72 higher (0.6 lower to 2.04 higher)	⊕OOO VERY LOW	CRITICAL
Function (ODI, 0-100) ≤ 4 months (follow-up 15 weeks; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	18	19	-	MD 1.19 higher (7.02 lower to 9.40 higher)	⊕OOO VERY LOW	CRITICAL

(a) Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias

(b) Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs.

1.11 Psychological interventions

Table 246: Cognitive behavioural approaches versus placebo/sham in low back pain with or without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	cognitive behavioural approaches versus placebo/sham	Control	Relative (95% CI)	Absolute		
Pain severity - >4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	59	59	-	MD 0.90 higher (3.6 lower to 5.41 higher)	⊕⊕OO LOW	CRITICAL
Function (ODI, 0-100) >4 months (range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	59	59	-	MD 0.7 higher (4.81 lower to 6.21 higher)	⊕⊕OO LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias

Table 247: Cognitive behavioural approaches versus usual care/waiting list in low back pain with or without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	cognitive behavioural approaches versus usual care/waiting list	Control	Relative (95% CI)	Absolute		
Pain severity (VAS, 0-10 final value) <4 months (range of scores: 0-10; Better indicated by lower values)												

6	randomised trials	very serious[a]	serious[2]	no serious indirectness	no serious imprecision	none	231	227	-	MD 0.66 lower (1.01 to 0.31 lower)	⊕OOO VERY LOW	CRITICAL
Pain (VAS, 0-10) <4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency[b]	no serious indirectness	no serious imprecision	none	27	27	-	MD 2.59 lower (3.28 to 1.9 lower)	⊕⊕OO LOW	CRITICAL
Function (RMDQ, 0-24) <4 months (range of scores: 0-24; Better indicated by lower values)												
2	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	121	119	-	MD 2.95 lower (4.26 to 1.65 lower)	⊕⊕OO LOW	CRITICAL
Function (PDI, 0-70) <4 months (range of scores: 0-70; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[c]	none	53	50	-	MD 1.20 lower (6.44 lower to 4.04 higher)	⊕OOO VERY LOW	CRITICAL
Psychological distress (BDI, 0-68)<4 months (range of scores: 0-68; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[c]	none	58	51	-	MD 1.65 lower (3.42 lower to 0.12 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36 perceived general health, 0-5) < 4 months (range of scores: 0-5; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	143	171	-	MD 0 higher (0.18 lower to 0.18 higher)	⊕⊕⊕O MODERATE	CRITICAL
Quality of life (SF-36 perceived general health, 0-5) >4 months (range of scores: 0-5; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	143	171	-	MD 0 higher (0.19 lower to 0.19 higher)	⊕⊕⊕O MODERATE	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by one increment because of heterogeneity, I2 >50%
[c] Downgraded by one increment if the confidence interval crossed one MID or by two increments if the confidence interval crossed both MIDs

Table 248: Cognitive behavioural approaches versus behavioural therapy in low back pain with or without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	cognitive behavioural approaches versus behavioural therapy	Control	Relative (95% CI)	Absolute		
Pain severity (VAS 0-100 converted to 0-10) <4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	41	36	-	MD 0.4 lower (1.03 lower to 0.96 higher)	⊕⊕OO LOW	CRITICAL
Pain severity (VAS 0-100 converted to 0-10) >4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	38	35	-	MD 0.07 higher (0.95 lower to 1.09 higher)	⊕⊕OO LOW	CRITICAL
Function (RMDQ, 0-24) >4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	38	35	-	MD 2.94 lower (12.17 lower to 6.29 higher)	⊕OOO VERY LOW	CRITICAL
Function (RMDQ, 0-24) >4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	38	35	-	MD 2.11 lower (4.71 lower to 0.49 higher)	⊕⊕OO LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by one increment if the confidence interval crossed one MID or by two increments if the confidence interval crossed both MIDs

Table 249: Behavioural therapy versus placebo/sham in low back pain with or without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Behavioural therapy versus placebo	Control	Relative (95% CI)	Absolute		
Pain severity (VAS, 0-10) <4 months (range of scores: 0-10; Better indicated by lower values)												
2	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	16	8	-	MD 1.44 lower (2.88 lower to 0 higher)	⊕⊕OO LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by one increment if the confidence interval crossed one MID or by two increments if the confidence interval crossed both MIDs

Table 250: Behavioural therapy versus usual care/waiting list in low back pain with or without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Behavioural therapy versus usual care/waiting list	Control	Relative (95% CI)	Absolute		
Pain severity (Back pain log) <4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	10	10	-	MD 4.80 lower (15.84 lower to 6.24 higher)	⊕OOO VERY LOW	CRITICAL
Pain severity (McGill Pain questionnaire, 0-78) <4 months (range of scores: 0-78; Better indicated by lower values)												
2	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	65	57	-	mean 3.42 lower (8.08 lower to 1.24 higher)	⊕OOO VERY LOW	CRITICAL

Function (Modified activity form score) >4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	55	48	-	MD 1.41 lower (2.66 to 0.16 lower)	⊕OOO VERY LOW	CRITICAL
Healthcare utilisation - Estimated medication costs in last month, at 9-12 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	55	48	-	MD 0.42 lower (0.92 lower to 0.08 higher)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation - Number of hospitalisations at 9-12 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	55	48	-	MD 0.32 lower (0.82 lower to 0.18 higher)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation - Number of medications now taken at 9-12 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	55	48	-	MD 0.27 lower (0.49 to 0.05 lower)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation - Number of treatment visits at 9-12 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	55	48	-	MD 0.14 lower (0.51 lower to 0.23 higher)	⊕OOO VERY LOW	IMPORTANT

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by one increment if the confidence interval crossed one MID or by two increments if the confidence interval crossed both MIDs

Table 251: Mindfulness versus usual care/waiting list in low back pain with or without sciatica

Quality assessment	No of patients	Effect	Quality	Importance

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Mindfulness versus UC/waiting list	Control	Relative (95% CI)	Absolute		
Pain severity (McGill pain questionnaire, 0-78) <4 months (range of scores: 0-78; Better indicated by lower values)												
2	randomised trials	very serious[a]	very serious[b]	no serious indirectness	Serious[c]	none	58	66	-	MD 5.55 lower (11.7 lower to 0.08 higher)	⊕OOO VERY LOW	CRITICAL
Function (RMDQ, 0-24) <4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[c]	none	19	18	-	MD 1.20 lower (4.55 lower to 2.15 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36 global health composite, 0-100) <4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[c]	none	19	18	-	MD 1.8 higher (4.56 lower to 8.16 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36 mental health composite, 0-100) <4 months (range of scores: 0-100; Better indicated by higher values)												
2	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[c]	none	58	66	-	MD 4.74 higher (2.87 to 6.62 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 pain scale, 0-100) <4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	very serious[c]	none	19	18	-	MD 1.1 higher (4.07 lower to 6.27 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 physical function scale, 0-100) <4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	very serious[c]	none	19	18	-	MD 1.2 higher (5.04 lower to 7.44 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 physical health composite, 0-100) <4 months (range of scores: 0-100; Better indicated by higher values)												
2	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[c]	none	58	66	-	MD 3.69 higher (2.59 to 4.8 higher)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 2 increments because of heterogeneity, I2=75%, p=0.05, unexplained by subgroup analysis
[c] Downgraded by one increment if the confidence interval crossed one MID or by two increments if the confidence interval crossed both MIDs

Table 252: Cognitive therapy versus usual care/waiting list in low back pain without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Cognitive versus	Usual care/ waiting list	Relative (95% CI)	Absolute		
Quality of life (SF-36 physical function, 0-100) >4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	34	29	-	MD 6.7 higher (2.01 lower to 15.41 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 role function, 0-100) >4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	34	29	-	MD 9.1 higher (57.12 lower to 75.32 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 bodily pain, 0-100) >4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	34	29	-	MD 8.9 higher (2.63 lower to 20.43 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 general health, 0-100) >4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	34	29	-	MD 5 higher (1.12 lower to 11.12 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 vitality, 0-100) >4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	34	29	-	MD 12.6 higher (2.44 to 22.76 higher)	⊕OOO VERY LOW	CRITICAL

Quality of life (SF-36 social function, 0-100) >4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	34	29	-	MD 1.9 higher (9.43 lower to 13.23 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 role emotional, 0-100) >4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	34	29	-	MD 14 higher (7.44 lower to 35.44 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 mental health, 0-100) >4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	34	29	-	MD 6.8 higher (0.7 lower to 14.3 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 health transition, 0-100) >4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	34	29	-	MD 5.6 higher (13.43 lower to 24.63 higher)	⊕OOO VERY LOW	CRITICAL
Pain severity (VAS 0-100 converted to 0-10) <4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	34	29	-	MD 1.09 lower (2.202 lower to 0.22 higher)	⊕OOO VERY LOW	CRITICAL
Function (RMDQ, 0-24) >4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	34	29	-	MD 1.9 lower (3.84 lower to 0.04 higher)	⊕⊕OO LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by one increment if the confidence interval crossed one MID or by two increments if the confidence interval crossed both MIDs

Table 253: Cognitive therapy versus usual care/waiting list in low back pain with or without sciatica

Quality assessment							No of patients		Effect	Quality	Importance

No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Cognitive tp**	**UC/WL**	**Relative (95% CI)**	**Absolute**		
Pain severity (VAS 0-100 converted to 0-10) <4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	16	18	-	MD -1.12 lower (2.51 lower to 0.28 higher)	⊕OOO VERY LOW	CRITICAL
Psychological distress (BDI, 0-63) <4 months (range of scores: 0-63; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	16	18	-	MD 1.53 higher (2.63 lower to 5.69 higher)	⊕OOO VERY LOW	CRITICAL
Function (Sickness impact profile, 0-68) <4 months (range of scores: 0-68; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	16	18	-	MD 1.69 lower (7.34 lower to 3.96 higher)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by one increment if the confidence interval crossed one MID or by two increments if the confidence interval crossed both MIDs

Table 254: Cognitive therapy versus exercise (biomechanical plus aerobics) in low back pain without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Cognitive therapy**	**Exercise**	**Relative (95% CI)**	**Absolute**		
Quality of life (SF-36 physical function, 0-100) >4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised	very	no serious	no serious	Serious[b]	none	34	30	-	MD 6.2 higher (2.51 lower	⊕OOO	CRITICAL

	trials	serious[a]	inconsistency	indirectness						to 14.91 higher)	VERY LOW	
Quality of life (SF-36 role function, 0-100) >4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	34	30	-	MD 3.6 lower (26.21 lower to 19.01 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 Bodily pain, 0-100) >4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	34	30	-	MD 6.8 higher (4.4 lower to 18 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 general health, 0-100) >4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	34	30	-	MD 1.2 higher (5.45 lower to 7.85 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 vitality 0-100) >4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	34	30	-	MD 12.5 higher (4.02 to 20.98 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 social function, 0-100) >4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	34	30	-	MD 3.1 higher (8.47 lower to 14.67 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 role emotional, 0-100) >4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	34	30	-	MD 6.6 higher (16.58 lower to 29.78 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 mental health, 0-100) >4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	34	30	-	MD 7.7 higher (1.01 to 14.39 higher)	⊕OOO VERY LOW	CRITICAL

Quality of life (SF-36 health transition, 0-100) >4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	34	30	-	MD 2.6 higher (17.36 lower to 22.56 higher)	⊕OOO VERY LOW	CRITICAL
Pain severity (VAS 0-100, converted to 0-10) >4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	34	30	-	MD 0.6 lower (1.76 lower to 0.56 higher)	⊕OOO VERY LOW	CRITICAL
Function (RMDQ, 0-24) >4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	34	30	-	MD 1.4 lower (3.34 lower to 0.54 higher)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by one increment if the confidence interval crossed one MID or by two increments if the confidence interval crossed both MIDs

Combinations of interventions – psychological adjunct

Table 255: Psychological therapy (behavioural therapy) plus exercise (aerobic) compared with waiting list in low back pain without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Behavioural therapy + exercise (aerobic)**	**waiting list**	**Relative (95% CI)**	**Absolute**		
Pain (McGill) - <4 months (follow-up 8 weeks; measured with: McGill; range of scores: 0-78; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	18	19	-	MD 6.17 lower (13.29 lower to 0.95 higher)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs.

Table 256: Psychological therapy (Behavioural therapy) plus exercise (aerobic) compared with exercise (aerobic) in low back pain without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Behavioural therapy + exercise (aerobic)	exercise (aerobic)	Relative (95% CI)	Absolute		
Pain (McGill) - <4 months (follow-up 8 weeks; measured with: McGill; range of scores: 0-78; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	18	21	-	MD 2.74 lower (9.59 lower to 4.11 higher)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs.

Table 257: Psychological intervention (cognitive behavioural approaches) plus exercise (mixed: biomechanical + aerobic) compared with exercise (mixed: biomechanical + aerobic) in low back pain with or without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	cognitive behavioural approaches + exercise	exercise	Relative (95% CI)	Absolute		
Pain (0-100 NRS converted to 0-10 scale) - <4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised	Serious[a]	no serious	no serious	Serious[b]	none	43	41	-	MD 0.71 lower (1.8	⊕⊕OO	CRITICAL

	trials		inconsistency	indirectness						lower to 0.38 higher)	LOW	
Pain (0-100 NRS converted to 0-10 scale) - >4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	34	35	-	MD 1.55 lower (2.78 to 0.32 lower)	⊕⊕OO LOW	CRITICAL
Function (Low back outcome scale questionnaire 0-75 converted to 0-10) - <4 months (range of scores: 0-10; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	43	41	-	MD 0.83 higher (0.06 lower to 1.72 higher)	⊕⊕OO LOW	CRITICAL
Function (Low back outcome scale questionnaire 0-75 converted to 0-10) - >4 months (range of scores: 0-10; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	34	35	-	MD 1.06 higher (0.06 to 2.06 higher)	⊕⊕OO LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or downgraded by 2 increments if the confidence interval crossed both MIDs

Table 258: Psychological intervention (cognitive behavioural approaches) plus self-management compared with self-management in low back pain with or without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**cognitive behavioural approaches + self-management**	**self-management**	**Relative (95% CI)**	**Absolute**		
Pain (0-100 von Korff converted to 0-10 scale) - <4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	355	190	-	MD 0.68 lower (1.06 to 0.3 lower)	⊕⊕OO LOW	CRITICAL
Pain (0-100 von Korff converted to 0-10 scale) - >4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	399	199	-	MD 0.7 lower (1.12 to 0.28 lower)	⊕⊕⊕O MODERATE	CRITICAL

Function (RMDQ, 0-24) <4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	355	190	-	MD 0.9 lower (1.63 to 0.17 lower)	⊕⊕OO LOW	CRITICAL
Function (RMDQ 0-24) >4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	399	199	-	MD 1.3 lower (2.12 to 0.48 lower)	⊕⊕⊕O MODERATE	CRITICAL
Function (0-100 von Korff scale converted to 0-10) - <4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	355	190	-	MD 0.43 lower (0.85 to 0.01 lower)	⊕⊕OO LOW	CRITICAL
Function (0-100 von Korff scale converted to 0-10) - >4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	399	199	-	MD 0.84 lower (1.26 to 0.42 lower)	⊕⊕⊕O MODERATE	CRITICAL
Quality of life (EQ-5D, 0-1) <4 months (range of scores: 0-1; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	349	179	-	MD 0.06 higher (0.01 to 0.11 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (EQ-5D, 0-1) >4 months (range of scores: 0-1; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	327	163	-	MD 0.05 higher (0.02 to 0.09 higher)	⊕⊕⊕O MODERATE	CRITICAL
Quality of life (SF-12 physical component, 0-100) <4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[b]	none	0	-	-	MD 2.2 higher (0.72 to 3.68 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-12 physical component, 0-100) >4 months (range of scores: 0-100; Better indicated by higher values)												

1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	399	199	-	MD 4.1 higher (2.56 to 5.57 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-12 mental component, 0-100) <4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	355	190	-	MD 1.3 higher (0.37 lower to 2.96 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-12 mental component, 0-100) >4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	399	199	-	MD 0.1 higher (1.62 lower to 1.8 higher)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or downgraded by 2 increments if the confidence interval crossed both MIDs

1.12 Pharmacological interventions

1.12.1 Antidepressants versus placebo

Table 259: Tricyclic antidepressants versus placebo (low back pain with/without sciatica population)

Quality assessment							No. of patients		Effect			
No. of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Tricyclic antidepressants versus placebo**	**Control**	**Relative (95% CI)**	**Absolute**	**Quality**	**Importance**
Pain severity (follow-up ≤4 months; measured with: (DSS 0-21 and VAS 0-10); Better indicated by lower values)												
2	Randomised trials	Serious[a]	No serious inconsistency	No serious indirectness	No serious imprecision	None	57	59	-	SMD 0.24 higher (0.13 lower to 0.6 higher)	MODERATE	CRITICAL

Psychological distress (follow-up ≤4 months; measured with: BDI; range of scores: 0-63; Better indicated by lower values)												
2	Randomised trials	Serious[a]	No serious inconsistency	No serious indirectness	No serious imprecision	None	59	59	-	MD 1.75 higher (0.05 lower to 3.56 higher)	MODERATE	CRITICAL
Psychological distress (follow-up ≤4 months; measured with: STAI; range of scores: 20-80; Better indicated by lower values)												
1	Randomised trials	Very serious[b]	No serious inconsistency	No serious indirectness	Serious[c]	None	38	40	-	MD 2.59 higher (1.28 lower to 6.46 higher)	VERY LOW	CRITICAL
Adverse events (follow-up ≤4 months)												
1	Randomised trials	Serious[a]	No serious inconsistency	No serious indirectness	Serious[c]	None	28/41 (68.3%)	29/40 (72.5%)	RR 1.02 (0.78 to 1.33)	14 more per 1000 (from 160 fewer to 239 more)	LOW	IMPORTANT
Healthcare utilisation (follow-up ≤4 months)												
1	Randomised trials	Serious[a]	No serious inconsistency	No serious indirectness	No serious imprecision	None	65/236 (27.5%)	58/121 (47.9%)	RR 0.57 (0.44 to 0.76)	206 fewer per 1000 (from 115 fewer to 268 fewer)	MODERATE	IMPORTANT

(a) Downgraded by one increment if the majority of the evidence was at high risk of bias
(b) Downgraded by two increments if the majority of the evidence was at very high risk of bias
(c) Downgraded by one increment if the confidence interval crossed one MID

Table 260: SSRIs versus placebo (low back pain only and low back pain with/without sciatica population)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	SSRIs versus placebo	Control	Relative (95% CI)	Absolute		
Pain severity (low back pain population) (follow-up <4 months; measured with: DSS; range of scores: 0-63; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	31	22	-	MD 0.90 higher (0.63 lower to 2.43 higher)	VERY LOW	CRITICAL

Pain severity (low back pain with/without sciatica population) (follow-up median <4 months; Better indicated by lower values)												
2	randomised trials	Serious[c]	no serious inconsistency	no serious indirectness	no serious imprecision	none	78	84	-	SMD 0.05 higher (0.26 lower to 0.36 higher)	MODERATE	CRITICAL
Disability (ODI) (follow-up <4 months; range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	Serious[c]	no serious inconsistency	no serious indirectness	Serious[b]	none	44	48	-	MD 2.2 lower (8.11 lower to 3.71 higher)	LOW	CRITICAL
Psychological distress, MADRS (follow-up <4 months; range of scores: 20-80; Better indicated by lower values)												
1	randomised trials	Serious[c]	no serious inconsistency	no serious indirectness	no serious imprecision	none	44	48	-	MD 0.1 lower (3.64 lower to 3.44 higher)	MODERATE	IMPORTANT
Adverse events (low back pain population) (follow-up <4 months)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	16/43 (37.2%)	3/26 (11.5%)	RR 3.22 (1.04 to 10.01)	256 more per 1000 (from 5 more to 1000 more)	VERY LOW	IMPORTANT
Adverse events (low back pain with/without sciattica population) (follow-up <4 months)												
1	randomised trials	Serious[c]	no serious inconsistency	no serious indirectness	no serious imprecision	none	20/22 (90.9%)	31/32 (96.9%)	RR 0.94 (0.81 to 1.09)	58 fewer per 1000 (from 184 fewer to 87 more)	MODERATE	IMPORTANT

(a) Downgraded by two increments if the majority of the evidence was at very high risk of bias
(b) Downgraded by one increment if the confidence interval crossed one MID
(c) Downgraded by one increment if the majority of the evidence was at high risk of bias

Table 261: SNRIs versus placebo (low back pain with/without sciatica)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**SNRIs versus**	**Control**	**Relative (95% CI)**	**Absolute**		

							placebo					
Pain severity (follow-up <4 months; Better indicated by lower values)												
3	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	576	428	-	MD 0.7 lower (0.99 to 0.4 lower)	MODERATE	CRITICAL
Function (mean change) - BPI-I (0-10) (follow-up <4 months; Better indicated by lower values)												
3	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	575	427	-	MD 0.66 lower (0.91 to 0.41 lower)	MODERATE	CRITICAL
Responder criteria (pain reduction >30%) (follow-up <4 months)												
2	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	172/310 (55.5%)	145/320 (45.3%)	RR 1.22 (1.05 to 1.43)	100 more per 1000 (from 23 more to 195 more)	LOW	IMPORTANT
EQ-5D (follow-up <4 months; range of scores: 0-1; Better indicated by lower values)												
2	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	446	296	-	MD 0.05 higher (0.01 to 0.09 higher)	MODERATE	CRITICAL
Adverse events												
3	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	serious[2]	none	243/600 (40.5%)	87/441 (19.7%)	RR 1.39 (1.17 to 1.65)	77 more per 1000 (from 34 more to 128 more)	LOW	IMPORTANT
Healthcare utilisation (follow-up <4 months)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	65/236 (27.5%)	58/121 (47.9%)	RR 0.57 (0.44 to 0.76)	206 fewer per 1000 (from 115 fewer to 268 fewer)	MODERATE	IMPORTANT

(a) Downgraded by 1 increment if the majority of the evidence was at high risk of bias
(b) Downgraded by 1 increment if the confidence interval crossed one MID

1218 **Table 262: SNRIs versus placebo (low back with/without sciatica population)**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	SNRI (60 mg) versus placebo (low back pain +/- sciatica)	Control	Relative (95% CI)	Absolute		
SF-36 (Duloxetine 60 mg) - Mental component (follow-up <4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	147	153	-	MD 2.25 higher (0.17 to 4.33 higher)	MODERATE	CRITICAL
SF-36 (Duloxetine 60 mg) - Physical component (follow-up <4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	147	153	-	MD 1.24 higher (0.89 lower to 3.37 higher)	MODERATE	CRITICAL
SF-36 (Duloxetine 60 mg) - Bodily pain (follow-up <4 months; range of scores: 0-100; Better indicated by higher values)												
2	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	290	298	-	MD 0.66 higher (0.13 to 1.2 higher)	MODERATE	CRITICAL
SF-36 (Duloxetine 60 mg) - Mental health (follow-up <4 months; range of scores: 0-100; Better indicated by higher values)												
2	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	267	274	-	MD 1.02 higher (0.09 to 1.96 higher)	MODERATE	CRITICAL
SF-36 (Duloxetine 60 mg) - General health (follow-up <4 months; range of scores: 0-100; Better indicated by higher values)												
2	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	290	298	-	MD 0.69 higher (0.1 lower to 1.49 higher)	MODERATE	CRITICAL
SF-36 (Duloxetine 60 mg) - Physical functioning (follow-up <4 months; range of scores: 0-100; Better indicated by higher values)												

2	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	288	297	-	MD 0.53 higher (0.47 lower to 1.54 higher)	MODERATE	CRITICAL
SF-36 (Duloxetine 60 mg) - Role-emotional (range of scores: 0-100; Better indicated by higher values)												
2	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	274	287	-	MD 0.12 higher (0.13 lower to 0.37 higher)	MODERATE	CRITICAL
SF-36 (Duloxetine 60 mg) - Role-physical (follow-up 2 months; range of scores: 0-100; Better indicated by higher values)												
2	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	274	287	-	MD 0.01 higher (0.4 lower to 0.43 higher)	MODERATE	CRITICAL
SF-36 (Duloxetine 60 mg) - Social functioning (follow-up <4 months; range of scores: 0-100; Better indicated by lower values)												
2	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	290	298	-	MD 0.01 higher (0.42 lower to 0.44 higher)	MODERATE	CRITICAL
SF-36 (Duloxetine 60 mg) - Vitality (follow-up <4 months; range of scores: 0-100; Better indicated by higher values)												
2	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	265	273	-	MD 0.75 higher (0.2 lower to 1.7 higher)	MODERATE	CRITICAL

(a) Downgraded by one increment if the majority of the evidence was at high risk of bias

Table 263: SNRIs versus placebo (low back pain with/without sciatica)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**SNRIs versus placebo (low back pain +/- sciatica)**	**Control**	**Relative (95% CI)**	**Absolute**		

SF-36 (Duloxetine 20mg) - Bodily pain (follow-up <4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	54	108	-	MD 0.15 higher (0.5 lower to 0.8 higher)	MODERATE	CRITICAL
SF-36 (Duloxetine 20mg) - General health (follow-up <4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	54	108	-	MD 0.04 higher (0.94 lower to 1.02 higher)	MODERATE	CRITICAL
SF-36 (Duloxetine 20mg) - Mental health (follow-up <4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	54	108	-	MD 0.17 lower (1.35 lower to 1.01 higher)	MODERATE	CRITICAL
SF-36 (Duloxetine 20mg) - Physical functioning (follow-up <4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	54	108	-	MD 0.43 lower (1.68 lower to 0.82 higher)	MODERATE	CRITICAL
SF-36 (Duloxetine 20mg) - Role-emotional (follow-up <4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	54	108	-	MD 0.02 higher (0.27 lower to 0.31 higher)	MODERATE	CRITICAL
SF-36 (Duloxetine 20mg) - Role physical (follow-up <4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	54	108	-	MD 0.01 higher (0.5 lower to 0.52 higher)	MODERATE	CRITICAL
SF-36 (Duloxetine 20mg) - Social functioning (follow-up <4 days; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	54	108	-	MD 0.25 higher (0.26 lower to 0.76 higher)	MODERATE	CRITICAL

SF-36 (Duloxetine 20mg) - Vitality (follow-up <4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	54	108	-	MD 0.22 lower (1.42 lower to 0.98 higher)	MODERATE	CRITICAL

(a) Downgraded by one increment if the majority of the evidence was at high risk of bias

Table 264: SNRIs versus placebo (low back pain with/without sciatica)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**SNRIs versus placebo (low back pain +/- sciatica)**	**Control**	**Relative (95% CI)**	**Absolute**		
SF-36 (Duloxetine 120 mg) - Bodily pain (follow-up <4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	101	108	-	MD 0.75 higher (0.21 to 1.29 higher)	LOW	CRITICAL
SF-36 (Duloxetine 120 mg) - General health (follow-up <4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	101	108	-	MD 0.15 higher (0.67 lower to 0.97 higher)	MODERATE	CRITICAL
SF-36 (Duloxetine 120 mg) - Mental health (follow-up <4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	101	108	-	MD 0.08 higher (0.9 lower to 1.06 higher)	MODERATE	CRITICAL
SF-36 (Duloxetine 120 mg) - Physical functioning (follow-up <4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	102	108	-	MD 0.32 higher (0.72 lower to 1.36 higher)	MODERATE	CRITICAL

SF-36 (Duloxetine 120 mg) - Role-emotional (follow-up <4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	101	108	-	MD 0.06 higher (0.19 lower to 0.31 higher)	MODERATE	CRITICAL
SF-36 (Duloxetine 120 mg) - Role physical (follow-up <4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	101	108	-	MD 0.05 higher (0.37 lower to 0.47 higher)	MODERATE	CRITICAL
SF-36 (Duloxetine 120 mg) - Social functioning (follow-up <4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	101	108	-	MD 0.12 lower (0.55 lower to 0.31 higher)	MODERATE	CRITICAL
SF-36 (Duloxetine 120 mg) - Vitality (follow-up <4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	101	108	-	MD 0.47 lower (1.47 lower to 0.53 higher)	MODERATE	CRITICAL

(a) Downgraded by one increment if the majority of the evidence was at high risk of bias
(b) Downgraded by one increment if the confidence interval crossed one MID

Anti-epileptics versus placebo

Table 265: Gabapentinoids versus placebo (low back pain with sciatica population)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Gabapentinoids versus placebo (low back pain with sciatica)**	**Control**	**Relative (95% CI)**	**Absolute**		
Back pain at rest (follow-up <4 months; measured with: VAS; range of scores: 0-10; Better indicated by lower values)												

1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	31	34	-	MD 0.21 lower (1.22 lower to 0.8 higher)	LOW	CRITICAL
Back pain on movement (follow-up <4 months; measured with: VAS; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	31	34	-	MD 0.33 lower (1.15 lower to 0.49 higher)	LOW	CRITICAL
Adverse events												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	19/31 (61.3%)	13/34 (38.2%)	RR 1.60 (0.96 to 2.67)	229 more per 1000 (from 15 fewer to 639 more)	LOW	IMPORTANT

(a) Downgraded by one increment if the majority of the evidence was at high risk of bias
(b) Downgraded by one increment if the confidence interval crossed one MID

Table 266: Other anticonvulsants versus placebo (Low back pain with/without sciatica)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Other anticonvulsants versus placebo (low back pain +/- sciatica)**	**Control**	**Relative (95% CI)**	**Absolute**		
Function (follow-up <4 months; measured with: ODI; range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	48	48	-	MD 4.9 lower (7 to 2.8 lower)	MODERATE	CRITICAL
Pain severity (follow-up <4 months; measured with: McGill pain questionnaire; range of scores: 0-78; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	48	48	-	MD 11.4 lower (12.16 to 10.64 lower)	MODERATE	CRITICAL
SF-36 - Physical function (follow-up <4 months; range of scores: 0-100; Better indicated by higher values)												

1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	48	48	-	MD 8 higher (5.07 to 10.93 higher)	MODERATE	CRITICAL
SF-36 - Role-physical (follow-up <4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	48	48	-	MD 7.5 higher (4.42 to 10.58 higher)	MODERATE	CRITICAL
SF-36 - Bodily pain (follow-up <4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	48	48	-	MD 2.1 higher (0.49 lower to 4.69 higher)	LOW	CRITICAL
SF-36 - General health perceptions (follow-up <4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	48	48	-	MD 3.5 higher (0.88 to 6.12 higher)	LOW	
SF-36 - Vitality (follow-up <4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	48	48	-	MD 6.2 higher (2.88 to 9.52 higher)	LOW	
SF-36 - Social functioning (follow-up <4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	48	48	-	MD 3.2 higher (0.66 to 5.74 higher)	LOW	CRITICAL
SF-36 - Role-emotional (follow-up <4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	48	48	-	MD 2.6 higher (0.53 to 4.67 higher)	LOW	CRITICAL

SF-36 - Mental health (follow-up <4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	48	48	-	MD 5.4 higher (3.14 to 7.66 higher)	MODERATE	CRITICAL
Adverse events												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	18/48 (37.5%)	10/48 (20.8%)	RR 1.80 (0.93 to 3.49)	167 more per 1000 (from 15 fewer to 519 more)	LOW	IMPORTANT

(a) Downgraded by one increment if the majority of the evidence was at high risk of bias
(b) Downgraded one increment if the confidence interval crossed one MID

Anticonvulsants versus usual care (cohort study)

Table 267: Gabapentinoids versus usual care (low back pain with sciatica)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Anticonvulsants versus usual care**	**Control**	**Relative (95% CI)**	**Absolute**		
Pain intensity (follow-up 12 weeks; range of scores: 0-10; Better indicated by lower values)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	564	119	-	MD 1.4 lower (1.81 to 0.99 lower)	VERY LOW	CRITICAL
HADS- anxiety (follow-up 12 weeks; range of scores: 0-21; Better indicated by lower values)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	564	119	-	MD 1.8 lower (2.42 to 1.18 lower)	VERY LOW	CRITICAL

HADS- depression (follow-up 12 weeks; range of scores: 0-21; Better indicated by lower values)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	564	119	-	MD 1.9 lower (2.58 to 1.22 lower)	VERY LOW	CRITICAL
SF-12 physical (follow-up 12 weeks; range of scores: 0-100; Better indicated by higher values)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	564	119	-	MD 3.9 higher (2.21 to 5.59 higher)	VERY LOW	CRITICAL
SF-12 mental (follow-up 12 weeks; range of scores: 0-100; Better indicated by higher values)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	564	119	-	MD 5.3 higher (3.71 to 6.89 higher)	⊕OOO VERY LOW	CRITICAL
Responder pain reduction >50% (follow-up 12 weeks)												
1	observational studies	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	347/564 (61.5%)	44/119 (37%)	RR 1.66 (1.3 to 2.12)	244 more per 1000 (from 111 more to 414 more)	VERY LOW	IMPORTANT
								37%		244 more per 1000 (from 111 more to 414 more)		

(a) Downgraded by two increments if the majority of the evidence was at very high risk of bias
(b) Downgraded by one increment if the confidence interval crossed one MID

Muscle relaxants versus placebo

Table 268: Muscle relaxants versus placebo (low back pain with/without sciatica population)

Quality assessment	No of patients	Effect	Quality	Importance

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Muscle relaxants versus placebo (low back pain with sciatica)	Control	Relative (95% CI)	Absolute		
Pain at night (follow-up <4 months; measured with: VAS; range of scores: 0-100; Better indicated by lower values)												
2	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	97	96	-	MD 0.26 lower (0.99 lower to 0.48 higher)	MODERATE	CRITICAL
Pain at rest (follow-up <4 months; measured with: VAS; range of scores: 0-100; Better indicated by lower values)												
2	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	97	96	-	MD 0.11 lower (0.9 lower to 0.69 higher)	MODERATE	CRITICAL
Pain walking (follow-up <4 months; measured with: VAS; range of scores: 0-100; Better indicated by lower values)												
2	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	97	96	-	MD 0.19 higher (0.56 lower to 0.95 higher)	MODERATE	CRITICAL
Muscle spasms (follow-up 13 - 18 days; range of scores: 1-5; Better indicated by lower values)												
1	randomised trials	very serious[b]	no serious inconsistency	no serious indirectness	serious[c]	none	16	19	-	MD 0.10 higher (0.03 to 0.17 higher)	VERY LOW	CRITICAL
Adverse events												
3	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	114/208 (54.8%)	57/204 (27.9%)	RR 1.97 (1.53 to 2.54)	271 more per 1000 (from 148 more to 430 more)	MODERATE	IMPORTANT

(a) Downgraded by one increment if the majority of the evidence was at high risk of bias
(b) Downgraded by two increments if the majority of the evidence was at very high risk of bias
(c) Downgraded by one increment if the confidence interval crossed one MID

1235 Muscle relaxants versus usual care

1244 **Table 269: Muscle relaxants versus usual care (low back pain without sciatica)**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Muscle relaxants versus usal care	Control	Relative (95% CI)	Absolute		
Pain - Pain on movement (follow-up <4 months; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	94	91	-	MD 2.11 lower (2.72 to 1.5 lower)	LOW	CRITICAL
Pain - Pain at rest (follow-up <4 months; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	94	91	-	MD 1.53 lower (2.16 to 0.9 lower)	VERY LOW	CRITICAL
Pain - Pain at night (follow-up <4 months; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	94	91	-	MD 1.36 lower (1.98 to 0.74 lower)	VERY LOW	CRITICAL
Adverse effects (follow-up <4 months)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[c]	none	12/101 (11.9%)	12/96 (12.5%)	OR 0.94 (0.4 to 2.22)	7 fewer per 1000 (from 71 fewer to 116 more)	VERY LOW	IMPORTANT

1245 *(a) Downgraded by 2 increments if the majority of the evidence was at very high risk of bias*
1246 *(b) Downgraded by 1 increment if the confidence interval crossed one MID*
1247 *(c) Downgraded by 2 increment if the confidence interval crossed two MIDs*

1246 Opioids versus placebo

1249 **Table 270: Opioids versus placebo (low back pain population)**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Opioid analgesics versus placebo (LBP population)	Control	Relative (95% CI)	Absolute		
Quality of life (Physical component Score, PCS,0-100)< 4 months (follow-up <4 months; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	193	196	-	MD 3.9 higher (1.95 to 5.85 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (Mental component Score, MCS,0-100)< 4 months (follow-up <4 months; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	193	196	-	MD 3.22 lower (5.37 to 1.07 lower)	⊕⊕⊕O MODERATE	CRITICAL
Function(RMDQ, 0-24)<4 months (follow-up <4 months; Better indicated by lower values)												
7	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	790	720	-	MD 1.32 lower (1.88 to 0.75 lower)	⊕⊕⊕O MODERATE	CRITICAL
Pain intensity (<4 months) (VAS 0-10) (follow-up <4 months; Better indicated by lower values)												
12	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	1848	1420	-	MD 0.59 lower (0.61 to 0.56 lower)	⊕⊕⊕O MODERATE	CRITICAL

Responder ≥30%in pain intensity on NRS scale (follow-up <4 months)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	95/193 (49.2%)	65/196 (33.2%)	RR 1.48 (1.16 to 1.9)	159 more per 1000 (from 53 more to 298 more)	⊕⊕OO LOW	IMPORTANT
Responder ≥50%in pain intensity on NRS scale (follow-up <4 months)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	74/193 (38.3%)	48/196 (24.5%)	RR 1.57 (1.16 to 2.12)	140 more per 1000 (from 39 more to 274 more)	⊕⊕OO LOW	IMPORTANT
Adverse events												
7	randomised trials	Serious[a]	very serious[c]	no serious indirectness	no serious imprecision	none	356/1004 (35.5%)	121/800 (15.1%)	RR 2.39 (1.46 to 3.92)	210 more per 1000 (from 70 more to 442 more)	⊕OOO VERY LOW	IMPORTANT
Quality of life (Individual domain scores, SF36, 0-100) < 4 months - Physical functioning (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	150	146	-	MD 0.7 lower (6.92 lower to 5.52 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (Individual domain scores, SF36, 0-100) < 4 months - Role - physical (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	149	146	-	MD 10.1 higher (0.6 to 19.6 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (Individual domain scores, SF36, 0-100) < 4 months - Bodily pain (Better indicated by lower values)												

1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	151	146	-	MD 4.4 higher (0.49 lower to 9.29 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (Individual domain scores, SF36, 0-100) < 4 months - Vitality (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	151	145	-	MD 0.3 higher (4.65 lower to 5.25 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (Individual domain scores, SF36, 0-100) < 4 months - Social functioning (Better indicated by lower values)												
1	randomised trials	Very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	151	146	-	MD 2 higher (4.13 lower to 8.13 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (Individual domain scores, SF36, 0-100) < 4 months - Role - emotional (Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	151	146	-	MD 13.1 higher (3.89 to 22.31 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (Individual domain scores, SF36, 0-100) < 4 months - Mental health (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	151	145	-	mean 0 higher (0.74 lower to 7.34 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (Individual domain scores, SF36, 0-100) < 4 months - General health (Better indicated by lower values)												

1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	146	144	-	MD 0.4 lower (5.28 lower to 4.48 higher)	⊕OOO VERY LOW	CRITICAL

(a) Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
(b) Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs.
(c) Downgraded by two increments due to unexplained herterogeneity (I^2=87%)

Table 271: Opioids versus placebo (low back pain with sciatic population)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Opiod analgesics**	**Placebo (LBP with sciatica population)**	**Relative (95% CI)**	**Absolute**		
Adverse events												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	80/151 (53%)	83/158 (52.5%)	OR 1.02 (0.65 to 1.59)	5 more per 1000 (from 107 fewer to 112 more)	⊕OOO VERY LOW	IMPORTANT

(a) Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
(b) Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MIDs.

Paracetamol versus placebo

Table 272: Paracetamol versus placebo (low back pain with/without sciatica)

Quality assessment							No of patients		Effect		Quality	Importance

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Paracetamol versus placebo (low back pain +/- sciatica)	Control	Relative (95% CI)	Absolute		
Pain intensity (follow-up <4 months; measured with: VAS; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	506	505	-	MD 0.1 lower (0.38 lower to 0.18 higher)	LOW	CRITICAL
Function (follow-up <4 months; measured with: RMDQ; range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	504	503	-	MD 0 higher (0.57 lower to 0.57 higher)	LOW	CRITICAL
SF-12 Physical score (follow-up <4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	252	243	-	MD 0.2 higher (1.33 lower to 1.73 higher)	LOW	CRITICAL
SF-12 Mental score (follow-up <4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	252	243	-	MD 0.9 higher (0.05 lower to 1.85 higher)	LOW	CRITICAL
Adverse events												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	99/534 (18.5%)	98/531 (18.5%)	RR 1.00 (0.78 to 1.29)	0 fewer per 1000 (from 41 fewer to 54 more)	VERY LOW	IMPORTANT

(a) Downgraded by two increments if the majority of the evidence was at very high risk of bias
(b) Downgraded by one increment if the confidence interval crossed one MID

1248 NSAIDs versus placebo

1265 **Table 273: NSAIDs versus placebo (low back pain with/without sciatica)**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	NSAID versus placebo (low back pain +/- sciatica)	Control	Relative (95% CI)	Absolute		
Pain intensity <4 months NSAID 20 mg with/without sciatica (follow-up 14 days; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	33	35	-	MD 0.23 lower (0.76 lower to 0.3 higher)	LOW	CRITICAL
Pain 0-10 (mean difference) < 4 months low back pain without with/without sciatica (NSAID 60mg) (follow-up 12 weeks; measured with: VAS; range of scores: 0-10; Better indicated by lower values)												
2	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	210	217	-	MD 1.13 lower (1.57 to 0.7 lower)	MODERATE	CRITICAL
Pain 0-10 (mean difference) < 4 months low back pain without with/without sciatica (NSAID 90mg) (follow-up 12 weeks; measured with: VAS; range of scores: 0-10; Better indicated by lower values)												
2	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	210	212	-	MD 1.02 lower (1.45 to 0.59 lower)	LOW	CRITICAL
Function (mean difference) < 4 months low back pain without with/without sciatica (NSAID 60mg) (follow-up 12 weeks; measured with: RMDQ; range of scores: 0-24; Better indicated by lower values)												
2	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	210	217	-	MD 2.64 lower (3.61 to 1.67 lower)	LOW	CRITICAL
Function (mean difference) < 4 months low back pain without with/without sciatica (NSAID 90mg) (follow-up 12 weeks; measured with: RMDQ; range of scores: 0-24; Better indicated by lower values)												
2	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	210	212	-	MD 2.23 lower (3.19 to 1.26 lower)	LOW	CRITICAL
HRQoL (mean difference) < 4 months low back pain without with/without sciatica (NSAID 60mg) (follow-up 12 weeks; measured with: SF-12 Physical component; range of scores: 0-100; Better indicated by higher values)												

2	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	210	217	-	MD 2.31 higher (0.61 to 4.02 higher)	MODERATE	CRITICAL
HRQoL (mean difference) < 4 months low back pain without with/without sciatica (NSAID 90mg) (follow-up 12 weeks; measured with: SF12 - Physical component; range of scores: 0-100; Better indicated by higher values)												
2	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	210	212	-	MD 2.80 higher (1.1 to 4.49 higher)	MODERATE	CRITICAL
HRQoL (mean difference) < 4 months low back pain without with/without sciatica (NSAID 60mg) (follow-up 12 weeks; measured with: SF-12 Mental component; range of scores: 0-100; Better indicated by higher values)												
2	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	210	217	-	MD 0.49 higher (1.06 lower to 2.05 higher)	MODERATE	CRITICAL
HRQoL (mean difference) < 4 months low back pain without with/without sciatica (NSAID 90mg) (follow-up 12 weeks; measured with: SF12 - Mental component; range of scores: 0-100; Better indicated by higher values)												
2	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	210	212	-	MD 0.07 lower (1.62 lower to 1.47 higher)	MODERATE	CRITICAL
Adverse events (follow-up 1-12 weeks)												
5	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	289/834 (34.7%)	147/510 (28.8%)	RR 1.11 (0.95 to 1.29)	32 more per 1000 (from 14 fewer to 84 more)	LOW	IMPORTANT

(a) Downgraded by one increment if the majority of the evidence was at high risk of bias
(b) Downgraded by one increment if the confidence interval crossed one MID

Table 274: NSAIDS versus placebo (low back pain only)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**NSAID versus placebo low back pain only**	**Control**	**Relative (95% CI)**	**Absolute**		
Pain intensity (VAS 0-10 change score) low back pain only- Ibuprofen (follow-up 7 days; range of scores: 0-10; Better indicated by lower values)												

1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	103	92	-	MD 1.13 lower (1.85 to 0.41 lower)	LOW	CRITICAL
Pain intensity (VAS 0-10 change score) low back pain only- Diclofenac-K (follow-up 7 days; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	107	92	-	MD 1.1 lower (1.83 to 0.35 lower)	LOW	CRITICAL
Adverse events (follow-up <4 months)												
4	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	173/624 (27.7%)	96/401 (23.9%)	RR 1.07 (0.87 to 1.31)	17 more per 1000 (from 31 fewer to 74 more)	LOW	IMPORTANT

(a) Downgraded by one increment if the majority of the evidence was at high risk of bias
(b) Downgraded by one increment if the confidence interval crossed one MID

Antibiotics versus placebo

Table 275: Antibiotics versus placebo (low back pain with/without sciatica)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Antibiotics versus placebo**	**Control**	**Relative (95% CI)**	**Absolute**		
Back pain (0-10) - <4 months (follow-up <4 months; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	76	67	-	MD 1.3 lower (3.46 lower to 0.86 higher)	LOW	CRITICAL
Back pain (0-10) - 4-12 months (follow-up 4-12 months; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	77	67	-	MD 2.6 lower (5.08 to 0.12 lower)	LOW	CRITICAL
Disability (RMDQ) - <4 months (follow-up <4 months; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	76	67	-	MD 2.5 lower (7.13 lower to 2.13 higher)	MODERATE	CRITICAL

Disability (RMDQ) - 4-12 months (follow-up 4-12 months; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	77	67	-	MD 7 lower (12.56 to 1.44 lower)	MODERATE	CRITICAL
ED-5D - <4 months (follow-up <4 months; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	76	67	-	MD 5 higher (15.16 lower to 25.16 higher)	MODERATE	CRITICAL
ED-5D - 4-12 months (follow-up 4-12 months; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	77	67	-	MD 15 higher (5.17 lower to 35.17 higher)	MODERATE	CRITICAL
Healthcare utilisation (dr consultation for back pain) (follow-up <4 months)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	18/77 (23.4%)	28/67 (41.8%)	RR 0.56 (0.34 to 0.92)	184 fewer per 1000 (from 33 fewer to 276 fewer)	LOW	IMPORTANT
Adverse events (GI complaints) (follow-up <4 months)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	59/90 (65.6%)	17/72 (23.6%)	RR 2.78 (1.79 to 4.32)	420 more per 1000 (from 187 more to 784 more)	MODERATE	IMPORTANT

(a) Downgraded by1 increment if the majority of the evidence was at high risk of bias
(b) Downgraded by 1 increment if the confidence interval crossed one MID

J.12.10 Head to head comparisons

Table 276: Anti-epileptics versus antidepressants (TCAs) low back pain with/without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Antiepileptic versus antidepressant (TCA)**	**Control**	**Relative (95% CI)**	**Absolute**		
Adverse events (follow-up 6 weeks)												

1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	29/97 (29.9%)	17.5%	RR 1.71 (1.02 to 2.87)	124 more per 1000 (from 3 more to 327 more)	LOW	IMPORTANT

(a) Downgraded by1 increment if the majority of the evidence was at high risk of bias

(b) Downgraded by 1 increment if the confidence interval crossed one MID

Table 277: Antidepressants versus paracetamol – low back pain with/without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Amitriptyline versus paracetamol	Control	Relative (95% CI)	Absolute		
Pain (VAS 0-15) (follow-up 5 weeks; measured with: VAS ; range of scores: 0-15; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[a]	none	20	19	-	MD 1.83 lower (3.66 lower to 0 higher)	MODERATE	CRITICAL
Psychological distress (follow-up 5 weeks; measured with: Beck depression inventory; range of scores: 0-63; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[a]	none	20	19	-	MD 2.17 lower (7.35 lower to 3.01 higher)	MODERATE	CRITICAL
Psychological distress (follow-up 5 weeks; measured with: STAI-state; range of scores: 20-80; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[a]	none	20	19	-	MD 2.31 lower (8.16 lower to 3.54 higher)	MODERATE	CRITICAL
Psychological distress (follow-up 5 weeks; measured with: STAI-trait; range of scores: 20-80; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[a]	none	20	19	-	MD 1.3 lower (10.91 lower to 8.31 higher)	LOW	CRITICAL

(c) Downgraded by1 increment if the majority of the evidence was at high risk of bias and by 2 increments if the majority of evidence was at very high risk of bias.

Table 278: Opioid plus paracetamol versus opioid – low back pain with/without sciatica

Quality assessment	No of patients	Effect	Quality	Importance

No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Opioid + non-opioid analgesic versus opioid**	**Control**	**Relative (95% CI)**	**Absolute**		
Adverse events (follow-up 10 days)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[a]	none	30/59 (50.8%)	38.4%	RR 0.69 (0.52 to 0.93)	119 fewer per 1000 (from 27 fewer to 184 fewer)	MODERATE	IMPORTANT

(a) Downgraded by 1 increment if the confidence interval crossed one MID

Table 279: Opioid plus paracetamol versus NSAIDs– low back pain with/without sciatica

Quality assessment							**No of patients**		**Effect**		**Quality**	**Importance**
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Opioids + non-opioid analgesics versus NSAIDs**	**Control**	**Relative (95% CI)**	**Absolute**		
Pain intensity (VAS) (follow-up 1 weeks; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	58	55	-	MD 0.05 higher (0.81 lower to 0.91 higher)	HIGH	CRITICAL
Adverse events (follow-up 1 weeks)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	38/59 (64.4%)	21/62 (33.9%)	RR 1.9 (1.28 to 2.83)	305 more per 1000 (from 95 more to 620 more)	HIGH	IMPORTANT

J.12 Combined pharmacological treatments versus placebo

Table 280: Opioid and paracetamol versus placebo- low back pain only

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Combination (opioid and non-opioid analgesics) <4 months, low back pain only	Control	Relative (95% CI)	Absolute		
Time to onset: perceptible pain relief (follow-up 3 days)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	108/141 (76.6%)	95/136 (69.9%)	HR 1.22 (0.92 to 1.62)	70 more per 1000 (from 30 fewer to 158 more)	LOW	CRITICAL
								0%		-		
Time to onset: meaningful pain relief (follow-up 3 days)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious	none	61/141 (43.3%)	45/136 (33.1%)	HR 1.57 (1.05 to 2.35)	137 more per 1000 (from 13 more to 280 more)	LOW	CRITICAL
								0%		-		
Time to remedication (follow-up 3 days)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	very serious[c]	none	18/144 (12.5%)	17/136 (12.5%)	HR 0.93 (0.47 to 1.84)	8 fewer per 1000 (from 64 fewer to 93 more)	VERY LOW	CRITICAL
								0%		-		
Adverse events (follow-up 2.5 days)												
2	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	106/308 (34.4%)	30/305 (9.8%)	RR 3.48 (2.06 to 5.44)	244 more per 1000 (from 104 more to 437 more)	MODERATE	CRITICAL
SF McGill Pain questionnaire (follow-up 91 days; range of scores: 0-78; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	164	161	-	MD 2.2 lower (4.64 lower to 0.24 higher)	MODERATE	CRITICAL

Pain VAS (0-10) (follow-up 91 days; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	167	169	-	MD 1.55 lower (2.47 lower to 0.63 higher)	LOW	CRITICAL
SF-36 bodily pain (follow-up 91 days; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	164	163	-	MD 6.4 higher (2.09 to 10.71 higher)	LOW	CRITICAL
SF-36 general health (follow-up 91 days; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	164	163	-	MD 3.5 higher (0.94 lower to 7.94 higher)	MODERATE	CRITICAL
SF-36 mental health (follow-up 91 days; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	164	163	-	MD 2.6 higher (1.8 lower to 7 higher)	MODERATE	CRITICAL
SF-36 physical functioning (follow-up 91 days; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	164	163	-	MD 3.8 higher (1.83 lower to 9.43 higher)	MODERATE	CRITICAL
SF-36 reported health transition (follow-up 91 days; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	164	163	-	MD 2.2 lower (7.42 lower to 3.02 higher)	MODERATE	CRITICAL
SF-36 role-emotional (follow-up 91 days; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	164	163	-	MD 1.3 higher (8.02 lower to 10.62 higher)	MODERATE	CRITICAL
SF-36 role-physical (follow-up 91 days; range of scores: 0-100; Better indicated by higher values)												

1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	164	163	-	MD 3.8 higher (4.03 lower to 11.63 higher)	MODERATE	CRITICAL
SF-36 social functioning (follow-up 91 days; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	164	163	-	MD 0.7 lower (6.2 lower to 4.8 higher)	MODERATE	CRITICAL
SF36 health survey - SF-36 vitality (follow-up 91 days; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	164	163	-	MD 1.3 higher (3.16 lower to 5.76 higher)	MODERATE	CRITICAL
Function (RMDQ 0-24) (follow-up 91 days; range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	164	163	-	MD 0.9 lower (2.16 lower to 0.36 higher)	MODERATE	CRITICAL

(a) Downgraded by one increment if the majority of the evidence was at high risk of bias
(b) Downgraded by one increment if the confidence interval crossed one MID
(c) Downgraded by two increments if the confidence interval crossed both MIDs

Table 281: Opioid and paracetamol versus placebo- low back pain only

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Combination (opioid and non-opioid analgesics) <4 months, low back pain with/without sciatica**	**Control**	**Relative (95% CI)**	**Absolute**		
Adverse events (follow-up <4 months)												
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	116/150 (77.3%)	71/145 (49%)	RR 1.57 (1.31 to 1.89)	279 more per 1000 (from 152 more to 436 more)	HIGH	IMPORTANT

								39.1%		223 more per 1000 (from 121 more to 348 more)		
Responder criteria pain reduction >30% (follow-up 2 weeks)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	49/85 (57.6%)	37/90 (41.1%)	RR 1.4 (1.03 to 1.91)	164 more per 1000 (from 12 more to 374 more)	MODERATE	IMPORTANT
								41.1%		164 more per 1000 (from 12 more to 374 more)		
Function (Korean ODI 0-100) (follow-up 2 weeks; range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	83	87	-	MD 4.04 higher (0.16 to 7.91 higher)	MODERATE	CRITICAL
Korean Short Form-36 Bodily pain (follow-up 2 weeks; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	83	87	-	MD 1.6 higher (3.54 lower to 6.74 higher)	HIGH	CRITICAL
Korean Short Form-36 General health (follow-up 2 weeks; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[a]	none	83	87	-	MD 4.59 higher (0.52 to 8.66 higher)	MODERATE	CRITICAL
Korean Short Form-36 health survey (change scores) - Mental health (follow-up 2 weeks; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	83	87	-	MD 2.09 higher (5.1 lower to 9.28 higher)	HIGH	CRITICAL
Korean Short Form-36 Physical functioning (follow-up 2 weeks; range of scores: 0-100; Better indicated by higher values)												

1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	83	87	-	MD 3.15 higher (2.03 lower to 8.33 higher)	HIGH	CRITICAL
Korean Short Form-36 Reported health transition (follow-up 2 weeks; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[a]	none	83	87	-	MD 11.17 lower (19.63 to 2.71 lower)	MODERATE	CRITICAL
Korean Short Form-36 Role emotional (follow-up 2 weeks; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	83	87	-	MD 0.66 higher (7.94 lower to 9.26 higher)	HIGH	CRITICAL
Korean Short Form-36 Role physical (follow-up 2 weeks; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[a]	none	83	87	-	MD 7.35 higher (0.35 to 14.35 higher)	MODERATE	CRITICAL
Korean Short Form-36 Social functioning (follow-up 2 weeks; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[a]	none	83	87	-	MD 5.14 higher (1.88 lower to 12.16 higher)	MODERATE	CRITICAL
Korean Short Form-36 Vitality (follow-up 2 weeks; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[a]	none	83	87	-	MD 5.32 higher (0.63 lower to 11.27 higher)	MODERATE	CRITICAL

(a) Downgraded by one increment if the confidence interval crossed one MID

Table 282: Opioid and paracetamol versus other treatment (anticonvulsants) placebo- low back pain with/without sciatica

Quality assessment							No of patients		Effect	Quality	Importance

No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Combination (opioid and non-opioid analgesics)**	**anticonvulsant at <4 months, low back pain only**	**Relative (95% CI)**	**Absolute**		
Numer of people discontinued due to adverse events												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[a]	none	3/30 (10%)	6.7%	RR 1.5 (0.27 to 8.34)	34 more per 1000 (from 49 fewer to 492 more)	MODERATE	IMPORTANT

(a) Downgraded by one increment if the confidence interval crossed one MID

J.12 Combinations of interventions – pharmacological adjunct

J.12.1 Low back pain without sciatica

Table 283: Pharmacological (NSAID) plus manual therapy (massage) compared to manual therapy (massage)

Quality assessment							**No of patients**		**Effect**			
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other**	**Massage + NSAID**	**Massage**	**Relative (95% CI)**	**Absolute**	**Quality**	**Importance**
Pain (VAS 0-100 converted to 0-10) - ≤4 months (follow-up 2 weeks; measured with: VAS; range of scores: 0-10; Better indicated by lower values)												
1: majchrzycki 2014	Randomised trials	Very serious[a]	No serious inconsistency	No serious indirectness	Seriousb	None	26	28	-	MD 1.16 lower (2.31 to 0.01 lower)	VERY LOW	CRITICAL
Disability (Roland Morris) - ≤4 months (follow-up 2 weeks; measured with: RMDQ; range of scores: 0-24; Better indicated by lower values)												
1: majchrzycki 2014	Randomised trials	Very serious[a]	No serious inconsistency	No serious indirectness	Seriousb	None	26	28	-	MD 0.3 lower (2.7 lower to 2.1 higher)	VERY LOW	CRITICAL

Quality assessment							No of patients		Effect			
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other**	**Massage + NSAID**	**Massage**	**Relative (95% CI)**	**Absolute**	**Quality**	**Importance**
Disability (Oswestry Disability Index) - ≤4 months (follow-up 2 weeks; measured with: ODI; range of scores: 0-100; Better indicated by lower values)												
1: majchrzycki 2014	Randomised trials	Very serious a	No serious inconsistency	No serious indirectness	Seriousb	None	26	28	-	MD 4.4 lower (11.06 lower to 2.26 higher)	VERY LOW	CRITICAL

(a) Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
(b) Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs.

Table 284: Pharmacological (NSAID) + exercise (biomech) compared to electroacupuncture

Quality assessment							No of patients		Effect			
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other**	**NSAID + exercise (biomech)**	**Electroacupuncture**	**Relative (95% CI)**	**Absolute**	**Quality**	**Importance**
Pain (VAS 0-10) - ≤4 months (follow-up 3 weeks; range of scores: 0-10; Better indicated by lower values)												
1: shankar 2011	Randomised trials	Very serious a	No serious inconsistency	No serious indirectness	Seriousb	None	30	30	-	MD 0.9 higher (0.04 to 1.76 higher)	VERY LOW	CRITICAL

(a) Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias

Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs.

Table 285: Opioid and paracetamol versus placebo- low back pain with/without sciatica

Quality assessment	No. of patients	Effect	Quality	Importa

												nce
No. of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Combination (opioid and paracetamol) ≤4 months, low back pain with/without sciatica**	**Control**	**Relative (95% CI)**	**Absolute**		
Adverse events (follow-up ≤4 months)												
2	Randomised trials	No serious risk of bias	No serious inconsistency	No serious indirectness	No serious imprecision	None	116/150 (77.3%)	71/145 (49%)	RR 1.57 (1.31 to 1.89)	279 more per 1000 (from 152 more to 436 more)	HIGH	IMPORTANT
								39.1%		223 more per 1000 (from 121 more to 348 more)		
Responder criteria pain reduction >30% (follow-up 2 weeks)												
1	Randomised trials	No serious risk of bias	No serious inconsistency	No serious indirectness	Seriousa	None	49/85 (57.6%)	37/90 (41.1%)	RR 1.4 (1.03 to 1.91)	164 more per 1000 (from 12 more to 374 more)	MODERATE	IMPORTANT
								41.1%		164 more per 1000 (from 12 more to 374 more)		
Function (Korean ODI 0-100) (follow-up 2 weeks; range of scores: 0-100; Better indicated by lower values)												
1	Randomised trials	No serious risk of bias	No serious inconsistency	No serious indirectness	Seriousa	None	83	87	-	MD 4.04 higher (0.16 to 7.91 higher)	MODERATE	CRITICAL

Quality assessment							No. of patients		Effect			
No. of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Combination (opioid and paracetamol) ≤4 months, low back pain with/without sciatica**	**Control**	**Relative (95% CI)**	**Absolute**	**Quality**	**Importance**
Korean Short Form-36 Bodily pain (follow-up 2 weeks; range of scores: 0-100; Better indicated by higher values)												
1	Randomised trials	No serious risk of bias	No serious inconsistency	No serious indirectness	Very serious	None	83	87	-	MD 1.6 higher (3.54 lower to 6.74 higher)	LOW	CRITICAL
Korean Short Form-36 General health (follow-up 2 weeks; range of scores: 0-100; Better indicated by higher values)												
1	Randomised trials	No serious risk of bias	No serious inconsistency	No serious indirectness	Seriousa	None	83	87	-	MD 4.59 higher (0.52 to 8.66 higher)	LOW	CRITICAL
Korean Short Form-36 Mental health (follow-up 2 weeks; range of scores: 0-100; Better indicated by higher values)												
1	Randomised trials	No serious risk of bias	No serious inconsistency	No serious indirectness	Very serious	None	83	87	-	MD 2.09 higher (5.1 lower to 9.28 higher)	LOW	CRITICAL
Korean Short Form-36 Physical functioning (follow-up 2 weeks; range of scores: 0-100; Better indicated by higher values)												
1	Randomised trials	No serious risk of bias	No serious inconsistency	No serious indirectness	Serious	None	83	87	-	MD 3.15 higher (2.03 lower to 8.33 higher)	MODERATE	CRITICAL
Korean Short Form-36 Reported health transition (follow-up 2 weeks; range of scores: 0-100; Better indicated by higher values)												
1	Randomised trials	No serious risk of bias	No serious inconsistency	No serious indirectness	Seriousa	None	83	87	-	MD 11.17 lower (19.63 to 2.71 lower)	MODERATE	CRITICAL
Korean Short Form-36 Role emotional (follow-up 2 weeks; range of scores: 0-100; Better indicated by higher values)												

Quality assessment							No. of patients		Effect			
No. of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Combination (opioid and paracetamol) ≤4 months, low back pain with/without sciatica**	**Control**	**Relative (95% CI)**	**Absolute**	**Quality**	**Importance**
1	Randomised trials	No serious risk of bias	No serious inconsistency	No serious indirectness	Very serious	None	83	87	-	MD 0.66 higher (7.94 lower to 9.26 higher)	LOW	CRITICAL
Korean Short Form-36 Role physical (follow-up 2 weeks; range of scores: 0-100; Better indicated by higher values)												
1	Randomised trials	No serious risk of bias	No serious inconsistency	No serious indirectness	Seriousa	None	83	87	-	MD 7.35 higher (0.35 to 14.35 higher)	MODERATE	CRITICAL
Korean Short Form-36 Social functioning (follow-up 2 weeks; range of scores: 0-100; Better indicated by higher values)												
1	Randomised trials	No serious risk of bias	No serious inconsistency	No serious indirectness	Seriousa	None	83	87	-	MD 5.14 higher (1.88 lower to 12.16 higher)	MODERATE	CRITICAL
Korean Short Form-36 Vitality (follow-up 2 weeks; range of scores: 0-100; Better indicated by higher values)												
1	Randomised trials	No serious risk of bias	No serious inconsistency	No serious indirectness	Seriousa	None	83	87	-	MD 5.32 higher (0.63 lower to 11.27 higher)	MODERATE	CRITICAL

(a) Downgraded by one increment if the confidence interval crossed one MID

1312 Combined interventions: multidisciplinary biopsychosocial rehabilitation (MBR) programmes

1312.1 Population: overall with or without sciatica

1313 **Table 286: MBR programme 3 elements: physical + psychological + education vs. Usual care/waiting list control**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	MBR programme 3 elements: physical + psychological + education	Usual care/waiting list control	Relative (95% CI)	Absolute		
Pain severity (intensity), VAS 0-10 (> 4 months)(follow-up >4 months – 1 year; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	29	23	-	MD 2.5 lower (3.65 to 1.35 lower)	⊕⊕OO LOW	CRITICAL
Function, ODI 0-100 (> 4 months)(follow-up >4 months – 1 year; range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	30	23	-	MD 16.4 higher (7.06 to 25.74 higher)	⊕OOO VERY LOW	CRITICAL

1314 [a] Downgraded by 2 increments if the majority of the evidence was at very high risk of bias
1315 [b] Downgraded by 1 increment if the confidence interval crossed one MID

1316 **Table 287: MBR programme 3 elements: physical + psychological + education vs. Single intervention (aerobic exercise)**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	MBR programme 3 elements: physical + psychological + education	Single intervention	Relative (95% CI)	Absolute		

Quality of life, SF-12 physical 0-100 (≤4 months) - Exercise - aerobic (follow-up ≤4 months; range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	48	51	-	MD 1.0 lower (4.76 lower to 2.76 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-12 physical 0-100 (>4 months – 1 year) - Exercise - aerobic (follow-up >4 months – 1 year; range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	48	51	-	MD 1 lower (4.81 lower to 2.81 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-12 mental 0-100 (≤4 months) - Exercise - aerobic (follow-up ≤4 months; range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	48	51	-	MD 1 higher (2.55 lower to 4.55 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-12 mental 0-100 (>4 months – 1 year) - Exercise - aerobic (follow-up >4 months– 1 year; range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	48	51	-	MD 1 higher (1.97 lower to 3.97 higher)	⊕⊕OO LOW	CRITICAL
Pain severity, NRS 0-10 (≤4 months) - Exercise - aerobic (follow-up ≤4 months; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	48	51	-	MD 0 higher (0.87 lower to 0.87 higher)	⊕⊕⊕O MODERATE	CRITICAL
Pain severity, NRS 0-10 (>4 months– 1 year) - Exercise - aerobic (follow-up >4 months– 1 year; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	very serious[c]	none	48	51	-	MD 0 higher (0.72 lower to 0.72 higher)	⊕OOO VERY LOW	CRITICAL
Function, RMDQ 0-24 (≤4 months) - Exercise - aerobic (follow-up ≤4 months; range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	48	51	-	MD 0.5 lower (2.02 lower to 1.02 higher)	⊕⊕OO LOW	CRITICAL
Function, RMDQ 0-24 (>4 months – 1 year) - Exercise - aerobic (follow-up >4 months – 1 year; range of scores: 0-24; Better indicated by lower values)												

1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	48	51	-	MD 0.10 lower (1.49 lower to 1.29 higher)	⊕⊕⊕O MODERATE	CRITICAL
Function, back performance scale 0-15 (≤4 months) - Exercise - aerobic (follow-up ≤4 months; range of scores: 0-15; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	49	51	-	MD 0 higher (1.1 lower to 1.1 higher)	⊕⊕⊕O MODERATE	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID
[c] Downgraded by 2 increments if the confidence interval crossed two MIDs

Table 288: MBR programme 3 elements: physical + psychological + education vs. Combined intervention (manual therapy + exercise + postural therapy + self management; manual therapy + exercise + advice)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**MBR programme 3 elements: physical + psychological + education**	**Combined intervention**	**Relative (95% CI)**	**Absolute**		
Pain severity, NRS 0-10 (≤ 4 months) (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	75	75	-	MD 3.10 lower (3.59 to 2.61 lower)	⊕⊕OO LOW	CRITICAL
Pain severity, VAS 0-10 (> 4 months)- manual + exercise + advice (follow-up >4 months – 1 year; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	Serious[b]	no serious inconsistency	no serious indirectness	Serious[c]	none	46	55	-	MD 0.40 lower (1.51 lower to 0.71 higher)	⊕⊕OO LOW	CRITICAL
Pain severity, NRS 0-10 (>4 months– 1 year) - manual + exercise + postural therapy + self management (follow-up >4 months – 1 year; range of scores: 0-10; Better indicated by lower values)												

1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	75	75	-	MD 1.8 lower (2.3 to 1.3 lower)	⊕⊕OO LOW	CRITICAL
Function, ODI 0-100 (≤4 months) manual + exercise + postural therapy + self management (follow-up >4 months; range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	75	75	-	MD 9.8 lower (11.45 to 8.15 lower)	⊕⊕OO LOW	CRITICAL
Function, ODI 0-100 (>4 months – 1 year) manual + exercise + postural therapy + self management (Copy) (follow-up >4 months – 1 year; range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	75	75	-	MD 15.8 lower (17.48 to 14.12 lower)	⊕⊕OO LOW	CRITICAL
Function, RMDQ 0-24 (>4 months – 1 year) - manual + exercise + advice (follow-up >4 months – 1 year; range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	Serious[b]	no serious inconsistency	no serious indirectness	Serious[c]	none	46	55	-	MD 2.3 lower (4.51 to 0.09 lower)	⊕⊕OO LOW	CRITICAL
Quality of life, EQ-5D -0.5 to 1.0 (>4 months – 1 year) (follow-up >4 months – 1 year; range of scores: -0.5-1; Better indicated by higher values)												
1	randomised trials	Serious[b]	no serious inconsistency	no serious indirectness	no serious imprecision	none	46	55	-	MD 0.00 higher (0.11 lower to 0.11 higher)	⊕⊕⊕O MODERATE	CRITICAL
Quality of life, SF-36 0-100 (≤ 4 months) - Physical functioning (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	75	75	-	MD 20.8 higher (17.49 to 24.11 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36 0-100 (≤ 4 months) - Emotional role (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	75	75	-	MD 21.8 higher (15.3 to 28.3 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36 0-100 (≤ 4 months) - General health (range of scores: 0-100; Better indicated by higher values)												
1	randomised	very	no serious	no serious	Serious[c]	none	75	75	-	MD 16.7 higher	⊕OOO	CRITICAL

	trials	serious[a]	inconsistency	indirectness						(12.74 to 20.66 higher)	VERY LOW	
Quality of life, SF-36 0-100 (≤ 4 months) - Mental health (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	75	75	-	MD 23.8 higher (20.34 to 27.26 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36 0-100 (≤ 4 months) - Physical pain (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	75	75	-	MD 17.8 higher (13.06 to 22.54 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36 0-100 (≤ 4 months) - Physical role (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	75	75	-	MD 22.5 higher (16.9 to 28.1 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36 0-100 (≤ 4 months) - Social functioning (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	75	75	-	MD 18.4 higher (14.8 to 22 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36 0-100 (≤ 4 months) - Vitality (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	75	75	-	MD 15.2 higher (11.09 to 19.31 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36 0-100 (> 4 months – 1 year) - Physical functioning (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	75	75	-	MD 27.6 higher (24.64 to 30.56 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36 0-100 (> 4 months – 1 year) - Emotional role (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	75	75	-	MD 34.4 higher (28.87 to 39.93 higher)	⊕⊕OO LOW	CRITICAL

Quality of life, SF-36 0-100 (> 4 months – 1 year) - General health (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	75	75	-	MD 25.9 higher (21.93 to 29.87 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36 0-100 (> 4 months– 1 year) - Mental health (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	75	75	-	MD 25.5 higher (22.13 to 28.87 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36 0-100 (> 4 months– 1 year) - Physical pain (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	75	75	-	MD 27 higher (22.68 to 31.32 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36 0-100 (> 4 months– 1 year) - Physical role (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	75	75	-	MD 25.8 higher (20.96 to 30.64 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36 0-100 (> 4 months– 1 year) - Social functioning (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	75	75	-	MD 22.7 higher (19.08 to 26.32 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36 0-100 (> 4 months– 1 year) - Vitality (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	75	75	-	MD 23 higher (19.36 to 26.64 higher)	⊕⊕OO LOW	CRITICAL

[a] Downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the majority of the evidence was at high risk of bias
[c] Downgraded by 1 increment if the confidence interval crossed one MID

Table 289: MBR programme 2 elements: physical + psychological vs. Usual care/waiting list control

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	MBR programme 2 elements: physical + psychological	Usual care/waiting list control	Relative (95% CI)	Absolute		
Pain severity, VAS 0-10 (> 4 months)(follow-up >4 months – 1 year; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	56	50	-	MD 0.82 lower (1.64 lower to 0.00 higher)	⊕⊕OO LOW	CRITICAL
Function, Roland-Morris (> 4 months)(follow-up >4 months – 1 year; range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	56	50	-	MD 2.56 lower (4.27 to 0.85 lower)	⊕⊕⊕O MODERATE	CRITICAL
Psychological distress, BDI 0-63 (>4 months)(follow-up >4 months; range of scores: 0-63; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	very serious[c]	none	56	50	-	MD 0.04 higher (1.71 lower to 1.79 higher)	⊕OOO VERY LOW	CRITICAL
Return to work (>4 months)(follow-up >4 months)												
1	randomised trials	very serious[c]	no serious inconsistency	no serious indirectness	Serious[b]	none	20/22 (90.9%)	68.8%	RR 1.32 (1.05 to 1.67)	220 more per 1000 (from 34 more to 461 more)	⊕OOO VERY LOW	IMPORTANT

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID
[c] Downgraded by 2 increments if the confidence interval crossed both MIDs

Table 290: MBR programme 2 elements: physical + psychological vs. Single intervention (mixed modality exercise; individual biomechanical exercise; psychological – cognitive behavioural approaches)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	MBR programme 2 elements: physical + psychological	Single intervention	Relative (95% CI)	Absolute		
Pain severity, VAS 0-10 (≤4 months) - Mixed modality exercise (follow-up <4 months; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	27	27	-	MD 2.59 lower (3.28 to 1.9 lower)	⊕⊕OO LOW	CRITICAL
Pain severity, VAS 0-10 (≤4 months) - Mixed modality exercise (aerobic + biomechanical) (follow-up <4 months; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	Serious[b]	no serious inconsistency	no serious indirectness	Serious[c]	none	55	52	-	MD 0.02 higher (0.88 lower to 0.92 higher)	⊕⊕OO LOW	CRITICAL
Pain severity, VAS 0-10 (≤4 months) - Psychological - cognitive behavioural approaches(follow-up <4 months; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	Serious[b]	no serious inconsistency	no serious indirectness	Serious[c]	none	55	55	-	MD 0.53 lower (1.42 lower to 0.35 higher)	⊕⊕OO LOW	CRITICAL
Pain severity, VAS 0-10 (>4 months) - Individual biomechanical exercise (follow-up >4 months; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[c]	none	64	48	-	MD 0.70 lower (1.61 lower to 0.21 higher)	⊕OOO VERY LOW	CRITICAL
Pain severity, VAS 0-10 (>4 months) - Mixed modality exercie (aerobic + biomechanical) (follow-up >4 months; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	Serious[b]	no serious inconsistency	no serious indirectness	Serious[c]	none	53	51	-	MD 0.80 lower (1.71 lower to 0.1 higher)	⊕⊕OO LOW	CRITICAL
Pain severity, VAS 0-10 (>4 months) - Psychological - cognitive behavioural approaches(follow-up >4 months; range of scores: 0-10; Better indicated by lower values)												

1	randomised trials	Serious[b]	no serious inconsistency	no serious indirectness	Serious[c]	none	53	52	-	MD 0.89 lower (1.79 lower to 0.02 higher)	⊕⊕OO LOW	CRITICAL
Function, RMDQ 0-24 (≤4 months) - Psychological - cognitive behavioural approaches(follow-up <4 months; range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	Serious[b]	no serious inconsistency	no serious indirectness	Serious[c]	none	55	55	-	MD 0.57 lower (2.26 lower to 1.12 higher)	⊕⊕OO LOW	CRITICAL
Function, RMDQ 0-24 (≤4 months) - Mixed modality exercise (aerobic + biomechanical) (follow-up <4 months; range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	Serious[b]	no serious inconsistency	no serious indirectness	no serious imprecision	none	55	52	-	MD 0.05 higher (1.68 lower to 1.78 higher)	⊕⊕⊕O MODERATE	CRITICAL
Function, RMDQ 0-24 (>4 months) - Psychological - cognitive behavioural approaches(follow-up >4 months; range of scores: 0-24; Better indicated by lower values)												
2	randomised trials	Serious[b]	no serious inconsistency	no serious indirectness	Serious[c]	none	109	104	-	MD 1.44 lower (2.64 to 0.24 lower)	⊕⊕OO LOW	CRITICAL
Function, RMDQ 0-24 (>4 months) - Mixed modality exercise (aerobic + biomechanical) (follow-up >4 months; range of scores: 0-24; Better indicated by lower values)												
2	randomised trials	Serious[b]	no serious inconsistency	no serious indirectness	Serious[c]	none	109	103	-	MD 1.19 lower (2.43 lower to 0.04 higher)	⊕⊕OO LOW	CRITICAL
Function, RMDQ 0-24 (≤4 months) - Mixed modality exercise (aerobic + biomechanical) (follow-up <4 months; range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	27	27	-	MD 4.55 lower (5.77 to 3.33 lower)	⊕⊕OO LOW	CRITICAL
Psychological distress, BDI 0-63 (≤4 months) - Psychological - cognitive behavioural approaches(follow-up <4 months; range of scores: 0-63; Better indicated by lower values)												
1	randomised trials	Serious[b]	no serious inconsistency	no serious indirectness	Serious[c]	none	55	55	-	MD 1.62 lower (3.56 lower to 0.32 higher)	⊕⊕OO LOW	CRITICAL
Psychological distress, BDI 0-63 (>4 months) - Psychological - cognitive behavioural approaches(follow-up >4 months; range of scores: 0-63; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	53	52	-	MD 0.09 higher (1.88 lower to	⊕⊕⊕O MODERATE	CRITICAL

										2.06 higher)		
Psychological distress, BDI 0-63 (≤4 months) - Mixed modality exercise (aerobic + biomechanical) (follow-up <4 months; range of scores: 0-63; Better indicated by lower values)												
1	randomised trials	Serious[b]	no serious inconsistency	no serious indirectness	Serious[c]	none	53	52	-	MD 2.17 lower (4.13 to 0.21 lower)	⊕⊕OO LOW	CRITICAL
Psychological distress, BDI 0-63 (>4 months) - Mixed modality exercise (aerobic + biomechanical) (follow-up >4 months; range of scores: 0-63; Better indicated by lower values)												
1	randomised trials	Serious[b]	no serious inconsistency	no serious indirectness	Serious[c]	none	53	51	-	MD 1.06 lower (3.04 lower to 0.92 higher)	⊕⊕OO LOW	CRITICAL
Psychological distress, HADS 0-21 (>4 months) - individual biomechanical exercise (follow-up >4 months; range of scores: 0-21; Better indicated by lower values)												
1	randomised trials	very serious[b]	no serious inconsistency	no serious indirectness	Serious[c]	none	42	41	-	MD 0.7 lower (3.63 lower to 2.23 higher)	⊕OOO VERY LOW	CRITICAL
Healthcare utilisation, number of GP visits (>4 months) - mixed modality exercise (aerobic + biomechanical) (follow-up >4 months; Better indicated by lower values)												
1	randomised trials	Serious[b]	no serious inconsistency	no serious indirectness	Serious[c]	none	56	52	-	MD 0.87 lower (2.52 lower to 0.78 higher)	⊕⊕OO LOW	IMPORTANT
Healthcare utilisation, number of medical specialist visits (>4 months) - mixed modality exercise (aerobic + biomechanical) (follow-up >4 months; Better indicated by lower values)												
1	randomised trials	Serious[b]	no serious inconsistency	no serious indirectness	no serious imprecision	none	56	52	-	MD 0.15 lower (1.18 lower to 0.88 higher)	⊕⊕⊕O MODERATE	IMPORTANT
Healthcare utilisation, number of radiology visits (>4 months) - mixed modality exercise (aerobic + biomechanical) (follow-up >4 months; Better indicated by lower values)												
1	randomised trials	Serious[b]	no serious inconsistency	no serious indirectness	Serious[c]	none	56	52	-	MD 0.20 higher (0.19 lower to 0.59 higher)	⊕⊕OO LOW	IMPORTANT
Healthcare utilisation, number of occupational physician visits (>4 months) - mixed modality exercise (aerobic + biomechanical) (follow-up >4 months; Better indicated by lower values)												
1	randomised trials	Serious[b]	no serious inconsistency	no serious indirectness	no serious imprecision	none	56	52	-	MD 0.02 higher (0.15 lower to 0.19 higher)	⊕⊕⊕O MODERATE	IMPORTANT

Healthcare utilisation, number of psychologist visits (>4 months) - mixed modality exercise (aerobic + biomechanical) (follow-up >4 months; Better indicated by lower values)												
1	randomised trials	Serious[b]	no serious inconsistency	no serious indirectness	no serious imprecision	none	56	52	-	MD 0.23 lower (1.14 lower to 0.68 higher)	⊕⊕⊕O MODERATE	IMPORTANT
Healthcare utilisation, number of therapist sessions (>4 months) - mixed modality exercise (aerobic + biomechanical) (follow-up >4 months; Better indicated by lower values)												
1	randomised trials	Serious[b]	no serious inconsistency	no serious indirectness	Serious[c]	none	56	52	-	MD 2.95 higher (4.17 lower to 10.07 higher)	⊕⊕OO LOW	IMPORTANT
Healthcare utilisation, number of alternative therapist visits (>4 months) - mixed modality exercise (aerobic + biomechanical) (follow-up >4 months; Better indicated by lower values)												
1	randomised trials	Serious[b]	no serious inconsistency	no serious indirectness	Serious[c]	none	56	52	-	MD 1.32 higher (2.15 lower to 4.79 higher)	⊕⊕OO LOW	IMPORTANT
Healthcare utilisation, number of GP visits (>4 months) - psychological (cognitive behavioural approaches) (follow-up >4 months; Better indicated by lower values)												
1	randomised trials	Serious[b]	no serious inconsistency	no serious indirectness	Serious[c]	none	56	52	-	MD 1.17 lower (2.58 lower to 0.24 higher)	⊕⊕OO LOW	IMPORTANT
Healthcare utilisation, number of medical specialist care visits (>4 months) - psychological (cognitive behavioural approaches) (follow-up >4 months; Better indicated by lower values)												
1	randomised trials	Serious[b]	no serious inconsistency	no serious indirectness	Serious[c]	none	56	52	-	MD 0.43 higher (0.44 lower to 1.3 higher)	⊕⊕OO LOW	IMPORTANT
Healthcare utilisation, number of radiology visits (>4 months) - psychological (cognitive behavioural approaches) (follow-up >4 months; Better indicated by lower values)												
1	randomised trials	Serious[b]	no serious inconsistency	no serious indirectness	no serious imprecision	none	56	52	-	MD 0.10 higher (0.31 lower to 0.51 higher)	⊕⊕⊕O MODERATE	IMPORTANT
Healthcare utilisation, number of occupational physician visits (>4 months) - psychological (cognitive behavioural approaches) (follow-up >4 months; Better indicated by lower values)												
1	randomised trials	Serious[b]	no serious inconsistency	no serious indirectness	Serious[c]	none	56	52	-	MD 0.12 lower (0.41 lower to 0.17 higher)	⊕⊕OO LOW	IMPORTANT

Healthcare utilisation, number of psychologist visits (>4 months) - psychological (cognitive behavioural approaches) (follow-up >4 months; Better indicated by lower values)												
1	randomised trials	Serious[b]	no serious inconsistency	no serious indirectness	no serious imprecision	none	56	52	-	MD 0.05 higher (0.42 lower to 0.52 higher)	⊕⊕⊕O MODERATE	IMPORTANT
Healthcare utilisation, number of therapist visits (>4 months) - psychological (cognitive behavioural approaches) (follow-up >4 months; Better indicated by lower values)												
1	randomised trials	Serious[b]	no serious inconsistency	no serious indirectness	no serious imprecision	none	56	52	-	MD 1.67 lower (9.97 lower to 6.63 higher)	⊕⊕⊕O MODERATE	IMPORTANT
Healthcare utilisation, number of alternative therapist visits (>4 months) - psychological (cognitive behavioural approaches) (follow-up >4 months; Better indicated by lower values)												
1	randomised trials	Serious[b]	no serious inconsistency	no serious indirectness	Serious[c]	none	56	52	-	MD 1.67 higher (1.67 lower to 5.01 higher)	⊕⊕OO LOW	IMPORTANT
Return to work < 4 months												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[c]	none	27/39 (69.2%)	0%	RR 1.04 (0.76 to 1.42)	-	⊕OOO VERY LOW	IMPORTANT
Return to work > 4 months												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[c]	none	60/64 (93.8%)	85.40%	RR 1.10 (0.96 to 1.25)	85 more per 1000 (from 34 fewer to 214 more)	⊕OOO VERY LOW	IMPORTANT

[a] Downgraded by two increments if the majority of evidence was at very high risk of bias
[b] Downgraded by 1 increment if the majority of the evidence was at high risk of bias
[c] Downgraded by 1 increment if the confidence interval crossed one MID

Table 291: MBR programme 2 elements: physical + psychological vs. Combined intervention

Quality assessment							No of patients		Effect		Quality	Importance

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	MBR programme 2 elements: physical + psychological	Combined intervention	Relative (95% CI)	Absolute		
Pain severity, NRS 0-10 (≤4 months) - Exercise (biomechanical) + manual therapy (mobilisation) (follow-up ≤4 months; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	45	45	-	MD 2.27 lower (2.74 to 1.8 lower)	⊕⊕⊕O MODERATE	CRITICAL
Pain severity, NRS 0-10 (≤4 months) - Exercise (biomechanical) + manual therapy (mobilisation + manipulation) (follow-up ≤4 months; range of scores: 0-10; Better indicated by lower values)												
2	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	96	88	-	MD 2.22 lower (2.62 to 1.83 lower)	⊕⊕⊕O MODERATE	CRITICAL
Pain severity, NRS 0-10 (≤4 months) - Exercise (biomechanical) + manual therapy (mobilisation) + postural therapy (postural control) (follow-up ≤4 months; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[b]	no serious inconsistency	no serious indirectness	Serious[c]	none	10	10	-	MD 1 lower (2.39 lower to 0.39 higher)	⊕OOO VERY LOW	CRITICAL
Pain severity, NRS 0-10 (> 4 months)- Exercise (biomechanical) + manual therapy (mobilisation) (follow-up >4 months – 1 year; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	45	45	-	MD 3.95 lower (4.42 to 3.48 lower)	⊕⊕⊕O MODERATE	CRITICAL
Pain severity, NRS 0-10 (> 4 months)- Exercise (biomechanical) + manual therapy (mobilisation + manipulation) (follow-up >4 months – 1 year; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[c]	none	51	43	-	MD 1.50 lower (2.33 to 0.67 lower)	⊕⊕OO LOW	CRITICAL
Function, RMDQ 0-24 (≤4 months) - Exercise (biomechanical) + manual therapy (mobilisation) (follow-up ≤4 months; range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	45	45	-	MD 6.0 lower (6.89 to 5.11 lower)	⊕⊕⊕O MODERATE	CRITICAL
Function, ODI 0-100 (≤4 months) - Exercise (biomechanical) + manual therapy (mobilisation + manipulation) (follow-up ≤4 months; range of scores: 0-100; Better indicated by lower												

values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	51	43	-	MD 10.90 lower (13.94 to 7.86 lower)	⊕⊕⊕O MODERATE	CRITICAL
Function, ODI 0-100 (≤4 months) - Exercise (biomechanical) + manual therapy (mobilisation) + postural therapy (postural control) (follow-up ≤4 months; range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	very serious[b]	no serious inconsistency	no serious indirectness	no serious imprecision	none	10	10	-	MD 7 lower (11.16 to 2.84 lower)	⊕⊕OO LOW	CRITICAL
Function, RMDQ 0-24 (> 4 months)- Exercise (biomechanical) + manual therapy (mobilisation) (follow-up >4 months – 1 year; range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	45	45	-	MD 9.69 lower (10.44 to 8.94 lower)	⊕⊕⊕O MODERATE	CRITICAL
Function, ODI 0-100 (> 4 months)- Exercise (biomechanical) + manual therapy (mobilisation + manipulation) (follow-up >4 months – 1 year; range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[c]	none	51	43	-	MD 9.80 lower (14.21 to 5.39 lower)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36 0-100 (≤4 months) - physical functioning - Exercise (biomechanical) + manual therapy (mobilisation) (follow-up ≤4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	45	45	-	MD 21.00 higher (12.78 to 29.22 higher)	⊕⊕⊕O MODERATE	CRITICAL
Quality of life, SF-36 0-100 (≤4 months) - physical functioning - Exercise (biomechanical) + manual therapy (mobilisation) + postural therapy (postural control) (follow-up ≤4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[b]	no serious inconsistency	no serious indirectness	no serious imprecision	none	10	10	-	MD 17 higher (9.77 to 24.23 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36 0-100 (≤4 months) - emotional role - Exercise (biomechanical) + manual therapy (mobilisation) (follow-up ≤4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	45	45	-	MD 21.33 higher (9.49 to	⊕⊕⊕O MODERATE	CRITICAL

										33.17 higher)		
Quality of life, SF-36 0-100 (≤4 months) - emotional role - Exercise (biomechanical) + manual therapy (mobilisation) + postural therapy (postural control) (follow-up ≤4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[b]	no serious inconsistency	no serious indirectness	no serious imprecision	none	10	10	-	MD 20 higher (5.98 to 34.02 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36 0-100 (≤4 months) - general health - Exercise (biomechanical) + manual therapy (mobilisation) (follow-up ≤4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[c]	none	45	45	-	MD 29.00 higher (21.82 to 36.18 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36 0-100 (≤4 months) - general health - Exercise (biomechanical) + manual therapy (mobilisation) + postural therapy (postural control) (follow-up ≤4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[b]	no serious inconsistency	no serious indirectness	no serious imprecision	none	10	10	-	MD 16 higher (10.15 to 21.85 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36 0-100 (≤4 months) - mental health - Exercise (biomechanical) + manual therapy (mobilisation) (follow-up ≤4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	45	45	-	MD 26.31 higher (20.84 to 31.78 higher)	⊕⊕⊕O MODERATE	CRITICAL
Quality of life, SF-36 0-100 (≤4 months) - mental health - Exercise (biomechanical) + manual therapy (mobilisation) + postural therapy (postural control) (follow-up ≤4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[b]	no serious inconsistency	no serious indirectness	no serious imprecision	none	10	10	-	MD 21 higher (11.32 to 30.68 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36 0-100 (≤4 months) - physical pain - Exercise (biomechanical) + manual therapy (mobilisation) (follow-up ≤4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	45	45	-	MD 24.36 higher (18 to 30.72 higher)	⊕⊕⊕O MODERATE	CRITICAL
Quality of life, SF-36 0-100 (≤4 months) - physical pain - Exercise (biomechanical) + manual therapy (mobilisation) + postural therapy (postural control) (follow-up ≤4 months; range of												

scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[b]	no serious inconsistency	no serious indirectness	Serious[c]	none	10	10	-	MD 10 higher (1.39 to 18.61 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life, SF-36 0-100 (≤4 months) - physical role - Exercise (biomechanical) + manual therapy (mobilisation) (follow-up ≤4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	45	45	-	MD 21.66 higher (9.83 to 33.49 higher)	⊕⊕⊕O MODERATE	CRITICAL
Quality of life, SF-36 0-100 (≤4 months) - physical role - Exercise (biomechanical) + manual therapy (mobilisation) + postural therapy (postural control) (follow-up ≤4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[b]	no serious inconsistency	no serious indirectness	no serious imprecision	none	10	10	-	MD 21 higher (8.97 to 33.03 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36 0-100 (≤4 months) - social functioning - Exercise (biomechanical) + manual therapy (mobilisation) (follow-up ≤4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	45	45	-	MD 22.77 higher (15.96 to 29.58 higher)	⊕⊕⊕O MODERATE	CRITICAL
Quality of life, SF-36 0-100 (≤4 months) - social functioning - Exercise (biomechanical) + manual therapy (mobilisation) + postural therapy (postural control) (follow-up ≤4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[b]	no serious inconsistency	no serious indirectness	no serious imprecision	none	10	10	-	MD 20 higher (13.86 to 26.14 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36 0-100 (≤4 months) - vitality - Exercise (biomechanical) + manual therapy (mobilisation) (follow-up ≤4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[c]	none	45	45	-	MD 25.33 higher (19.01 to 31.65 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36 0-100 (≤4 months) - vitality - Exercise (biomechanical) + manual therapy (mobilisation) + postural therapy (postural control) (follow-up ≤4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised	very	no serious	no serious	no serious	none	10	10	-	MD 20 higher	⊕⊕OO	CRITICAL

	trials	serious[b]	inconsistency	indirectness	imprecision					(11.57 to 28.43 higher)	LOW	
Quality of life, SF-36 0-100 (> 4 months)- physical functioning - Exercise (biomechanical) + manual therapy (mobilisation) (follow-up >4 months – 1 year; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	45	45	-	MD 23.56 higher (15.49 to 31.63 higher)	⊕⊕⊕O MODERATE	CRITICAL
Quality of life, SF-36 0-100 (> 4 months)- emotional role - Exercise (biomechanical) + manual therapy (mobilisation) (follow-up >4 months – 1 year; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	45	45	-	MD 32.59 higher (26.52 to 38.66 higher)	⊕⊕⊕O MODERATE	CRITICAL
Quality of life, SF-36 0-100 (> 4 months)- general health - Exercise (biomechanical) + manual therapy (mobilisation) (follow-up >4 months – 1 year; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[c]	none	45	45	-	MD 28.56 higher (22.41 to 34.71 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36 0-100 (> 4 months)- mental health - Exercise (biomechanical) + manual therapy (mobilisation) (follow-up >4 months – 1 year; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[c]	none	45	45	-	MD 35.65 higher (30.5 to 40.8 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36 0-100 (> 4 months)- physical pain- Exercise (biomechanical) + manual therapy (mobilisation) (follow-up >4 months – 1 year; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	45	45	-	MD 26.96 higher (20.57 to 33.35 higher)	⊕⊕⊕O MODERATE	CRITICAL
Quality of life, SF-36 0-100 (> 4 months)- physical role - Exercise (biomechanical) + manual therapy (mobilisation) (follow-up >4 months – 1 year; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	45	45	-	MD 25.78 higher (17.85 to 33.71 higher)	⊕⊕⊕O MODERATE	CRITICAL

Quality of life, SF-36 0-100 (> 4 months)- social functioning - Exercise (biomechanical) + manual therapy (mobilisation) (follow-up >4 months – 1 year; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[c]	none	45	45	-	MD 36.56 higher (32.05 to 41.07 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36 0-100 (> 4 months)- vitality - Exercise (biomechanical) + manual therapy (mobilisation) (follow-up >4 months – 1 year; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	45	45	-	MD 34.67 higher (29.98 to 39.36 higher)	⊕⊕⊕O MODERATE	CRITICAL
Healthcare utilisation, care-seeking after intervention (> 4 months)- Exercise (biomechanical) + manual therapy (manipulation + mobilisation) (follow-up >4 months – 1 year; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[c]	none	51	43	-	MD 8.50 lower (12.74 to 4.26 lower)	⊕⊕OO LOW	CRITICAL
Healthcare utilisation, medicine use (≤4 months) - Exercise (biomechanical) + manual therapy (mobilisation) + postural therapy (postural control) (follow-up >4 months)												
1	randomised trials	very serious[b]	no serious inconsistency	no serious indirectness	Serious[c]	none	0/10 (0%)	0%	RR 0.07 (0 to 1.03)	-	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias
[b] Downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[c] Downgraded by 1 increment if the confidence interval crossed one MID

Table 292: MBR programme 2 elements: physical + education vs. Single intervention (biomechanical exercise)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	MBR programme 2 elements: physical + education	Single intervention	Relative (95% CI)	Absolute		

Pain severity, VAS 0-10 (≤4 months) (follow-up <4 months; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	129	143	-	MD 0.53 higher (0.05 lower to 1.11 higher)	⊕OOO VERY LOW	CRITICAL
Pain severity, VAS 0-10 (>4 months) - Biomechanical exercise (follow-up >4 months; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	129	143	-	MD 0.66 higher (0.09 to 1.23 higher)	⊕OOO VERY LOW	CRITICAL
Function, RMDQ 0-24 (>4 months) - Biomechanical exercise - core stability (follow-up <4 months; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	129	143	-	MD 2.10 higher (0.81 to 3.39 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life, SF-36 (≤4 months) - physical functioning (follow-up <4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	129	143	-	MD 6.20 higher (1.53 to 10.87 higher)	⊕⊕OO LOW	CRITICAL
Function, RMDQ 0-24 (≤4 months) - Biomechanical exercise - core stability (follow-up <4 months; range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	129	143	-	MD 1.5 higher (0.34 to 2.66 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life, SF-36 (≤4 months) - emotional role (follow-up <4 months; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[c]	none	129	143	-	MD 3.10 higher (7 lower to 13.2 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life, SF-36 (≤4 months) - general health (follow-up <4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	129	143	-	MD 1.29 lower (5.69 lower to 3.11 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36 (≤4 months) - mental health (follow-up <4 months; range of scores: 0-100; Better indicated by higher values)												

1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	129	143	-	MD 0.10 lower (4.75 lower to 4.55 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36 (≤4 months) - physical pain (follow-up <4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	129	143	-	MD 5.70 higher (0.61 to 10.79 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36 (≤4 months) - physical role (follow-up <4 months; Better indicated by higher values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[3]	none	129	143	-	MD 3.2 higher (5.75 lower to 12.15 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life, SF-36 (≤4 months) - social functioning (follow-up <4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	129	143	-	MD 0.40 higher (5.08 lower to 5.88 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36 (≤4 months) - vitality (follow-up <4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	129	143	-	MD 3.00 higher (2.04 lower to 8.04 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36 (≤4 months) - physical component summary score (follow-up <4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	129	143	-	MD 2.20 higher (0.41 to 3.99 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36 (≤4 months) - mental component summary score (follow-up <4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	129	143	-	MD 0.40 lower (2.89 lower to 2.09 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36 (>4 months) - physical functioning (follow-up >4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	129	143	-	MD 10.10 higher (4.92 to 15.28	⊕⊕OO LOW	CRITICAL

										higher)		
Quality of life, SF-36 (>4 months) - emotional role (follow-up >4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	129	143	-	MD 8.30 higher (2.82 lower to 19.42 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36 (>4 months) - general health (follow-up >4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	129	143	-	MD 2.34 lower (6.47 lower to 1.79 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36 (>4 months) - mental health (follow-up >4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	129	143	-	MD 2.90 higher (2.07 lower to 7.87 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36 (>4 months) - physical pain (follow-up >4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	129	143	-	MD 4.80 higher (0.42 lower to 10.02 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36 (>4 months) - physical role (follow-up >4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	129	143	-	MD 8.30 higher (1.14 lower to 17.74 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36 (>4 months) - social functioning (follow-up >4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	129	143	-	MD 4.40 higher (1.97 lower to 10.77 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36 (>4 months) - vitality (follow-up >4 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	129	143	-	MD 6.50 higher (0.86 to 12.14 higher)	⊕⊕OO LOW	CRITICAL

Quality of life, SF-36 (>4 months) - physical component summary score (follow-up >4 months; range of scores: 0-100; Better indicated by higher values)											
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	129	143	-	MD 3.20 higher (1.32 to 5.08 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36 (>4 months) - mental component summary score (follow-up >4 months; range of scores: 0-100; Better indicated by higher values)											
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	129	143	-	MD 1.60 higher (1.1 lower to 4.3 higher)	⊕⊕OO LOW	CRITICAL

[1] Downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[2] Downgraded by 1 increment if the confidence interval crossed one MID
[3] Downgraded by 2 increments if the confidence interval crossed both MIDs

Table 293: MBR programme 2 elements: physical (exercise + manipulation) + education vs. Single intervention (manual therapy - manipulation)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**2-MBR physical (manipulation + exercise) + education**	**massage**	**Relative (95% CI)**	**Absolute**		
Pain (McGill Present Pain Intensity 0-5) - <4 months (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	24	22	-	MD 0.76 lower (1.43 to 0.09 lower)	⊕OOO VERY LOW	CRITICAL
Pain (McGill Pain Rating Index 0-79) - <4 months (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	24	22	-	MD 2.26 lower (5.17 lower to 0.65 higher)	⊕OOO VERY LOW	CRITICAL
Disability (RMDQ 0-24) - <4 months (Better indicated by lower values)												

1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	24	22	-	MD 1.32 lower (2.84 lower to 0.2 higher)	⊕OOO VERY LOW	CRITICAL
Psychological distress (Anxiety, STAI 20-80) - <4 months (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	24	22	-	MD 6.94 lower (11.31 to 2.57 lower)	⊕OOO VERY LOW	CRITICAL

[1] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[2] Downgraded by 1 increment if the confidence interval crossed one MID or downgraded by 2 increments if the confidence interval crossed both MIDs

Table 294: MBR programme 2 elements: physical (exercise) + education vs. Single intervention (manual therapy - manipulation)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**2-MBR physical (ex) + education**	**Control**	**Relative (95% CI)**	**Absolute**		
Pain (McGill Present Pain Intensity 0-5) - <4 months (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	21	22	-	MD 0.15 higher (0.56 lower to 0.86 higher)	⊕OOO VERY LOW	CRITICAL
Pain (McGill Pain Rating Index 0-79) - <4 months (Copy) (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	21	22	-	MD 0.64 higher (2.37 lower to 3.65 higher)	⊕OOO VERY LOW	CRITICAL
Disability (RMDQ 0-24) - <4 months (Copy) (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	21	22	-	MD 2.85 higher (0.42 to 5.28 higher)	⊕OOO VERY LOW	CRITICAL

Psychological distress (Anxiety, STAI 20-80) - <4 months (Copy) (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	21	22	-	MD 1.92 lower (7.02 lower to 3.18 higher)	⊕OOO VERY LOW	CRITICAL

[1] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[2] Downgraded by 1 increment if the confidence interval crossed one MID or downgraded by 2 increments if the confidence interval crossed both MIDs

Table 295: MBR programme 3 elements: physical + psychological (cognitive) + education vs. MBR programme 2 elements: physical + education

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	MBR program 3 elements (psych=cognitive)	MBR program 2 elements: physical + education	Relative (95% CI)	Absolute		
Pain Intensity, pain rating chart (≤4 months) (follow-up ≤4 months; measured with: pain rating chart; Better indicated by lower values)												
2	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	17	18	-	MD 0.18 higher (0.33 lower to 0.69 higher)	⊕OOO VERY LOW	CRITICAL
Pain Intensity, pain rating chart (> 4 months)(follow-up > 4 months; measured with: pain rating chart; Better indicated by lower values)												
2	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	13	16	-	MD 0.34 higher (0.32 lower to 1 higher)	⊕OOO VERY LOW	CRITICAL
Psychological distress, BDI 0-63 (≤4 months) (follow-up ≤4 months; measured with: Beck Depression Inventory ; Better indicated by lower values)												
2	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	17	18	-	MD 3.95 higher (0.31 lower to 8.2 higher)	⊕OOO VERY LOW	CRITICAL
Psychological distress, BDI 0-63 (> 4 months)(follow-up > 4 months; measured with: Beck Depression Inventory ; Better indicated by lower values)												
2	randomised	very	no serious	no serious	very	none	15	17	-	MD 0.36 lower	⊕OOO	CRITICAL

	trials	serious[1]	inconsistency	indirectness	serious[3]					(5.21 lower to 4.48 higher)	VERY LOW	
Psychological distress, State-Trait Inventory: State (≤4 months) (follow-up ≤4 months; measured with: State-Trait Inventory: State ; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[3]	none	8	9	-	MD 2.24 higher (9.18 lower to 13.66 higher)	⊕OOO VERY LOW	CRITICAL
Psychological distress, State-Trait Inventory: State (> 4 months)(follow-up > 4 months; measured with: State-Trait Inventory: State ; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[3]	none	6	9	-	MD 0.61 higher (14.94 lower to 16.16 higher)	⊕OOO VERY LOW	CRITICAL
Function, Sickness Impact Profile (≤4 months) (follow-up ≤4 months; measured with: Sickness Impact Profile ; Better indicated by lower values)												
2	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	17	18	-	MD 3.23 lower (10.84 lower to 4.39 higher)	⊕OOO VERY LOW	CRITICAL
Function, Sickness Impact Profile (> 4 months)(follow-up > 4 months; measured with: Sickness Impact Profile ; Better indicated by lower values)												
2	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[3]	none	15	17	-	MD 1.95 lower (10.02 lower to 6.11 higher)	⊕OOO VERY LOW	CRITICAL
Medication use (≤4 months) (follow-up ≤4 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[3]	none	8	9	-	MD 0.02 higher (0.96 lower to 1 higher)	⊕OOO VERY LOW	IMPORTANT
Medication use (> 4 months)(follow-up >4 months - 1 year; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[3]	none	6	9	-	MD 0.23 higher (1.03 lower to 1.49 higher)	⊕OOO VERY LOW	IMPORTANT

[1] Downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[2] Downgraded by 1 increment if the confidence interval crossed either the MID for benefit or the MID for harm
[3] Downgraded by 2 increments if the confidence interval crossed both the MID for benefit and the MID for harm

1364 **Table 296: MBR programme 3 elements: physical + psychological (behavioural) + education vs. MBR programme 2 elements: physical + education**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	MBR program 3 elements (psych=behavioural)	MBR program 2 elements: physical + education	Relative (95% CI)	Absolute		
Pain Intensity, pain rating chart (≤4 months) (follow-up ≤4 months; measured with: pain rating chart ; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	8	9	-	MD 0.8 lower (1.47 to 0.13 lower)	⊕OOO VERY LOW	CRITICAL
Pain Intensity, pain rating chart (> 4 months)(follow-up >4 months - 1 year; measured with: pain rating chart ; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[3]	none	5	8	-	MD 0.14 lower (1.17 lower to 0.89 higher)	⊕OOO VERY LOW	CRITICAL
Psychological distress, BDI 0-63 (≤4 months) (follow-up ≤4 months; measured with: Beck Depression Inventory ; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	8	9	-	MD 5.02 higher (2.52 lower to 12.56 higher)	⊕OOO VERY LOW	CRITICAL
Psychological distress, BDI 0-63 (> 4 months)(follow-up >4 months - 1 year; measured with: Beck Depression Inventory ; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[3]	none	6	9	-	MD 8.11 higher (0.61 lower to 16.83 higher)	⊕OOO VERY LOW	CRITICAL
Psychological distress, State-Trait Inventory: State (≤4 months) (follow-up ≤4 months; measured with: State-Trait Inventory: State ; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[3]	none	8	9	-	MD 1.49 higher (9.58 lower to 12.56 higher)	⊕OOO VERY LOW	CRITICAL
Psychological distress, State-Trait Inventory: State (> 4 months)(follow-up > 4 months; measured with: State-Trait Inventory: State ; Better indicated by lower values)												

1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[3]	none	6	9	-	MD 3.73 lower (14.38 lower to 6.92 higher)	⊕OOO VERY LOW	CRITICAL
Function, Sickness Impact Profile (≤4 months) (follow-up ≤4 months; measured with: Sickness Impact Profile ; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	8	9	-	MD 7.2 lower (17.52 lower to 3.12 higher)	⊕OOO VERY LOW	CRITICAL
Function, Sickness Impact Profile (> 4 months)(follow-up > 4 months; measured with: Sickness Impact Profile ; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[3]	none	6	9	-	MD 4.91 higher (8.12 lower to 17.94 higher)	⊕OOO VERY LOW	CRITICAL
Medication use (≤4 months) (follow-up ≤4 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[3]	none	8	9	-	MD 0.02 higher (1.08 lower to 1.12 higher)	⊕OOO VERY LOW	IMPORTANT
Medication use (> 4 months)(follow-up > 4 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[3]	none	6	9	-	MD 0.27 lower (1.53 lower to 0.99 higher)	⊕OOO VERY LOW	IMPORTANT

[1] Downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[2] Downgraded by 1 increment if the confidence interval crossed either the MID for benefit or the MID for harm
[3] Downgraded by 2 increments if the confidence interval crossed both the MID for benefit and the MID for harm

Population: Low back pain without sciatica

Table 297: MBR programme 3 elements: physical + psychological + education vs. Usual care/waiting list control

Quality assessment							No of patients		Effect		Quality	Importance
No of	Design	Risk of	Inconsistency	Indirectness	Imprecision	Other	MBR programme 3	Usual	Relative	Absolute		

studies		bias				considerations	elements: physical + psychological + education	care/waiting list control	(95% CI)			
Pain severity, Aberdeen pain scale 0-100 (≤4 months) - Pain severity, Aberdeen pain scale 0-100 (≤4 months) (follow-up ≤4 months; range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	85	94	-	MD 2.59 higher (0.37 to 4.81 higher)	⊕⊕OO LOW	CRITICAL
Pain severity, Aberdeen pain scale 0-100 (> 4 months)- Pain severity, Aberdeen pain scale 0-100 (> 4 months)(follow-up >4 months - 1 year; range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	83	88	-	MD 4.44 higher (1.01 to 7.87 higher)	⊕⊕OO LOW	CRITICAL
Function, RMDQ 0-24 (≤4 months) - Function, RMDQ (≤4 months) (follow-up ≤4 months; range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	85	94	-	MD 0.92 higher (0.02 lower to 1.86 higher)	⊕⊕OO LOW	CRITICAL
Function, RMDQ 0-24 (> 4 months)- Function, RMDQ (> 4 months)(follow-up >4 months - 1 year; range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	83	88	-	MD 1.42 higher (0.29 to 2.55 higher)	⊕⊕OO LOW	CRITICAL

[1] Downgraded by 1 increment if the majority of the evidence was at high risk of bias
[2] Downgraded by 1 increment if the confidence interval crossed one MID

Table 298: MBR programme 2 elements: physical + psychological vs. Usual care/waiting list control

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	MBR programme 2 elements: physical + psychological	Usual care/waiting list control	Relative (95% CI)	Absolute		
Psychological- BDI (≤4 months) (follow-up ≤4 months; range of scores: 0-63; Better indicated by lower values)												

1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	27	25	-	MD 0.52 lower (7.37 lower to 6.33 higher)	⊕OOO VERY LOW	CRITICAL
Psychological- STAI state (≤4 months) (follow-up ≤4 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	27	25	-	MD 5.3 lower (9.32 to 1.28 lower)	⊕OOO VERY LOW	CRITICAL
Psychological- STAI trait (≤4 months) (follow-up ≤4 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	27	25	-	MD 3.82 lower (9.88 lower to 2.24 higher)	⊕OOO VERY LOW	CRITICAL
Pain severity, VAS 0-10 (≤4 months) (follow-up ≤4 months; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	27	25	-	MD 1.41 lower (2.85 lower to 0.03 higher)	⊕OOO VERY LOW	CRITICAL
Function, RMDQ 0-24 (≤4 months) (follow-up ≤4 months; range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	27	25	-	MD 2.85 lower (5.88 lower to 0.18 higher)	⊕OOO VERY LOW	CRITICAL

[1] Downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[2] Downgraded by 1 increment if the confidence interval crossed one MID

J.14 Return to work programmes

J.14.1 Individually delivered return to work programme (multidisciplinary) versus usual care in low back pain with or without sciatica

Quality assessment	No of patients	Effect	Quality	Importance

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Individual multidisciplinary RTW programme	Usual care	Relative (95% CI)	Absolute		
Quality of life (EQ-5D 0-1, change score) ≤ 4 months (range of scores: 0-1; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	94	92	-	MD 0.05 lower (0.13 lower to 0.03 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Pain (NRS 0-10, change score) ≤ 4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	94	94	-	MD 0.21 higher (0.55 lower to 0.97 higher)	⊕⊕⊕O MODERATE	CRITICAL
Pain (NRS 0-10) >4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[b]	none	58	59	-	MD 0.21 lower (0.34 to 0.8 lower)	⊕⊕⊕O MODERATE	CRITICAL
Pain (NRS 0-10) >4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	89	52	-	MD 1.16 lower (2.12 to 0.2 lower)	⊕⊕OO LOW	CRITICAL
Function (RMDQ 0-24, change score) ≤ 4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	94	94	-	MD 0.91 higher (0.8 lower to 2.62 higher)	⊕⊕⊕O MODERATE	CRITICAL
Function (RMDQ 0-24, change score) >4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[b]	none	58	59	-	MD 2.73 higher (2.47 to 2.99 higher)	⊕⊕OO LOW	CRITICAL
Psychological distress (BDI, 0-63) > 4 months (range of scores: 0-63; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	89	52	-	MD 1.3 lower (4.71 lower to 2.11 higher)	⊕⊕⊕O MODERATE	CRITICAL

Days to return to work (final value) ≤ 4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	96	100	-	MD 29.98 lower (53.6 to 6.36 lower)	⊕⊕OO LOW	CRITICAL
Return to work >4 months												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	25/27 (92.6%)	66.70%	RR 1.39 (0.96 to 2.02)	260 more per 1000 (from 27 fewer to 680 more)	⊕⊕OO LOW	CRITICAL
Return to work >4 months												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	25/25 (100%)	0%	HR 1.7 (1.2 to 2.41)	-	⊕OOO VERY LOW	CRITICAL
Absenteeism from unpaid work (hours) > 4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness		none	96	100	-	MD 16 higher (52.36 lower to 84.36 higher)		IMPORTANT
Healthcare utilisation (occupational physician, n of patients) > 4 months												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[b]	none	10/66 (15.2%)	23.5%	RR 0.64 (0.32 to 1.31)	85 fewer per 1000 (from 160 fewer to 73 more)	⊕⊕OO LOW	IMPORTANT
Healthcare utilisation (GP, n of patients) > 4 months												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[b]	none	10/66 (15.2%)	16.2%	RR 0.94 (0.43 to 2.06)	10 fewer per 1000 (from 92 fewer to 172 more)	⊕⊕OO LOW	IMPORTANT
Healthcare utilisation (physiotherapist, n of patients) > 4 months												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[b]	none	23/66 (34.8%)	61.8%	RR 0.56 (0.39 to 0.82)	272 fewer per 1000 (from 111 fewer to 377 fewer) 272 fewer per 1000 (from 111	⊕⊕⊕O MODERATE	IMPORTANT

										fewer to 377 fewer)		
Healthcare utilisation (graded activity therapist, n of patients) > 4 months												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[b]	none	55/66 (83.3%)	0%	RR 114.31 (7.21 to 1813.19)	-	⊕⊕OO LOW	IMPORTANT
Healthcare utilisation (manual therapist, n of patients) > 4 months												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	6/66 (9.1%)	29.4%	RR 0.31 (0.13 to 0.72)	203 fewer per 1000 (from 82 fewer to 256 fewer)	⊕⊕⊕⊕ HIGH	IMPORTANT
Healthcare utilisation (cesar therapist, n of patients) > 4 months												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[b]	none	3/66 (4.5%)	7.4%	RR 0.62 (0.15 to 2.48)	28 fewer per 1000 (from 63 fewer to 110 more)	⊕⊕OO LOW	IMPORTANT
Healthcare utilisation (physiotherapist, n of patients) > 4 months												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[b]	none	2/66 (3%)	7.40%	RR 0.41 (0.08 to 2.05)	44 fewer per 1000 (from 68 fewer to 78 more)	⊕⊕OO LOW	IMPORTANT
Healthcare utilisation (psychologist, n of patients) > 4 months												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[b]	none	2/66 (3%)	7.40%	RR 0.41 (0.08 to 2.05)	44 fewer per 1000 (from 68 fewer to 78 more)	⊕⊕OO LOW	IMPORTANT
Healthcare utilisation (alternative therapist, n of patients) > 4 months												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[b]	none	12/66 (18.2%)	23.5%	RR 0.77 (0.4 to 1.51)	54 fewer per 1000 (from 141 fewer to 120 more)	⊕⊕OO LOW	IMPORTANT
Healthcare utilisation (medical specialist, n of patients) > 4 months												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[b]	none	13/66 (19.7%)	42.6%	RR 0.46 (0.26 to 0.81)	230 fewer per 1000 (from 81 fewer to 315	⊕⊕⊕O MODERATE	IMPORTANT

										fewer)		
Healthcare utilisation (diagnostic tests, n of patients) > 4 months												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	21/66 (31.8%)	64.70%	RR 0.49 (0.33 to 0.73)	330 fewer per 1000 (from 175 fewer to 433 fewer)	⊕⊕⊕⊕ HIGH	IMPORTANT
Healthcare utilisation (drugs for back pain, n of patients)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[b]	none	27/66 (40.9%)	58.8%	RR 0.7 (0.49 to 0.99)	176 fewer per 1000 (from 6 fewer to 300 fewer)	⊕⊕⊕O MODERATE	IMPORTANT
Healthcare utilisation (consultations with GP) >4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	25	32	-	MD 0.9 lower (1.76 to 0.04 lower)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (consultation with occupational physician, minutes) >4 months (Better indicated by lower values)												
1	randomised trials	Very serious[a]	no serious inconsistency	no serious indirectness	very serious[b]	none	25	32	-	MD 0.5 higher (22.22 lower to 23.22 higher)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (physio/paramedical therapy) > 4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	25	32	-	MD 3.2 lower (8.58 lower to 2.18 higher)	⊕OOO VERY LOW	IMPORTANT
Healthcare utilisation (Visits to manual therapist) >4 months (Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	25	32	-	MD 2.2 lower (5.29 lower to 0.89 higher)	⊕OOO VERY LOW	IMPORTANT

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or downgraded by 2 increments if the confidence interval crossed both MIDs

J.14.12 Individually delivered return to work programme (multidisciplinary) versus usual care in low back pain without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Individual multidisciplinary RTW programme	Usual care	Relative (95% CI)	Absolute		
Pain severity (NRS, 0-10 change score) ≤ 4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	serious	no serious inconsistency	no serious indirectness	no serious imprecision	none	61	63	-	MD 0.30 lower (1.22 lower to 0.62 higher)	⊕⊕⊕O MODERATE	CRITICAL
Pain severity (NRS, 0-10 change score) > 4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	60	59	-	MD 0.20 lower (1.3 lower to 0.9 higher)	⊕⊕⊕O MODERATE	CRITICAL
Function (RMDQ, 0-24) ≤ 4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	62	64	-	MD 1.4 lower (3.66 lower to 0.86 higher)	⊕⊕OO LOW	CRITICAL
Function (RMDQ, 0-24) > 4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	60	60	-	MD 0.6 lower (2.88 lower to 1.68 higher)	⊕⊕⊕O MODERATE	CRITICAL
Healthcare utilisation (consultation with GP) > 4 months (Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	67	67	-	MD 2.3 lower (4.22 to 0.38 lower)	⊕⊕OO LOW	IMPORTANT
Healthcare utilisation (Consultation with occupational physician) >4 months (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[b]	none	67	67	-	MD 0.9 lower (2.19 lower to 0.39	⊕⊕⊕O MODERATE	IMPORTANT

										higher)		
Healthcare utilisation (CT scans/MRI scans) >4 months (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[b]	none	67	67	-	MD 0.17 higher (0.05 lower to 0.39 higher)	⊕⊕⊕O MODERATE	IMPORTANT
Healthcare utilisation (X-ray lumbar back) >4 months (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	67	67	-	MD 0.1 higher (0.43 lower to 0.63 higher)	⊕⊕⊕⊕ HIGH	IMPORTANT
Healthcare utilisation (Physio/paramedical therapy) >4 months (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	67	67	-	MD 7.5 higher (5.29 lower to 20.29 higher)	⊕⊕⊕⊕ HIGH	IMPORTANT
Healthcare utilisation (Consultations to specialist) >4 months (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	67	67	-	MD 0 higher (0.36 lower to 0.36 higher)	⊕⊕⊕⊕ HIGH	IMPORTANT
Healthcare utilisation (Consultations to alternative therapist) >4 months (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	67	67	-	MD 0.7 lower (2.38 lower to 0.98 higher)	⊕⊕⊕⊕ HIGH	IMPORTANT
Healthcare utilisation (Pain medication) >4 months (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	Serious[b]	none	67	67	-	MD 0.4 lower (1.2 lower to 0.4 higher)	⊕⊕⊕O MODERATE	IMPORTANT

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or downgraded by 2 increments if the confidence interval crossed both MIDs

J 14.3 Individually delivered return to work programme (unidisciplinary) versus usual care in low back pain without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	RTW individual unidisciplinary	Usual care	Relative (95% CI)	Absolute		
Quality of life (SF-36 Bodily Pain, 0-100) ≤ 4 months (range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	110	114	-	MD 6.2 higher (0.79 to 11.61 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36 Physical functioning, 0-100) ≤ 4 months (follow-up 3 months; range of scores: 0-100; Better indicated by higher values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	110	114	-	MD 5.6 higher (1.48 to 9.72 higher)	⊕⊕OO LOW	CRITICAL
Pain (NRS 0-10, change score) ≤ 4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	110	114	-	MD 0.7 lower (1.46 lower to 0.06 higher)	⊕⊕OO LOW	CRITICAL
Function (RMDQ 0-24, change score) ≤ 4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	110	114	-	MD 1 lower (2.3 lower to 0.3 higher)	⊕⊕OO LOW	CRITICAL
Sick leave ≤ 4 months												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	17/150 (11.3%)	29/150 (19.3%)	RR 0.59 (0.34 to 1.02)	79 fewer per 1000 (from 128 fewer to 4 more)	⊕⊕OO LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or downgraded by 2 increments if the confidence interval crossed both MIDs

J 1404 Individually delivered return to work programme versus combination of interventions in low back pain without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Return to work programme (individual)	Combination of interventions	Relative (95% CI)	Absolute		
Pain (NRS 0-10, final value) ≤ 4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	24	23	-	MD 0.72 lower (1.96 lower to 0.52 higher)	⊕⊕OO LOW	CRITICAL
Function (RMDQ 0-24, final value) ≤ 4 months (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	24	23	-	MD 0.76 lower (3.65 lower to 2.13 higher)	⊕⊕OO LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID

J 1435 Mixed group and individually delivered return to work programme versus usual care in low back pain with or without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Return to work programme (group and individual)	usual care	Relative (95% CI)	Absolute		
Return to work >4 months												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	71/142 (50%)	47/81 (58%)	RR 0.86 (0.67 to 1.1)	81 fewer per 1000 (from 191 fewer to 58 more)	⊕⊕⊕⊕ HIGH	CRITICAL

Mixed group and individually delivered return to work programme (graded activity, cognitive behavioural approaches and education) versus return to work programme (graded activity and education) in low back pain without sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	RTW (group and individual, multidisciplinary)	RTW programme	Relative (95% CI)	Absolute		
Return to work >4 months (assessed with: Van den Hout)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	35/41 (85.4%)	22/35 (62.9%)	RR 1.36 (1.02 to 1.8)	226 more per 1000 (from 13 more to 503 more)	⊕⊕OO LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of evidenc was at hight risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID

Spinal injections

Image-guided facet join injection

Table 299: Steroid versus saline for management of non-specific low back pain

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Image-guided FJI: Steroid	Saline	Relative (95% CI)	Absolute		
Pain Severity(VAS,0-10) ≤ 4 months (range of scores: 0-10; Better indicated by lower values)												
1	randomised	very	no serious	no serious	no serious	none	48	48	-	MD 0.2 lower (1.14	⊕⊕OO	

	trials	serious[1]	inconsistency	indirectness	imprecision[2]					lower to 0.74 higher)	LOW	
Pain Severity(VAS,0-10) >4 months - 1 year (follow-up >4 months - 1 year; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[3]	none	48	47	-	MD 1 lower (1.94 to 0.06 lower)	⊕OOO VERY LOW	CRITICAL
Function(MSIP) ≤ 4 month) (follow-up ≤4 months; range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision[2]	none	48	48	-	MD 0.5 lower (2.72 lower to 1.72 higher)	⊕⊕OO LOW	CRITICAL
Function(MSIP) >4 month) (follow-up >4 months - 1 year; range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	48	47	-	MD 3 lower (6.16 lower to 0.16 higher)	⊕OOO VERY LOW	CRITICAL

[1] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[2] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs.

Table 300: Steroid versus hyaluronans for management of non-specific low back pain

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Image-guided FJI: Steroid**	**Hyaluronans**	**Relative (95% CI)**	**Absolute**		
Pain Severity(VAS,0-10) ≤ 4 months (follow-up ≤4 months; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	29	30	-	MD 1.07 higher (0.18 lower to 2.32 higher)	⊕OOO VERY LOW	CRITICAL

Pain Severity(VAS,0-10) >4 months - 1 year (follow-up >4 months - 1 year; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	29	30	-	MD 0.46 higher (0.73 lower to 1.65 higher)	⊕OOO VERY LOW	CRITICAL
Function(ODI) ≤ 4 month) (follow-up ≤4 months; range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision[2]	none	29	30	-	MD 0.95 higher (1.41 lower to 3.31 higher)	⊕⊕OO LOW	CRITICAL
Function(RMQ) ≤ 4 month) (follow-up ≤4 months; range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision[2]	none	29	30	-	MD 1.20 higher (1.48 lower to 3.88 higher)	⊕⊕OO LOW	CRITICAL
Function(LBOS)≤4 month (follow-up ≤4 months; range of scores: 0-75; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	29	30	-	MD 0.4 higher (30.53 lower to 31.33 higher)	⊕OOO VERY LOW	CRITICAL
Function(ODI)>4 month) (follow-up >4 months - 1 year; range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision[2]	none	29	30	-	MD 0.20 lower (2.37 lower to 1.97 higher)	⊕⊕OO LOW	CRITICAL
Function(RMQ)>4 month (range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision[2]	none	29	30	-	MD 1.22 lower (3.83 lower to 1.39 higher)	⊕⊕OO LOW	CRITICAL
Function(LBOS)>4 month (range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	29	30	-	MD 1.9 lower (32.39 lower to 28.59 higher)	⊕OOO VERY LOW	CRITICAL

[1] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[2] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs.

Table 301: Steroid plus biomechanical exercise versus biomechanical exercise

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Image-guided FJI:steroid+excercise	Biomechanical Exercise	Relative (95% CI)	Absolute		
Pain severity(VAS,0-10) ≤ 4 months (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	Serious[2]	none	36	34	-	MD 0.5 lower (1.38 lower to 0.38 higher)	⊕OOO VERY LOW	CRITICAL
Function(MVAS,0-150) ≤ 4 months (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	Serious[2]	none	36	34	-	MD 6.6 lower (17.58 lower to 4.38 higher)	⊕OOO VERY LOW	CRITICAL
Positive Responders(Pain VAS>50%) ≤4 months												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious	none	19/36 (52.8%)	17/34 (50%)	RR 1.06 (0.67 to 1.67)	30 more per 1000 (from 165 fewer to 335 more)	⊕OOO VERY LOW	IMPORTANT
								50%		30 more per 1000 (from 165 fewer to 335 more)		
Positive Responders(Disability MVAS>50%) ≤4 months												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious	none	26/36 (72.2%)	23/34 (67.6%)	RR 1.07 (0.78 to 1.45)	47 more per 1000 (from 149 fewer to 304 more)	⊕OOO VERY LOW	IMPORTANT

								67.7%		47 more per 1000 (from 149 fewer to 305 more)		

[1] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[2]Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MID

Table 302: Steroid plus anaesthetic versus biomechanical exercise for management of non-specific low back pain (cohort)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Image-guided FJI: Steroid+Anaesthetic	Back education and physiotherapy	Relative (95% CI)	Absolute		
QoL(EQ5D) (range of scores: 0-1; Better indicated by lower values)												
1	randomised trials	very serious[2]	no serious inconsistency	no serious indirectness	very serious[1]	none	17	19	-	MD 0.02 lower (0.55 lower to 0.51 higher)	⊕OOO VERY LOW	CRITICAL
Pain Severity(McGill) ≤ 4 months (follow-up ≤4 months; range of scores: 0-78; Better indicated by lower values)												
1	randomised trials	very serious[2]	no serious inconsistency	no serious indirectness	no serious imprecision[1]	none	19	17	-	MD 7.6 lower (16.22 lower to 1.02 higher)	⊕⊕OO LOW	CRITICAL
Function(ODI) ≤ 4 month (follow-up ≤4 months; range of scores: 0-80; Better indicated by lower values)												
1	randomised trials	very serious	no serious inconsistency	no serious indirectness	no serious imprecision[1]	none	17	19	-	MD 3.5 higher (5.23 lower to 12.23 higher)	⊕⊕OO LOW	CRITICAL

[1] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs.
[2] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias

J1412 Other Image-guided Injections

1422 **Table 303: Steroid versus saline for management of non-specific low back pain**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Other Image-guided Injections: Steroid	Saline	Relative (95% CI)	Absolute		
Pain Severity(VAS,0-10) ≤4 months (Better indicated by lower values)												
3	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	63	62	-	MD 4.19 lower (4.55 to 3.82 lower)	⊕⊕OO LOW	
Pain Severity(VAS,0-10) ≤4 months - Injection agent: Betamethasone (Better indicated by lower values)												
2	randomised trials	very serious[1]	serious[2]	no serious indirectness	no serious imprecision	none	40	40	-	MD 5.2 lower (5.66 to 4.74 lower)	⊕OOO VERY LOW	
Pain Severity(VAS,0-10) ≤4 months - Injection agent: Dexamethasone (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	23	22	-	MD 2.44 lower (3.04 to 1.84 lower)	⊕⊕OO LOW	
Pain Severity(VAS,0-10) >4 months - 1 year (Better indicated by lower values)												
3	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	63	62	-	MD 3.38 lower (3.76 to 3.01 lower)	⊕⊕OO LOW	
Pain Severity(VAS,0-10) >4 months - 1 year - Injection agent: Betamethasone (Better indicated by lower values)												
2	randomised trials	very serious[1]	serious[1]	no serious indirectness	no serious imprecision	none	40	40	-	MD 4.76 lower (5.2 to 4.31 lower)	⊕OOO VERY LOW	

Pain Severity(VAS,0-10) >4 months - 1 year - Injection agent: Dexamethasone (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	23	22	-	MD 0.28 lower (0.95 lower to 0.39 higher)	⊕⊕OO LOW	
Function(ODI), 0-100 ≤4 months (Better indicated by lower values)												
3	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	63	62	-	MD 21.4 lower (24.09 to 18.71 lower)	⊕⊕OO LOW	
Function(ODI), 0-100 ≤4 months - Injection agent: Betamethasone (Better indicated by lower values)												
2	randomised trials	very serious[1]	serious[2]	no serious indirectness	no serious imprecision	none	40	40	-	MD 27.95 lower (31.72 to 24.19 lower)	⊕OOO VERY LOW	
Function(ODI), 0-100 ≤4 months - Injection agent: Dexamethasone (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	23	22	-	MD 14.6 lower (18.44 to 10.76 lower)	⊕⊕OO LOW	
Function(ODI,0-100) >4 months - 1 year (Better indicated by lower values)												
4	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[3]	none	109	114	-	MD 12.02 lower (14.79 to 9.24 lower)	⊕OOO VERY LOW	
Function(ODI,0-100) >4 months - 1 year - Injection agent: Betamethasone (Better indicated by lower values)												
2	randomised trials	very serious[1]	serious[2]	no serious indirectness	no serious imprecision	none	40	40	-	MD 24.06 lower (28.13 to 20 lower)	⊕OOO VERY LOW	
Function(ODI,0-100) >4 months - 1 year - Injection agent: Methyprednisolone acetate (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	46	52	-	MD 1.1 lower (7.11 lower to 4.91 higher)	⊕⊕OO LOW	

Function(ODI,0-100) >4 months - 1 year - Injection agent: Dexamethasone (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	23	22	-	MD 1.8 lower (6.7 lower to 3.1 higher)	⊕⊕OO LOW	

[1]Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[2]Downgraded by 1 or 2 increments because of Heterogeneity, I2=50%, p=0.04, unexplained by subgroup analysis.
[3] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs.

Table 304: Steroid plus anaesthetic versus anaesthetic for management of non-specific low back pain

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Other image-guided injections: Steroid+Anaesthetic		Relative (95% CI)	Absolute		
Pain Severity(NRS,0-10)≤ 4 months (follow-up <4 months; Better indicated by lower values)												
3	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	135	135	-	MD 0.19 lower (0.49 lower to 0.1 higher)	⊕⊕⊕O MODERATE	CRITICAL
Pain Severity(NRS,0-10) >4 months (follow-up >4 months; Better indicated by lower values)												
3	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	125	123	-	MD 0.24 lower (0.59 lower to 0.12 higher)	⊕⊕⊕O MODERATE	CRITICAL
Function(ODI,0-100) ≤ 4 months (follow-up <4 months; Better indicated by lower values)												
3	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	135	135	-	MD 0.41 lower (1.67 lower to 0.85 higher)	⊕⊕⊕O MODERATE	CRITICAL

Function (ODI,0-100) >4 months (follow-up >4 months; Better indicated by lower values)												
3	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	125	123	-	MD 0.00 higher (1.4 lower to 1.4 higher)	⊕⊕⊕O MODERATE	CRITICAL
Pain improvement(>50%) ≤ 4 months (follow-up <4 months)												
2	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	63/75 (84%)	85%	RR 0.95 (0.84 to 1.09)	43 fewer per 1000 (from 136 fewer to 77 more)	⊕⊕⊕O MODERATE	IMPORTANT
Pain improvement(>50%) >4 months (follow-up >4 months)												
2	randomised trials	serious[1]	serious[2]	no serious indirectness	no serious imprecision	none	56/75 (74.7%)	75.8%	RR 0.97 (0.81 to 1.16)	23 fewer per 1000 (from 144 fewer to 121 more)	⊕⊕OO LOW	IMPORTANT

[1] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[2] Downgraded by 1 or 2 increments because heterogeneity, I2=50%, p=0.04, unexplained by subgroup analysis.

Table 305: Steroid plus anaesthetic versus mixed modality exercise

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Image-guided FJI: Steroid+Anaesthetic**	**Back education and physiotherapy**	**Relative (95% CI)**	**Absolute**		
QoL(EQ5D) (range of scores: 0-1; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	17	19	-	MD 0.02 lower (0.55 lower to	⊕OOO VERY	CRITICAL

										0.51 higher)	LOW	
Pain Severity(McGill) ≤ 4 months (follow-up ≤4 months; range of scores: 0-78; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	19	17	-	MD 7.6 lower (16.22 lower to 1.02 higher)	⊕⊕OO LOW	CRITICAL
Function(ODI) ≤ 4 month (follow-up ≤4 months; range of scores: 0-80; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	17	19	-	MD 3.5 higher (5.23 lower to 12.23 higher)	⊕⊕OO LOW	CRITICAL

[1] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs.
[2] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias

Prolotherapy Injections

Table 306: Sclerosant versus anaesthetic for management of non-specific low back pain

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Prolotherapy Injections: Sclerosant**	**Anaesthetic**	**Relative (95% CI)**	**Absolute**		
Pain Severity(VAS,0-10)≤ 4 months (follow-up ≤4 months; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	9	2	-	MD 0.10 lower (8.06 lower to 7.86 higher)	⊕OOO VERY LOW	CRITICAL

[1] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[2] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs.

1444 **Table 307: Sclerosant plus anaesthetic versus saline for management of non-specific low back pain**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Prolotherapy Injections: Sclerosant+Anaesthetic	Saline	Relative (95% CI)	Absolute		
Pain Severity(VAS,0-7.5)≤ 4 months (follow-up ≤4 months; range of scores: 0-7.5; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	40	41	-	MD 1.16 lower (1.81 to 0.51 lower)	⊕⊕OO LOW	CRITICAL
Pain Severity(VAS,0-7.5)>4 months - 1 year (follow-up >4 months - 1 year; range of scores: 0-7.5; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	40	41	-	MD 1.58 lower (2.26 to 0.9 lower)	⊕⊕OO LOW	CRITICAL
Function(RMQ)≤ 4 months (follow-up ≤4 months; range of scores: 0-33; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	40	41	-	MD 3.79 lower (6.28 to 1.3 lower)	⊕⊕⊕O MODERATE	CRITICAL
Function(RMQ)>4 months - 1 year (follow-up >4 months - 1 year; range of scores: 0-33; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision[2]	none	40	41	-	MD 4.86 lower (7.44 to 2.28 lower)	⊕⊕⊕O MODERATE	CRITICAL

1445 [1] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
1446 [2] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs.

1447

1448 **Table 308: Sclerosant plus anaesthetic versus anaesthetic for management of non-specific low back pain**

Quality assessment	No of patients	Effect	Quality	Importance

No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Prolotherapy Injections: Sclerosant+Anaesthetic**	**Anaesthetic**	**Relative (95% CI)**	**Absolute**		
Pain Severity(VAS,0-8)>4 months - 1 year (follow-up >4 months - 1 year; range of scores: 0-8; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	39	40	-	MD 0.56 lower (1.34 lower to 0.22 higher)	⊕⊕⊕O MODERATE	CRITICAL
Function(RMQ)>4 months - 1 year (follow-up >4 months - 1 year; range of scores: 0-24; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	39	40	-	MD 0.34 lower (2.05 lower to 1.37 higher)	⊕⊕⊕O MODERATE	

[1] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs.

11.14 Other non-image guided injections

Table 309: Botox versus saline for management of non-specific low back pain

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Other Non-Image guided Injections: Botox**	**Saline**	**Relative (95% CI)**	**Absolute**		
Responder Criteria(VAS>50%) ≤4 months (follow-up ≤4 months)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	9/15 (60%)	13.3%	RR 4.50 (1.16 to 17.44)	465 more per 1000 (from 21 more to 1000 more)	⊕⊕⊕O MODERATE	IMPORTANT

[1]Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias

Table 310: Steroid plus anaesthetic versus steroid for management of non-specific low back pain

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Other Non-Image guided Injections: Steroid+Anaesthetic	Steroid	Relative (95% CI)	Absolute		
Pain Severity(First Block NRS,0-10) ≤4 month (follow-up ≤4 months; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	30	30	-	MD 0.44 higher (0.72 lower to 1.6 higher)	⊕OOO VERY LOW	CRITICAL
Pain Severity(Second Block NRS,0-10) ≤4 month (follow-up ≤4 months; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	30	30	-	MD 0.44 higher (0.77 lower to 1.66 higher)	⊕OOO VERY LOW	CRITICAL
Pain Severity(First Block VAS,0-10) ≤4 month (follow-up ≤4 months; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	30	30	-	MD 0.57 higher (0.61 lower to 1.75 higher)	⊕OOO VERY LOW	CRITICAL
Pain Severity(Second Block VAS,0-10) ≤4 month (follow-up ≤4 months; range of scores: 0-10; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	30	30	-	MD 0.25 higher (0.94 lower to 1.44 higher)	⊕OOO VERY LOW	CRITICAL

[1] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[2] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs.

Table 311: Botox versus steroid plus anaesthetic (injections into the paraspinous muscle) (cohort)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Other Non-image-guided Injections: COHORT: Botox	Steroid+ Anaesthetic	Relative (95% CI)	Absolute		
Responder Criteria(Pain(McGill) improvement) >4 months - 1 year (follow-up 12 months)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	0/10 (0%)	77.8%	OR 0.04 (0.01 to 0.26)	655 fewer per 1000 (from 301 fewer to 744 fewer)	⊕OOO VERY LOW	IMPORTANT
Responder Criteria(Pain(McGill) worsening) >4 months - 1 year (follow-up 12 months)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	0/10 (0%)	77.8%	OR 0.04 (0.01 to 0.26)	655 fewer per 1000 (from 301 fewer to 744 fewer)	⊕OOO VERY LOW	IMPORTANT
Responder Criteria(Function (ODI) improved) >4 months - 1 year (follow-up 12 months)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	Serious[2]	none	1/10 (10%)	55.6%	RR 0.18 (0.03 to 1.26)	456 fewer per 1000 (from 539 fewer to 145 more)	⊕OOO VERY LOW	IMPORTANT
Responder Criteria(Function (ODI) worsened) >4 months - 1 year (follow-up 12 months)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	5/10 (50%)	11.1%	RR 4.5 (0.64 to 31.6)	389 more per 1000 (from 40 fewer to 1000 more)	⊕OOO VERY LOW	IMPORTANT

[1] *Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias*

[2] *Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs*

1.16 Radiofrequency denervation

Table 312: Radiofrequency denervation versus placebo/sham for low back pain

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	RF denervation	placebo/sham	Relative (95% CI)	Absolute		
Pain (VAS) 0-10 - <4 months (Better indicated by lower values)												
4	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	53	43	-	MD 1.83 lower (2.41 to 1.24 lower)	⊕⊕⊕O MODERATE	CRITICAL
Pain (VAS) 0-10 - >4 months (Better indicated by lower values)												
3	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	80	80	-	MD 1.57 lower (2.2 to 0.95 lower)	⊕⊕OO LOW	CRITICAL
Pain (McGill) - <4 months (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	18	12	-	MD 7 lower (14.11 lower to 0.11 higher)	⊕⊕OO LOW	CRITICAL
Pain (McGill) - >4 months (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	18	12	-	MD 5 lower (20.43 lower to 10.43 higher)	⊕OOO VERY LOW	CRITICAL
Function ODI 0-100 (change and final values) - <4 months (Better indicated by lower values)												
3	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	35	31	-	MD 4.35 lower (7.28 to 1.42 lower)	⊕⊕OO LOW	CRITICAL

Function ODI 0-100 (change and final values) - >4 months (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	20	20	-	MD 5.6 lower (9.59 to 1.61 lower)	⊕OOO VERY LOW	CRITICAL
Function RMDQ 0-100 (change and final values) - <4 months (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	36	34	-	MD 2.6 higher (6.21 lower to 11.41 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36) - General health - <4 months (range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	40	41	-	MD 3.1 higher (3.72 lower to 9.92 higher)	⊕⊕⊕O MODERATE	CRITICAL
Quality of life (SF-36) - Mental health - <4 months (range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	40	41	-	MD 2 higher (9.07 lower to 13.07 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36) - Pain - <4 months (range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	40	41	-	MD 0.2 higher (9.29 lower to 9.69 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36) - Physical functioning - <4 months (range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	40	41	-	MD 3.1 lower (11.09 lower to 4.89 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36) - Social functioning - <4 months (range of scores: 0-100; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	40	41	-	MD 2.7 higher (11.7 lower to 17.1 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36) - Vitality - <4 months (range of scores: 0-100; Better indicated by lower values)												

1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	40	41	-	MD 7.7 higher (0.64 to 14.76 higher)	⊕⊕OO LOW	CRITICAL
AEs: treatment related pain (moderate or severe) - no. of patients - <4 months												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	23/39 (59%)	35.9%	RR 1.64 (1 to 2.69)	230 more per 1000 (from 0 more to 607 more)	⊕⊕OO LOW	IMPORTANT
AEs: change of sensibility (irritating or evident dysaesthesia or allodynia) - no. of patients - <4 months												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious	none	2/39 (5.1%)	0/40 0%	RR 5.12 (0.25 to 103.45)	-	⊕OOO VERY LOW	IMPORTANT
AEs: loss of motor function (irritating or evident motor loss) - no. of pts - <4 months												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious	none	0/38 (0%)	2.4%	RR 0.36 (0.02 to 8.55)	15 fewer per 1000 (from 24 fewer to 181 more)	⊕OOO VERY LOW	IMPORTANT
HC utilisation: analgesic use (no. of tablets/4 days) - <4 months (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	15	16	-	MD 3.24 lower (6.6 lower to 0.12 higher)	⊕OOO VERY LOW	IMPORTANT
HC utilisation: analgesic use (global perception of improvement, 0-6) - >4 months (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	40	40	-	MD 0.8 lower (1.56 to 0.04 lower)	⊕OOO VERY LOW	IMPORTANT
Responder criteria (percentage of patients with >50% pain reduction - global perceived effect) - <4 months												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	-	-	OR 9.53 (1.05 to 86.28)	-	⊕OOO VERY LOW	IMPORTANT
								0%		-		
Responder criteria (number of patients with >50% back pain or pain reduction - global perceived effect) - <4 months												

2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[2]	none	33/54 (61.1%)	39%	RR 1.74 (1.15 to 2.63)	289 more per 1000 (from 58 more to 636 more)	⊕⊕⊕O MODERATE	IMPORTANT
Responder criteria (number of patients with >50% back pain or pain reduction - global perceived effect) - >4 months (Copy)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	7/15 (46.7%)	39%	RR 3.73 (0.92 to 15.21)	1000 more per 1000 (from 31 fewer to 1000 more)	⊕OOO VERY LOW	IMPORTANT
Responder criteria (number of patients with >50% back pain reduction - VAS) - <4 months												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[2]	none	13/40 (32.5%)	34.2%	RR 0.95 (0.51 to 1.76)	17 fewer per 1000 (from 168 fewer to 260 more)	⊕⊕OO LOW	IMPORTANT

[1] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[2] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MID's.

Table 313: Radiofrequency denervation versus medial branch block for low back pain

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**RF denervation**	**medial branch block**	**Relative (95% CI)**	**Absolute**		
Pain (VNS) 0-10 - <4 months (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	50	50	-	MD 1.2 lower (1.79 to 0.61 lower)	⊕OOO VERY LOW	CRITICAL
Pain (VNS) 0-10 - >4 months (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	50	50	-	MD 2.3 lower (3.42 to 1.18 lower)	⊕OOO VERY	CRITICAL

											LOW	
Quality of life (EQ-5D) 5-15 scale - <4 months (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	serious[3]	serious[2]	none	50	50	-	MD 0.4 lower (0.97 lower to 0.17 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (EQ-5D) 5-15 scale - >4 months (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	serious[3]	serious[2]	none	50	50	-	MD 1.3 lower (2.87 lower to 0.27 higher)	⊕OOO VERY LOW	CRITICAL

[1] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[2] Downgraded by 1 increment if the confidence interval crossed 1 MID or by 2 increments if the confidence interval crossed both MID's.
[3] Downgraded by 1 or 2 increments because the majority of the evidence had indirect outcomes

Epidural injections for sciatica

Figure 1: Image-guided Anaesthetic versus sham/placebo for Sciatica (>70% disc prolapse)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Anaesthetic versus sham/placebo**	**Control**	**Relative (95% CI)**	**Absolute**		
Leg pain (0-10, final value) <4 months (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	27	37	-	MD 1.2 higher (0.15 lower to 2.55 higher)	⊕⊕OO LOW	CRITICAL
Responder criteria: >50% reduction in pain <4 months												

1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[3]	none	2/27 (7.4%)	18.9%	RR 0.39 (0.09 to 1.74)	115 fewer per 1000 (from 172 fewer to 140 more)	⊕⊕OO LOW	IMPORTANT

[1] Downgraded by 1 increment if the majority of the evidence was at high risk of bias
[2] Downgraded by 1 increment if the confidence interval crossed one MID
[3] Downgraded by 2 increments if the confidence interval crossed both MIDs

Figure 2: Image-guided Anti-TNF (mean of 3 doses) versus sham/placebo for Sciatica (>70% disc prolapse

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Anti-TNF (mean of 3 doses) versus sham/placebo**	**Control**	**Relative (95% CI)**	**Absolute**		
Mean daily worst leg pain (0-10, change score) <4 months (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	27	10	-	MD 1.32 lower (3.3 lower to 0.66 higher)	⊕OOO VERY LOW	CRITICAL
AEs <4 months												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	0/18 (0%)	0%	not pooled	not pooled	⊕⊕OO LOW	IMPORTANT
AEs >4 months												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	0/18 (0%)	0/6 (0%)	not pooled	not pooled	⊕⊕OO LOW	IMPORTANT
								0%		not pooled		

[1] Downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[2] Downgraded by 2 increments if the confidence interval crossed both MIDs

Figure 3: Image-guided Steroid + anaesthetic versus Sham/placebo for Sciatica (>70% disc prolapse)

Quality assessment	No of patients	Effect	Quality	Importance

No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Steroid + anaesthetic versus Sham/placebo**	**Control**	**Relative (95% CI)**	**Absolute**		
Intensity of leg pain - Intensity of leg pain <4 months (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	28	37	-	MD 1.40 lower (2.79 to 0.01 lower)	⊕⊕⊕O MODERATE	CRITICAL
Oswestry disability index - Oswestry disability index <4 months (Better indicated by lower values)												
1	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	serious[1]	none	80	80	-	MD 1.3 lower (8.6 lower to 6 higher)	⊕⊕OO LOW	CRITICAL
Oswestry disability index - Oswestry disability index >4 months (Better indicated by lower values)												
1	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	no serious imprecision	none	80	80	-	MD 0.4 lower (7 lower to 6.2 higher)	⊕⊕⊕O MODERATE	CRITICAL
Responder criteria: >50% reduction in pain <4 months												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	15/28 (53.6%)	18.9%	RR 2.83 (1.34 to 6)	346 more per 1000 (from 64 more to 945 more)	⊕⊕⊕⊕ HIGH	IMPORTANT

[1] Downgraded by 1 increment if the confidence interval crossed one MID
[2] Downgraded by 1 increment if the majority of the evidence was at high risk of bias

Figure 4: Image-guided Steroid+ anaesthetic versus anaesthetic for Sciatica (>70% prolapse)

No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Steroid+ anaesthetic versus anaesthetic (>70% prolapse)**	**Control**	**Relative (95% CI)**	**Absolute**		
Pain (0-10, change/final scores) <4 months transforaminal epidural (follow-up <4 months; Better indicated by lower values)												

3	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision[2]	none	116	117	-	MD 0.52 lower (1.04 lower to 0 higher)	⊕⊕⊕O MODERATE	CRITICAL
Pain (0-10, change/final scores) <4 months caudal epidural (follow-up <4 months; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	176	177	-	MD 0.70 lower (1.33 to 0.07 lower)	⊕⊕OO LOW	CRITICAL
Pain (0-10, change/final scores) >4 months - transforminal approach (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	60	60	-	MD 0.2 higher (0.37 lower to 0.77 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Pain (0-10, change/final scores) >4 months - caudal epidural (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	60	60	-	MD 0.6 lower (1.24 lower to 0.04 higher)	⊕⊕OO LOW	CRITICAL
ODI score (0-100, change/final score) <4 months (Better indicated by lower values)												
2	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	120	120	-	MD 2.46 lower (4.16 to 0.75 lower)	⊕⊕OO LOW	CRITICAL
ODI score (0-100, final score) >4 months (Better indicated by lower values)												
2	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	120	120	-	MD 1.4 lower (3.16 lower to 0.36 higher)	⊕⊕⊕O MODERATE	CRITICAL
Responder criteria: >50% reduction in pain <4 months - transforaminal approach												
3	randomised trials	serious[1]	serious	no serious indirectness	serious[2]	none	80/116 (69%)	76.7%	RR 1.29 (1.06 to 1.57)	222 more per 1000 (from 46 more to 437 more)	⊕OOO VERY LOW	IMPORTANT

Responder criteria: >50% reduction in pain <4 months - caudal epidural											
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	48/60 (80%)	76.7%	RR 1.04 (0.86 to 1.26)	31 more per 1000 (from 107 fewer to 199 more)	⊕⊕OO LOW	IMPORTANT
Responder criteria: >50% reduction in pain <4 months - interlaminar (parisaggital approach)											
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	30/35 (85.7%)	65%	RR 1.71 (1.19 to 2.46)	462 more per 1000 (from 124 more to 949 more)	⊕OOO VERY LOW	IMPORTANT
Responder criteria: >50% reduction in pain >4 months - transforaminal approach											
2	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[2]	none	43/88 (48.9%)	65%	RR 0.84 (0.64 to 1.1)	92 fewer per 1000 (from 208 more to 58 more)	⊕⊕⊕O MODERATE	IMPORTANT
Responder criteria: >50% reduction in pain >4 months - caudal epidural											
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	41/60 (68.3%)	65%	RR 1.08 (0.83 to 1.4)	52 more per 1000 (from 111 fewer to 260 more)	⊕⊕OO LOW	IMPORTANT
Responder criteria: >50% reduction in pain >4 months - interlaminal (parisaggital) approach											
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	31/35 (88.6%)	65%	RR 1.51 (1.11 to 2.04)	331 more per 1000 (from 72 more to 676 more)	⊕OOO VERY LOW	IMPORTANT
Responder criteria: >50% reduction in ODI <4 months - transforaminal approach											
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	41/60 (68.3%)	75%	RR 0.91 (0.73 to 1.14)	67 fewer per 1000 (from 202 fewer to 105 more)	⊕⊕OO LOW	IMPORTANT
Responder criteria: >50% reduction in ODI <4 months - caudal epidural											

1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[2]	none	44/60 (73.3%)	61.7%	RR 1.19 (0.93 to 1.53)	117 more per 1000 (from 43 fewer to 327 more)	⊕⊕⊕O MODERATE	
Responder criteria: >50% reduction in ODI >4 months												
2	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	81/120 (67.5%)	65.8%	RR 1.03 (0.86 to 1.23)	20 more per 1000 (from 92 fewer to 151 more)	⊕⊕⊕O MODERATE	IMPORTANT
HC use: Surgery >4 months												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	8/28 (28.6%)	66.7%	RR 0.43 (0.23 to 0.82)	380 fewer per 1000 (from 120 fewer to 514 fewer)	⊕⊕OO LOW	IMPORTANT
HC use: opioid intake, mg dose in last 12 months <4 months (Better indicated by lower values)												
2	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	120	120	-	MD 4.73 lower (13.53 lower to 4.08 higher)	⊕⊕⊕O MODERATE	IMPORTANT
HC use: opioid intake, mg dose in last 12 months >4 months (Better indicated by lower values)												
2	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	120	120	-	MD 3.98 lower (12.8 lower to 4.84 higher)	⊕⊕⊕O MODERATE	IMPORTANT
HC use: number of patients having additional injections>4 months (follow-up >4 months)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	20/35 (57.1%)	66.7%	RR 0.84 (0.58 to 1.22)	107 fewer per 1000 (from 280 fewer to 147 more)	⊕OOO VERY LOW	IMPORTANT

[1] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, or 2 increments if at very high risk of bias

[2] Downgraded by 1 increment if the confidence interval crossed one MID

Figure 5: Image-guided Steroid+ anaesthetic versus anaesthetic for Sciatica (non disc lesion)

Quality assessment							No of patients	Effect		Quality	Importance

No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Steroid+ anaesthetic	Anaesthetic	Relative (95% CI)	Absolute		
Quality of life (EQ-5D) <4 months (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	193	193	-	MD 0.02 higher (0.02 lower to 0.06 higher)	⊕⊕OO LOW	CRITICAL
Pain (0-10, change/final scores) <4 months (Better indicated by lower values)												
3	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	303	303	-	MD 0.06 lower (0.4 lower to 0.28 higher)	⊕⊕OO LOW	CRITICAL
Pain (0-10, change/final scores) >4 months (Better indicated by lower values)												
2	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	no serious imprecision	none	110	110	-	MD 0.08 lower (0.57 lower to 0.41 higher)	⊕⊕⊕O MODERATE	CRITICAL
RMDQ score (0-24, change score) <4 months (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[3]	none	193	193	-	MD 1.1 lower (2.21 lower to 0.01 higher)	⊕OOO VERY LOW	CRITICAL
ODI score (0-100, change/final score) <4 months (Better indicated by lower values)												
2	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	no serious imprecision	none	110	110	-	MD 0.18 lower (2.12 lower to 1.76 higher)	⊕⊕⊕O MODERATE	CRITICAL
ODI score (0-100, final score) >4 months (Better indicated by lower values)												
2	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	no serious imprecision	none	110	110	-	MD 1.34 lower (3.59 lower to 0.91 higher)	⊕⊕⊕O MODERATE	CRITICAL
Responder criteria: >30% reduction in pain <4 months												
1	randomised	very	no serious	no serious	no serious	none	96/193	49.2%	RR 1.01 (0.83 to	5 more per 1000 (from 84 fewer to 118	⊕⊕OO	IMPORTANT

	trials	serious[1]	inconsistency	indirectness	imprecision		(49.7%)		1.24)	more)	LOW	
Responder criteria: >50% reduction in pain <4 months												
1	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	very serious[4]	none	31/50 (62%)	66%	RR 0.94 (0.7 to 1.26)	40 fewer per 1000 (from 198 fewer to 172 more)	⊕OOO VERY LOW	IMPORTANT
Responder criteria: >50% reduction in pain >4 months												
1	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	very serious[4]	none	22/50 (44%)	42%	RR 1.05 (0.67 to 1.65)	21 more per 1000 (from 139 fewer to 273 more)	⊕OOO VERY LOW	IMPORTANT
Responder criteria: >30% reduction in RMDQ <4 months												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[3]	none	61/193 (31.6%)	37.3%	RR 0.85 (0.64 to 1.12)	56 fewer per 1000 (from 134 fewer to 45 more)	⊕OOO VERY LOW	IMPORTANT
Responder criteria: >50% reduction in ODI <4 months												
1	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	serious[3]	none	25/50 (50%)	58%	RR 0.86 (0.6 to 1.24)	81 fewer per 1000 (from 232 fewer to 139 more)	⊕⊕OO LOW	IMPORTANT
Responder criteria: >50% reduction in ODI >4 months												
1	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	very serious[4]	none	23/50 (46%)	42%	RR 1.1 (0.7 to 1.71)	42 more per 1000 (from 126 fewer to 298 more)	⊕OOO VERY LOW	IMPORTANT
HC use: opioid intake, mg dose in last 12 months <4 months (Better indicated by lower values)												
1	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	no serious imprecision	none	50	50	-	MD 0.2 lower (12.69 lower to 12.29 higher)	⊕⊕⊕O MODERATE	IMPORTANT

HC use: opioid intake, mg dose in last 12 months >4 months (Better indicated by lower values)											
1	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	serious[3]	none	50	50	-	MD 3.2 lower (18.6 lower to 12.2 higher)	⊕⊕OO LOW	IMPORTANT
SAEs <4 months											
2	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[4]	none	4/250 (1.6%)	1.3%	RR 0.8 (0.22 to 2.94)	3 fewer per 1000 (from 10 fewer to 25 more)	⊕OOO VERY LOW	IMPORTANT
SAEs >4 months											
1	randomised trials	serious[2]	no serious inconsistency	no serious indirectness	no serious imprecision[5]	none	0/50 (0%)	0%	not pooled	not pooled	⊕⊕⊕O MODERATE	IMPORTANT

[1] Downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[2] Downgraded by 1 increment if the majority of the evidence was at high risk of bias
[3] Downgraded by 1 increment if the confidence interval crossed one MID
[4] Downgraded by 2 increments if the confidence interval crossed both MIDs
[5] Zero events in both arms

Figure 6: Image-guided Steroid+ anaesthetic versus anaesthetic for Sciatica (mixed population / unclear spinal pathology)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Steroid+ anaesthetic**	**Anaesthetic**	**Relative (95% CI)**	**Absolute**		
Pain <4 months-transforaminal epidural (follow-up <4 months; Better indicated by lower values)												
2	randomised trials	very serious[1]	serious[2]	no serious indirectness	serious[3]	none	168	164	-	MD 0.06 lower (0.34 lower to 0.22 higher)	⊕OOO VERY LOW	CRITICAL
Pain <4 months-approach not specified (follow-up <4 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	serious[2]	no serious indirectness	no serious imprecision	none	168	164	-	MD 0.07 lower (1.11 lower to 1.25 higher)	⊕OOO	CRITICAL

											VERY LOW	
Pain, PPI (0-5, change score) <4 months (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[3]	none	34	35	-	MD 0.04 higher (0.35 lower to 0.43 higher)	⊕OOO VERY LOW	CRITICAL
ODI score (0-100, change/final score) <4 months (Better indicated by lower values)												
2	randomised trials	very serious[1]	very serious[2]	no serious indirectness	no serious imprecision[4]	none	134	129	-	MD 0.01 higher (2.83 lower to 2.85 higher)	⊕OOO VERY LOW	CRITICAL
HC use: Surgery <4 months												
2	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[4]	none	9/62 (14.5%)	18.3%	RR 0.79 (0.36 to 1.74)	38 fewer per 1000 (from 117 fewer to 135 more)	⊕OOO VERY LOW	IMPORTANT
HC use: Surgery >4 months												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[4]	none	9/64 (14.1%)	21.5%	RR 0.65 (0.3 to 1.4)	75 fewer per 1000 (from 150 fewer to 86 more)	⊕OOO VERY LOW	IMPORTANT
HC use: medication reduction (>20% opioid use or cessation non-opioids) <4 months												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[3]	none	17/28 (60.7%)	46.7%	RR 1.3 (0.8 to 2.11)	140 more per 1000 (from 93 fewer to 518 more)	⊕⊕⊕O MODERATE	IMPORTANT
HC use: medication reduction (>20% opioid use or cessation non-opioids) >4 months												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[3]	none	11/12 (91.7%)	75%	RR 1.22 (0.85 to 1.77)	165 more per 1000 (from 112 fewer to 577 more)	⊕⊕⊕O MODERATE	IMPORTANT
AEs: complications >4 months												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision[5]	none	0/64 (0%)	0/65 (0%)	not pooled	not pooled	⊕⊕OO LOW	IMPORTANT
								0%		not pooled		

AEs: complications <4 months												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision[5]	none	0/65 (0%)	0/59 (0%)	not pooled	not pooled	⊕⊕OO LOW	IMPORTANT
								0%		not pooled		

1494

1495 **Table 314: Image guided: Steroid + anaesthetic epidural versus combination of non-invasive interventions for Sciatica (>70% prolapse)**

1496

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Steroid + anesthetic versus combination of non invasive interventions**	**Control**	**Relative (95% CI)**	**Absolute**		
HRQoL (follow-up >4 months; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	50	50	-	MD 2.24 lower (2.76 to 1.72 lower)	⊕⊕⊕O MODERATE	CRITICAL
Pain (follow-up > 4; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	50	50	-	MD 3.39 lower (3.65 to 3.13 lower)	⊕⊕⊕O MODERATE	CRITICAL
Function (follow-up > 4 months; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	50	50	-	MD 12.59 lower (13.42 to 11.76 lower)	⊕⊕⊕O MODERATE	CRITICAL

Psychological distress (follow-up >4 months; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	50	50	-	MD 4.67 lower (5.44 to 3.9 lower)	⊕⊕⊕O MODERATE	CRITICAL
Responder criteria (complete relief of pain) >4 months (follow-up >4 months)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	43/52 (82.7%)	12/50 (24%)	RR 3.45 (2.07 to 5.73)	588 more per 1000 (from 257 more to 1000 more)	⊕⊕⊕⊕ HIGH	IMPORTANT
								0%		-		

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias

Figure 7: Image-guided Anti-TNF + anaesthetic versus anaesthetic for Sciatica (>70% disc prolapse)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Anti-TNF + anaesthetic versus anaesthetic**	**Control**	**Relative (95% CI)**	**Absolute**		
Pain (0-10, change/final scores) <4 months (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	26	30	-	MD 0.22 lower (1.76 lower to 1.32 higher)	⊕⊕OO LOW	CRITICAL

ODI score (0-100, final score) <4 months (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[2]	none	26	30	-	MD 10.26 higher (0.69 to 19.83 higher)	⊕⊕⊕O MODERATE	CRITICAL
HC use: Surgery <4 months												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	6/26 (23.1%)	16.7%	RR 1.38 (0.48 to 4.01)	63 more per 1000 (from 87 fewer to 503 more)	⊕⊕OO LOW	IMPORTANT
Responder criteria: >50% reduction in pain <4 months												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	11/26 (42.3%)	43.3%	RR 0.98 (0.53 to 1.79)	9 fewer per 1000 (from 204 fewer to 342 more)	⊕⊕OO LOW	IMPORTANT
Responder criteria: >50% reduction in pain >4 months												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	10/26 (38.5%)	40%	RR 0.96 (0.5 to 1.85)	16 fewer per 1000 (from 200 fewer to 340 more)	⊕⊕OO LOW	CRITICAL
HC use: medication reduction (>20% opioid use or cessation non-opioids) <4 months												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	9/26 (34.6%)	46.7%	RR 0.74 (0.39 to 1.42)	121 fewer per 1000 (from 285 fewer to 196 more)	⊕⊕OO LOW	IMPORTANT
HC use: medication reduction (>20% opioid use or cessation non-opioids) >4 months												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[1]	none	7/11 (63.6%)	75%	RR 0.85 (0.49 to 1.48)	112 fewer per 1000 (from 382 fewer to 360 more)	⊕⊕OO LOW	IMPORTANT

[1] Downgraded by 2 increments if the confidence interval crossed both MIDs
[2] Downgraded by 1 increment if the confidence interval crossed one MI

Figure 8: Image-guided Steroid + anaesthetic versus Anti-TNF + anaesthetic for Sciatica (>70% disc prolapse)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Steroid + anaesthetic versus Anti-TNF + anaesthetic	Control	Relative (95% CI)	Absolute		
Pain (0-10) <4 months (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	28	26	-	MD 1.02 lower (2.63 lower to 0.59 higher)	⊕⊕⊕O MODERATE	CRITICAL
ODI score (0-100, final score) <4 months (Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	28	26	-	MD 16.16 lower (26.15 to 6.17 lower)	⊕⊕⊕O MODERATE	CRITICAL
Responder criteria: >50% reduction in pain <4 months												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[2]	none	14/28 (50%)	42.3%	RR 1.18 (0.66 to 2.11)	76 more per 1000 (from 144 fewer to 470 more)	⊕⊕OO LOW	IMPORTANT
Responder criteria: >50% reduction in pain >4 months												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[2]	none	8/28 (28.6%)	38.5%	RR 0.74 (0.35 to 1.59)	100 fewer per 1000 (from 250 fewer to 227 more)	⊕⊕OO LOW	IMPORTANT
HC use: Surgery <4 months												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious[2]	none	6/28 (21.4%)	23.1%	RR 0.93 (0.34 to 2.52)	16 fewer per 1000 (from 152 fewer to 351 more)	⊕⊕OO LOW	IMPORTANT
HC use: medication reduction (>20% opioid use or cessation non-opioids) <4 months												

1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	17/28 (60.7%)	34.6%	RR 1.75 (0.96 to 3.22)	259 more per 1000 (from 14 fewer to 768 more)	⊕⊕⊕O MODERATE	IMPORTANT
HC use: medication reduction (>20% opioid use or cessation non-opioids) >4 months												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious[1]	none	11/12 (91.7%)	63.6%	RR 1.44 (0.89 to 2.32)	280 more per 1000 (from 70 fewer to 840 more)	⊕⊕⊕O MODERATE	IMPORTANT

[1] Downgraded by 1 increment if the confidence interval crossed one MID
[2] Downgraded by 2 increments if the confidence interval crossed both MIDs

Table 315: Non image guided: Steroid epidural versus placebo/sham for Sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Steroid versus placebo/sham	Control	Relative (95% CI)	Absolute		
Function (follow-up 3-12 months; measured with: ODI/RMDQ; Better indicated by lower values)												
2	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	112	109	-	SMD 0.1 lower (0.37 lower to 0.16 higher)	⊕⊕OO LOW	CRITICAL
Pain (VAS) (follow-up 3-4 months; measured with: VAS; Better indicated by lower values)												
2	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	65	109	-	MD 0.41 lower (1.39 lower to 0.56 higher)	⊕⊕⊕O MODERATE	CRITICAL

Pain McGill: present pain intensity (follow-up 3 months; measured with: McGill scale; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	77	79	-	MD 0 higher (0.49 lower to 0.49 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Pain (McGill score: pain raiting index) (follow-up 3 months; measured with: McGill score ; Better indicated by lower values)												
1	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	77	79	-	MD 0 higher (5.93 lower to 5.93 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
adverse events- morbidity (follow-up 2-27 weeks; assessed with: no of minor events)												
2	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[c]	none	25/113 (22.1%)	19/119 (16%)	RR 1.36 (0.81 to 2.3)	48 more per 1000 (from 25 fewer to 172 more)	⊕⊕OO LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias

[b] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs.

[c] Downgraded by 1 increment I^2 >50%, and point estimates vary widely.

Table 316: Non image guided :Steroid epidural versus usual care for Sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Steroid versus usual care**		**Relative (95% CI)**	**Absolute**		
Pain score >4months - NRS back pain (follow-up 52 weeks; measured with: VAS; Better indicated by lower values)												
1	randomised	serious[1]	no serious	no serious	serious[2]	none	33	30	-	MD 0.7 lower (1.92 lower	⊕⊕OO	CRITICAL

	trials		inconsistency	indirectness						to 0.52 higher)	LOW	
Quality of life (SF-36) 0-100 ≤4 months - Mental composite (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	25	25	-	MD 3.8 higher (2.65 lower to 10.25 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36) 0-100 ≤4 months - Physical composite (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	25	25	-	MD 9.5 higher (2.32 to 16.68 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36) 0-100 ≤4 months - Physical functioning (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	25	25	-	MD 8.7 higher (1.03 to 16.37 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36) 0-100 ≤4 months - Physical role limitations (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	25	25	-	MD 14 higher (5.68 lower to 33.68 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36) 0-100 ≤4 months - Social functioning (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	25	25	-	MD 4.4 higher (3.32 lower to 12.12 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36) 0-100 ≤4 months - Emotional role limitations (Better indicated by lower values)												

1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	25	25	-	MD 13.5 higher (2.69 lower to 29.69 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36) 0-100 ≤4 months - Emotional well-being (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	25	25	-	MD 1.2 lower (9.33 lower to 6.93 higher)	⊕⊕⊕O MODERATE	CRITICAL
Quality of life (SF-36) 0-100 ≤4 months - Energy/fatigue (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	25	25	-	MD 2.4 lower (11.24 lower to 6.44 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36) 0-100 ≤4 months - Pain (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	25	25	-	MD 3.1 higher (2.14 lower to 8.34 higher)	⊕⊕⊕O MODERATE	CRITICAL
Quality of life (SF-36) 0-100 ≤4 months - General health perceptions (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	25	25	-	MD 6.8 higher (0.72 lower to 14.32 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36) 0-100 ≤4 months - Change in perceived help (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	25	25	-	MD 2.6 higher (10.99 lower to 16.19 higher)	⊕OOO VERY LOW	CRITICAL

Quality of life (SF-36) 0-100 >4 months - Mental composite (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	25	25	-	MD 1.8 higher (4.92 lower to 8.52 higher)	⊕⊕⊕O MODERATE	CRITICAL
Quality of life (SF-36) 0-100 >4 months- Physical composite (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	25	25	-	MD 11.9 higher (4.64 to 19.16 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36) 0-100 >4 months - Physical functioning (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	25	25	-	MD 7.5 higher (0.36 lower to 15.36 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36) 0-100 >4 months - Physical role limitations (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	25	25	-	MD 29.1 higher (8.55 to 49.65 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36) 0-100 >4 months – 1 year - Social functioning (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	25	25	-	MD 4.6 higher (3.26 lower to 12.46 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36) 0-100 >4 months – 1 year - Emotional role limitations (Better indicated by lower values)												
1	randomised	serious[1]	no serious	no serious	serious[2]	none	25	25	-	MD 9.1 higher (7.57 lower	⊕⊕OO	CRITICAL

	trials		inconsistency	indirectness						to 25.77 higher)	LOW	
Quality of life (SF-36) 0-100 >4 months – 1 year - Emotional well-being (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	25	25	-	MD 4.8 lower (13.13 lower to 3.53 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36) 0-100 >4 months – 1 year - Energy/fatigue (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	25	25	-	MD 1.4 lower (10.2 lower to 7.4 higher)	⊕⊕⊕O MODERATE	CRITICAL
Quality of life (SF-36) 0-100 >4 months – 1 year - Pain (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	25	25	-	MD 1.5 lower (6.81 lower to 3.81 higher)	⊕⊕⊕O MODERATE	CRITICAL
Quality of life (SF-36) 0-100 >4 months – 1 year - General health perceptions (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	25	25	-	MD 4.7 higher (3.16 lower to 12.56 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36) 0-100 >4 months – 1 year - Change in perceived help (Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	25	25	-	MD 14.5 higher (0.53 to 28.47 higher)	⊕⊕OO LOW	CRITICAL
Pain score ≤4 months - NRS back pain (follow-up mean 13 weeks; Better indicated by lower values)												

1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	33	30	-	MD 0.9 lower (2.27 lower to 0.47 higher)	⊕⊕OO LOW	CRITICAL
Pain score ≤4 months - NRS total pain (follow-up 13 weeks; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	33	30	-	MD 0.7 lower (2.02 lower to 0.62 higher)	⊕⊕OO LOW	CRITICAL
Pain score ≤4 months - NRS pain during night (follow-up 13 weeks; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	33	30	-	MD 0.9 lower (2.27 lower to 0.47 higher)	⊕⊕OO LOW	CRITICAL
Pain score ≤4 months - NRS pain during day (follow-up 13 weeks; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	33	30	-	MD 0.7 lower (2.09 lower to 0.69 higher)	⊕⊕OO LOW	CRITICAL
Pain score ≤4 months - NRS leg pain (follow-up 13 weeks; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	33	30	-	MD 1.1 lower (2.42 lower to 0.22 higher)	⊕⊕OO LOW	CRITICAL
Pain score >4 months – 1 year - NRS leg pain (follow-up 52 weeks; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	33	30	-	MD 0.4 lower (1.44 lower to 0.64 higher)	⊕⊕OO LOW	CRITICAL

Pain score >4 months – 1 year - NRS pain during day (follow-up 52 weeks; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	33	30	-	MD 1 lower (2.27 lower to 0.27 higher)	⊕⊕OO LOW	CRITICAL
Pain score >4 months – 1 year - NRS pain during night (follow-up 52 weeks; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	33	30	-	MD 1 lower (2.19 lower to 0.19 higher)	⊕⊕OO LOW	CRITICAL
Pain score >4 months – 1 year - NRS total pain (follow-up 52 weeks; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	33	30	-	MD 0.8 lower (2.07 lower to 0.47 higher)	⊕⊕OO LOW	CRITICAL
Function score ≤ 4 months (follow-up mean 13 weeks; measured with: ODI; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	33	30	-	MD 2.3 lower (5.32 lower to 0.72 higher)	⊕⊕OO LOW	CRITICAL
Function score >4 months – 1 year (follow-up mean 52 weeks; measured with: ODI; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	33	30	-	MD 1.8 lower (4.35 lower to 0.75 higher)	⊕⊕OO LOW	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs.

1523

1524 **Table 317: Non image guided: Steroid + anaesthetic epidural versus placebo for Sciatica**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Steroid + anaesthetic versus placebo	Control	Relative (95% CI)	Absolute		
Function score - Disability (ODI)≤4 months (follow-up mean 12 weeks; measured with: ODI; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	120	108	-	MD 0 higher (5.22 lower to 5.22 higher)	⊕⊕⊕O MODERATE	CRITICAL
Function score - (ODI) >4 months – 1 year (follow-up mean 52 weeks; measured with: ODI; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	120	108	-	MD 2 lower (8.12 lower to 4.12 higher)	⊕⊕OO LOW	CRITICAL
Pain ≤4 months - VAS leg pain (follow-up mean 12 weeks; measured with: VAS; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	120	108	-	MD 0.5 lower (1.36 lower to 0.36 higher)	⊕⊕⊕O MODERATE	CRITICAL
Pain ≤4 months - VAS back pain (follow-up mean 12 weeks; measured with: VAS; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	120	108	-	MD 0.3 lower (1.08 lower to 0.48 higher)	⊕⊕⊕O MODERATE	CRITICAL
Pain> 4 months – 1 year - VAS leg pain (follow-up mean 52 weeks; measured with: VAS; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	120	108	-	MD 0.3 lower (1.21 lower to 0.61 higher)	⊕⊕⊕O MODERATE	CRITICAL
Pain> 4 months – 1 year - VAS back pain (follow-up mean 52 weeks; measured with: VAS; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	120	108	-	MD 0.1 lower (0.93 lower to 0.73 higher)	⊕⊕⊕O MODERATE	CRITICAL

Psychological distress ≤ 4months - HAD anxiety (follow-up mean 12 weeks; measured with: HAD; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	120	108	-	MD 1 higher (0.04 lower to 2.04 higher)	⊕⊕OO LOW	IMPORTANT
Psychological distress ≤ 4months - HAD depression (follow-up mean 12 weeks; measured with: HAD; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	120	108	-	MD 0 higher (1.04 lower to 1.04 higher)	⊕⊕⊕O MODERATE	IMPORTANT
Psychological distress >4 months – 1 year - HAD depression (follow-up mean 52 weeks; measured with: HAD; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	106	108	-	MD 0 higher (1.21 lower to 1.21 higher)	⊕⊕⊕O MODERATE	IMPORTANT
Psychological distress >4 months – 1 year - HAD anxiety (follow-up mean 52 weeks; measured with: HAD; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	106	97	-	MD 0 higher (1.38 lower to 1.38 higher)	⊕⊕⊕O MODERATE	IMPORTANT
Healthcare utilisation (further physiotherapy) (follow-up mean 52 weeks; assessed with: No. undertaking further physiotheraphy)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	37/120 (30.8%)	27/108 (25%)	RR 1.34 (0.75 to 2.4)	59 more per 1000 (from 50 fewer to 194 more)	⊕⊕OO LOW	IMPORTANT
Healthcare utilisation (referal to pain management services) (follow-up mean 52 weeks; assessed with: No. refered to pain management)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	0/120 (0%)	2/108 (1.9%)	RR 0.12 (0.01 to 1.94)	17 fewer per 1000 (from 19 fewer to 17 more)	⊕⊕OO LOW	IMPORTANT
Healthcare utilisation (further epidurals) (follow-up mean 52 weeks; assessed with: No. referred for further epidurals)												

1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	19/120 (15.8%)	13/108 (12%)	RR 1.37 (0.64 to 2.94)	37 more per 1000 (from 40 fewer to 166 more)	⊕⊕OO LOW	IMPORTANT
Healthcare utilisation (analgesics) - ≤4 months (follow-up mean 12 weeks; measured with: Mean analgesic use/week; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	120	108	-	MD 7 lower (16.26 lower to 2.26 higher)	⊕⊕⊕O MODERATE	IMPORTANT
Healthcare utilisation (analgesics) - >4 months (follow-up mean 52 weeks; measured with: Mean analgesic use/week; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	120	108	-	MD 2 lower (12.35 lower to 8.35 higher)	⊕⊕⊕O MODERATE	IMPORTANT
Healthcare utilisation (surgery) (follow-up mean 52 weeks; assessed with: 75% improvement on back pain likert)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	18/120 (15%)	15/108 (13.9%)	RR 1.09 (0.52 to 2.29)	11 more per 1000 (from 62 fewer to 131 more)	⊕⊕⊕O MODERATE	IMPORTANT
Responder criteria - Improvement on leg pain (follow-up mean 52 weeks; assessed with: 75% improvement on leg pain likert)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	67/120 (55.8%)	51/108 (47.2%)	RR 1.41 (0.84 to 2.38)	86 more per 1000 (from 43 fewer to 208 more)	⊕⊕OO LOW	IMPORTANT
Responder criteria - Improvement on back pain (follow-up mean 52 weeks; assessed with: 75% improvement on back pain likert)												

1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	58/120 (48.3%)	47/108 (43.5%)	RR 1.21 (0.72 to 2.05)	47 more per 1000 (from 78 fewer to 177 more)	⊕⊕OO LOW	IMPORTANT
Adverse events- morbidity (follow-up mean 52 weeks; assessed with: minor adverse events)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	11/120 (9.2%)	11/108 (10.2%)	RR 0.9 (0.41 to 1.99)	10 fewer per 1000 (from 60 fewer to 101 more)	⊕⊕OO LOW	IMPORTANT

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs.

Table 318: Non image guided :Steroid + Anaesthetic epidural versus combination of non-invasive interventions for Sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Steroid + Anaesthetic versus usual care**	**Control**	**Relative (95% CI)**	**Absolute**		
Pain (VAS) (follow-up mean 2 weeks; measured with: VAS; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	120	19	-	MD 0.97 lower (11.95 lower to 10.01 higher)	⊕⊕⊕O MODERATE	CRITICAL

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias

Table 319: Non image guided : Steroid + anaesthetic epidural versus pharmacological treatment (NSAIDS) for Sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Steroid + anaesthetic versus pharmacological treatment (NSAIDS)	Control	Relative (95% CI)	Absolute		
Function ≤4 months (follow-up mean 3 months; measured with: ODI; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	34	30	-	MD 4.1 lower (8.9 lower to 0.7 higher)	⊕⊕OO LOW	CRITICAL
Pain ≤4 months (follow-up mean 3 months; measured with: VAS; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	34	30	-	MD 0.8 lower (1.49 to 0.11 lower)	⊕⊕OO LOW	CRITICAL
Healthcare utilisation (analgesics) (follow-up mean 3 months; assessed with: No. using paracetamol)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	5/34 (14.7%)	8/30 (26.7%)	RR 0.47 (0.14 to 1.65)	121 fewer per 1000 (from 218 fewer to 108 more)	⊕⊕OO LOW	IMPORTANT

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs.

Table 320: Non image guided: Steroid + anaesthetic epidural versus pharmacological treatment (combination) for Sciatica

Quality assessment							No of patients		Effect		Quality	Importance
No of	Design	Risk of	Inconsistency	Indirectness	Imprecision	Other	Steroid + anaethetic versus	Control	Relative	Absolute		

studies		bias				considerations	pharmacological treatment (combination)		(95% CI)			
Pain - ≤ 4 months (follow-up mean 3 months; measured with: VAS ; Better indicated by lower values)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	25	25	-	MD 0.5 lower (1.23 lower to 0.23 higher)	⊕OOO VERY LOW	CRITICAL
Pain -> 4 months – 1 year (follow-up mean 6 months; measured with: VAS; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	25	25	-	MD 0.5 lower (1.26 lower to 0.26 higher)	⊕⊕OO LOW	CRITICAL
Adverse events - morbidity (follow-up mean 6 months; assessed with: No. minor adverse events)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	5/25 (20%)	4/25 (16%)	RR 1.25 (0.38 to 4.12)	40 more per 1000 (from 99 fewer to 499 more)	⊕⊕OO LOW	IMPORTANT

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs.

Table 321: Non image guided: Steroid + anaesthetic epidural versus anaesthetic epidural for Sciatica caused by (>70%) disc prolapse

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Steroid + anaesthetic versus anaesthetic for sciatica caused by (>70%) disc prolapse	Control	Relative (95% CI)	Absolute		
Pain ≤ 4 months - Methyl prednisolone versus bupivacaine (follow-up 3 months; measured with: VAS; Better indicated by lower values)												

1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	50	55	-	MD 1.28 lower (1.69 to 0.87 lower)	⊕⊕⊕O MODERATE	CRITICAL
Pain ≤ 4 months - Triamcinolone + Bupivicaine versus anaesthetic (follow-up 3 months; measured with: VAS; Better indicated by lower values)												
1	randomised trials	Serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	52	55	-	MD 1.38 lower (1.71 to 1.05 lower)	⊕⊕⊕O MODERATE	CRITICAL
Pain ≤ 4 months - Dexamethasone + Bupivicaine versus anaesthetic (follow-up 3 months; measured with: VAS; Better indicated by lower values)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	50	55	-	MD 0.98 lower (1.47 to 0.49 lower)	⊕⊕⊕O MODERATE	CRITICAL
Responder criteria ≤4 months: herniation (follow-up 1 days)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	14/19 (73.7%)	10/14 (71.4%)	RR 1.03 (0.67 to 1.58)	21 more per 1000 (from 236 fewer to 414 more)	⊕OOO VERY LOW	CRITICAL
Responder criteria >4 months: herniation (follow-up 20.8 months)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	11/19 (57.9%)	9/14 (64.3%)	RR 0.9 (0.52 to 1.56)	64 fewer per 1000 (from 309 fewer to 360 more)	⊕OOO VERY LOW	
Healthcare utilisation- physiotherapy - Methyl Prednisolone + Bupivicaine versus anaesthetic (follow-up 3 months)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	9/39 (23.1%)	19/42 (45.2%)	RR 0.51 (0.26 to 0.99)	222 fewer per 1000 (from 5 fewer to 335 fewer)	⊕⊕OO LOW	IMPORTANT
Healthcare utilisation- physiotherapy - Tiamcinoline + Bupivicaine versus anaesthetic (follow-up 3 months)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	7/42 (16.7%)	19/42 (45.2%)	RR 0.37 (0.17 to	285 fewer per 1000 (from 100 fewer to 375	⊕⊕OO LOW	IMPORTANT

									0.78)	fewer)		
Healthcare utilisation- physiotherapy - Dexamethasone + Bupivicaine versus anaesthetic (follow-up 3 months)												
1	randomised trials	serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	12/40 (30%)	19/42 (45.2%)	RR 0.66 (0.37 to 1.18)	154 fewer per 1000 (from 285 fewer to 81 more)	⊕⊕OO LOW	IMPORTANT

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs.

Table 322: Non image guided: Steroidand anesthetic epidual versus anaesthetic for sciatica caused by (>70%) spinal stenosis

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Steroid + anaesthetic versus anaesthetic for sciatica caused by (>70%) spinal stenosis**	**Control**	**Relative (95% CI)**	**Absolute**		
Responder criteria <4 months: spinal stenosis (follow-up 1 days)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	10/18 (55.6%)	6/12 (50%)	RR 1.11 (0.55 to 2.24)	55 more per 1000 (from 225 fewer to 620 more)	⊕OOO VERY LOW	IMPORTANT
Responder criteria >4 months: spinal stenosis (follow-up 20.8 months)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	7/18 (38.9%)	4/12 (33.3%)	RR 1.17 (0.43 to 3.13)	57 more per 1000 (from 190 fewer to 710 more)	⊕OOO VERY LOW	IMPORTANT
HC use- surgery: spinal stenosis (follow-up 20.8 months)												

1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	8/18 (44.4%)	7/12 (58.3%)	RR 0.76 (0.38 to 1.54)	140 fewer per 1000 (from 362 fewer to 315 more)	⊕OOO VERY LOW	IMPORTANT

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs

Table 323: Non image guided: Steroid + epidural versus anaesthetic epidural for Sciatica in a population with unclear spinal pathology

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Steroid + anaesthetic versus anaesthetic for sciatica in a population with unclear spinal pathology**	**Control**	**Relative (95% CI)**	**Absolute**		
Reduced analgesic intake (follow-up 1 months)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	8/15 (53.3%)	6/14 (42.9%)	OR 1.52 (0.35 to 6.6)	104 more per 1000 (from 221 fewer to 403 more)	⊕OOO VERY LOW	IMPORTANT
healthcare use - surgery (follow-up 1 months)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	4/15 (26.7%)	4/15 (26.7%)	RR 1 (0.31 to 3.28)	0 fewer per 1000 (from 184 fewer to 608 more)	⊕OOO VERY LOW	IMPORTANT

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs

Table 324: Non image guided: Steroid + epidural versus anaesthetic epidural for Sciatica in a population with unclear spinal pathology

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Anaesthetic versus steroid with unclear spinal pathology	Control	Relative (95% CI)	Absolute		
healthcare use (surgery) (follow-up 1 months)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	none	0/19 (0%)	2/16 (12.5%)	Peto OR 0.11 (0.01 to 1.77)	110 fewer per 1000 (from 124 fewer to 77 more)	⊕OOO VERY LOW	IMPORTANT

[a] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs.

1.18 Referral for surgery

1.18.1 Low back pain

Table 325: Smoking for Referral for surgery (low back pain and/or Sciatica) - surgery: open decompressive laminectomy

Quality assessment							Adjusted effects	Quality
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations, including publication bias where possible	Pooled effect with 95% CIs	
Smoking versus non-smoking for predicting the treatment effect(TE=change in ODI(surgery) – Change in ODI(non-operative) (Adjusted MDs) [adults with low back								

Quality assessment							Adjusted effects	Quality
pain and/or Sciatica]								
1	Prospective cohort	very serious[a]	no serious inconsistency	no serious indirectness	No serious imprecision	None	Adjusted Mean Difference[Standard Error]: 10.1 (3.055)a	LOW

[a] *Downgraded by 1 increment if the majority of the evidence had serious limitations*

Table 326: BMI>30 for Referral for surgery (patients with back or leg pain)-surgery not defined

Quality assessment							Adjusted effects	Quality
Number of studies	**Study design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations, including publication bias where possible**	**Pooled effect with 95% CIs [if meta-analysed]**	
BMI>30 versus BMI< 25 for predicting the effect on Function (RDQ≤4) at 3 months(Adjusted ORs) [adults aged 18-65 with back or leg pain]								
1	Prospective cohort	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	None	Adjusted OR : 0.79 [0.21, 2.94]	VERY LOW

[a] Downgraded by 1 increment if the majority of the evidence had serious limitations
[b] *95% CI around the median crosses null line.*

Table 327: Psychological Distress for Referral for surgery (patients with back or leg pain)-surgery not defined

Quality assessment							Adjusted effects	Quality
Number of studies	**Study design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations, including publication bias where possible**	**Pooled effect with 95% CIs [if meta-analysed]**	
Psychological Distress (Negative Affectivity (NEM>1-≤4 versus NEM ≤1) on Back Pain (VAS≤10mm) (Adjusted ORs) [adults aged 18-65 with back or leg pain]								

Quality assessment							Adjusted effects	Quality
1	Prospective cohort	serious[a]	no serious inconsistency	no serious indirectness	No serious imprecision	None	Adjusted OR : 0.55 [0.19, 1.61]	MODERATE
Psychological Distress (Negative Affectivity (NEM>4 versus NEM ≤1) on Back Pain (VAS≤10mm) (Adjusted ORs) [adults aged 18-65 with back or leg pain]								
1	Prospective cohort	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	None	Adjusted OR : 0.21 [0.06, 0.78]	VERY LOW

[a] Downgraded by 1 increment if the majority of the evidence had serious limitations
[b]95% CI around the median crosses null line.

Sciatica

Table 328: Risk factor for Radicular Symptoms (continuous outcome) for Referral for surgery (low back pain and/or Sciatica population)-surgery: open decompressive laminectomy

Quality assessment							Adjusted effects	Quality
Number of studies	**Study design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations, including publication bias where possible**	**Pooled effect with 95% CIs [if meta-analysed]**	
Pre-op predominant Leg Pain versus pre-op predominant Back Pain predicting the treatment effect(TE=change in ODI surgery – Change in ODI non-operative) (Adjusted MD) (low back pain and/or Sciatica population)								
1	Cohort studies	very serious[a]	no serious inconsistency	no serious indirectness	No serious imprecision	None	Adjusted Mean Difference[Standard Error]: -4.2 (1.088)	LOW

[a] *Downgraded by 1 increment if the majority of the evidence had serious limitations*

Table 329: Risk factor for Radicular symptoms for Referral for surgery (patients with back or leg pain)-surgery not defined

Quality assessment							Adjusted effects	Quality
Number of studies	**Study design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations, including**	**Pooled effect with 95% CIs [if meta-analysed]**	

Quality assessment							Adjusted effects	Quality
						publication bias where possible		
Pre-operative Leg Pain(VAS >43) versus Leg Pain (VAS ≤43)on Leg Pain(VAS≤10 mm) at 3 months (Adjusted ORs) Adjusted ORs) [adults aged 18-65 with back or leg pain]								
1	Cohort studies	very serious[a]	no serious inconsistency	no serious indirectness	No serious imprecision	None	Adjusted OR : 0.24 [0.10, 0.58]	LOW
Pre-operative Leg Pain(VAS >43) versus Leg Pain (VAS ≤43)on Leg Pain(VAS≤10 mm) at 12 months (Adjusted ORs) Adjusted ORs) [adults aged 18-65 with back or leg pain]								
1	Cohort studies	very serious[a]	no serious inconsistency	no serious indirectness	No serious imprecision	None	Adjusted OR : 0.38 [0.16, 0.75]	LOW

[a] *Downgraded by 1 increment if the majority of the evidence had serious limitations*

Table 330: Risk factor for Radicular Symptoms (Categorical outcome) for Referral for surgery (Sciatica population)-surgery: dissection of the paravertebral muscles down to the laminae and resection of the interlaminar

Quality assessment							Adjusted effects	Quality
Number of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations, including publication bias where possible	Pooled effect with 95% CIs [if meta-analysed]	
Effects of Pre-op Leg Pain(VAS) on Function (ODI>10) at 1 year (Adjusted ORs) [adults aged 15-83 with patients with Sciatica]								
1	Cohort studies	very serious[a]	no serious inconsistency	no serious indirectness	serious[b]	None	Adjusted OR : 0.523 [0.135, 2.028]	VERY LOW

[a] *Downgraded by 1 increment if the majority of the evidence had serious limitations*
[b] *95% CI around the median crosses null line.*

Table 331: Risk factor for Radicular Symptoms (dichotomous outcome) for Referral for surgery (Sciatica population)-surgery: discectomy

Quality assessment	Adjusted effects	Quality

Quality assessment							Adjusted effects	Quality
Number of studies	**Study design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations, including publication bias where possible**	**Pooled effect with 95% CIs [if meta-analysed]**	
Effects for leg pain greater than back pain on 50% improvement in pain assessed by VAS in one year (Adjusted ORs) [adults with Sciatica]								
1	Cohort studies	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	None	Adjusted OR : 1.02 [0.70, 1.48]	LOW

[a] *Downgraded by 1 increment if the majority of the evidence had serious limitations*

Table 332: Risk factor for Radicular Symptoms (dichotomous outcome) for Referral for surgery (Sciatica population)-surgery: discectomy

Quality assessment							Adjusted effects	Quality
Number of studies	**Study design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations, including publication bias where possible**	**Pooled effect with 95% CIs [if meta-analysed]**	
Effects for leg pain greater than back pain on 30% improvement in function assessed by ODI in one year (Adjusted ORs) [adults with Sciatica]								
1	Cohort studies	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	None	Adjusted OR : 1.71[1.18, 2.47]	LOW

[a] *Downgraded by 1 increment if the majority of the evidence had serious limitations*

Table 333: Risk factor for Radicular Symptoms (dichotomous outcome) for Referral for surgery (Sciatica population)-surgery: discectomy

Quality assessment							Adjusted effects	Quality
Number of studies	**Study design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations, including publication**	**Pooled effect with 95% CIs [if meta-analysed]**	

Quality assessment							Adjusted effects	Quality
						bias where possible		
Effects for leg pain greater than back pain on 50% improvement in function assessed by ODI in one year (Adjusted ORs) [adults with Sciatica]								
1	Cohort studies	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	None	Adjusted OR : 1.93 [1.35,2.77]	LOW

[a] *Downgraded by 1 increment if the majority of the evidence had serious limitations*

1.19 Disc replacement

Table 334: Clinical evidence profile: Disc replacement vs Spinal fusion (non-specific low back pain with/without sciatica)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Disc replacement	Spinal fusion	Relative (95% CI)	Absolute		
Quality of life (SF-36 mental component summary score, 0-100) ≤ 4 months (3 months)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	393	166	-	MD 2.8 higher (0.65 to 4.95 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36 physical component summary score, 0-100) ≤ 4 months (3 months)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	393	166	-	MD 4.5 higher (2.75 to 6.25 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 mental component summary score, 0-100) >4 months (1 year)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	393	163	-	MD 2 higher (0.09 lower to 4.09 higher)	⊕⊕OO LOW	CRITICAL

Quality of life (SF-36 physical component summary score, 0-100) >4 months (1 year)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	393	163	-	MD 3.1 higher (0.96 to 5.24 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 mental component summary score, 0-100) > 4 months (2 years)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	379	145	-	MD 1.4 higher (0.71 lower to 3.51 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36 physical component summary score, 0-100) > 4 months (2 years)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	379	145	-	MD 3 higher (0.68 to 5.32 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (EQ-5D, 0-1) >4 months (1 year)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	80	72	-	MD 0.08 higher (0.01 lower to 0.17 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (EQ-5D, 0-1) > 4 months (2 years)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	80	72	-	MD 0.02 lower (0.11 lower to 0.07 higher)	⊕⊕OO LOW	CRITICAL
Function (ODI, 0-100) ≤ 4 months (3 months)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	393	166	-	MD 8.6 lower (11.76 to 5.44 lower)	⊕OOO VERY LOW	CRITICAL
Function (ODI, 0-100) >4 months (1 year)												
2	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	473	235	-	MD 5.9 lower (8.87 to 2.92 lower)	⊕OOO VERY LOW	CRITICAL
Function (ODI, 0-100) > 4 months (2 years)												
2	randomised	very	no serious	no serious	Serious[b]	none	459	217	-	MD 4.69 lower (7.86 to	⊕OOO	CRITICAL

	trials	serious[a]	inconsistency	indirectness						1.52 lower)	VERY LOW	
Pain severity (Back pain NRS, 0-10) ≤ 4 months (3 months)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	393	166	-	MD 0.92 lower (1.35 to 0.49 lower)	⊕OOO VERY LOW	CRITICAL
Pain severity (Back pain VAS/NRS, 0-10) >4 months (1 year)												
2	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	473	235	-	MD 0.73 lower (1.15 to 0.31 lower)	⊕OOO VERY LOW	CRITICAL
Pain severity (Back pain VAS/NRS, 0-10) > 4 months (2 years)												
2	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	459	217	-	MD 0.51 lower (0.96 to 0.06 lower)	⊕⊕OO LOW	CRITICAL
Pain severity (Leg pain NRS, 0-10) ≤ 4 months (3 months)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	393	166	-	MD 0.06 higher (0.37 lower to 0.49 higher)	⊕⊕OO LOW	CRITICAL
Pain severity (Leg pain VAS/NRS, 0-10) >4 months (1 year)												
2	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	473	235	-	MD 0.57 lower (0.97 to 0.18 lower)	⊕⊕OO LOW	CRITICAL
Pain severity (Leg pain VAS/NRS, 0-10) > 4 months (2 years)												
2	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	459	217	-	MD 0.38 lower (0.82 lower to 0.05 higher)	⊕⊕OO LOW	CRITICAL
Adverse events (number of patients) ≤ 4 months (operative)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	59/405 (14.6%)	8.7%	RR 1.67 (0.98 to 2.86)	58 more per 1000 (from 2 fewer to 162 more)	⊕OOO VERY LOW	IMPORTANT
Adverse events (possibly device-related; number of patients) ≤ 4 months (operative)												
1	randomised	very	no serious	no serious	very serious[c]	none	2/405	0%	RR 2.13 (0.10	-	⊕OOO	IMPORTAN

	trials	serious[a]	inconsistency	indirectness			(0.49%)		to 44.15)		VERY LOW	T
Reoperations (number of patients) > 4 months (2 years)												
2	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[c]	none	45/459 (9.8%)	10%	RR 0.97 (0.59 to 1.57)	3 fewer per 1000 (from 41 fewer to 57 more)	⊕OOO VERY LOW	IMPORTANT
Reoperations (number of patients) > 4 months (5 years) - reoperations at 5 years												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	very serious[c]	none	5/80 (6.3%)	8.3%	RR 0.75 (0.24 to 2.35)	21 fewer per 1000 (from 63 fewer to 112 more)	⊕OOO VERY LOW	IMPORTANT
Device-related reoperations (number of events) > 4 months (5 years)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	9/80 (11.3%)	27.8%	RR 0.41 (0.2 to 0.83)	164 fewer per 1000 (from 47 fewer to 222 fewer)	⊕OOO VERY LOW	IMPORTANT

[a] Downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID
[c] Downgraded by 2 increments if the confidence interval crossed both MIDs

Table 335: Clinical evidence profile: Disc replacement vs 3-elements MBR (non-specific low back pain without sciatica)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Disc replacement**	**3-elements MBR**	**Relative (95% CI)**	**Absolute**		
Quality of life (EQ-5D, 0-1) >4 months (1 year)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	86	86	-	MD 0.13 higher (0.03 to 0.23 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (EQ-5D, 0-1) > 4 months (2 years)												

1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	none	none	86	86	-	MD 0.06 higher (0.03 lower to 0.15 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 mental component summary score, 0-100) >4 months (1 year)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	86	86	-	MD 1 higher (2.77 lower to 4.77 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36 physical component summary score, 0-100) >4 months (1 year)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	86	86	-	MD 5.5 higher (2.03 to 8.97 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life (SF-36 mental component summary score, 0-100) > 4 months (2 years)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	no serious imprecision	none	86	86	-	MD 2.1 higher (1.55 lower to 5.75 higher)	⊕⊕OO LOW	CRITICAL
Quality of life (SF-36 physical component summary score, 0-100) > 4 months (2 years)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	86	86	-	MD 5.6 higher (2.33 to 8.87 higher)	⊕OOO VERY LOW	CRITICAL
Pain severity (Back pain VAS, 0-10) >4 months (1 year)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	86	86	-	MD 1.76 lower (2.61 to 0.91 lower)	⊕⊕OO LOW	CRITICAL
Pain severity (Back pain VAS, 0-10) > 4 months (2 years)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	86	86	-	MD 1.43 lower (2.29 to 0.57 lower)	⊕OOO VERY LOW	CRITICAL
Function (ODI, 0-100) ≤ 4 months (3 months)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	86	86	-	MD 9.1 lower (13.17 to 5.03 lower)	⊕⊕OO LOW	CRITICAL
Function (ODI, 0-100) >4 months (1 years)												

1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	86	86	-	MD 8.9 lower (13.88 to 3.92 lower)	⊕OOO VERY LOW	CRITICAL
Function (ODI, 0-100) > 4 months (2 years)												
1	randomised trials	very serious[a]	no serious inconsistency	no serious indirectness	Serious[b]	none	86	86	-	MD 6.9 lower (11.57 to 2.23 lower)	⊕OOO VERY LOW	CRITICAL

[a] Downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[b] Downgraded by 1 increment if the confidence interval crossed one MID

1.20 Spinal fusion

Table 336: Clinical evidence profile: Fusion versus Usual Care

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Spinal Fusion**	**Usual Care**	**Relative (95% CI)**	**Absolute**		
Pain Severity(VAS,0-10) >4 months (2 years) (follow-up 2 years; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	201	63	-	MD 1.51 lower (2.09 to 0.93 lower)	⊕OOO VERY LOW	CRITICAL
Function(ODI,0-100) >4 months (2 years) (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	201	63	-	MD 9.9 lower (14.59 to 5.21 lower)	⊕OOO VERY LOW	CRITICAL
Adverse events-Complications (2 years)												

1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	48/211 (22.7%)	0/72 (0%)	OR 5 (2.45 to 10.19)	-	⊕OOO LOW	CRITICAL
Function(General Function Score,GFS,0-100) >4 months (2 years) (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	201	63	-	MD 11.4 lower (17.29 to 5.51 lower)	⊕OOO VERY LOW	CRITICAL
Function(MillionVAS,MVAS,0-100) >4 months (2 years) (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	201	63	-	MD 14.8 lower (20.11 to 9.49 lower)	⊕OOO LOW	CRITICAL
Reoperations (2 years)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	16/211 (7.6%)	0/72 (0%)	OR 4.12 (1.3 to 13.1)	-	⊕OOO LOW	IMPORTANT

[1] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[2] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MID's.

Table 337: Clinical evidence profile: Fusion versus Usual Care (cohort)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Spinal Fusion versus Usual Care**	**Control**	**Relative (95% CI)**	**Absolute**		
Quality of life, SF-36(PCS, 0-100) >4 months - 1 year (follow-up >4 months - 1 year; Better indicated by lower values)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	53	43	-	MD 1.9 higher (1.12 lower to 4.92 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life, SF-36(MCS, 0-100) >4 months - 1 year (follow-up >4 months - 1 year; Better indicated by lower values)												

1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	53	43	-	MD 2.6 lower (6.96 lower to 1.76 higher)	⊕OOO VERY LOW	CRITICAL
Pain Severity(NRS,0-10) >4 months - 1 year (follow-up >4 months - 1 year; Better indicated by lower values)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	53	43	-	MD 0.8 lower (1.94 lower to 0.34 higher)	⊕OOO VERY LOW	CRITICAL
Function (ODI,0-100)>4 months - 1 year (follow-up >4 months - 1 year; Better indicated by lower values)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	53	43	-	MD 1.1 higher (7.87 lower to 10.07 higher)	⊕OOO VERY LOW	CRITICAL

[1] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias

[2] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MID's.

Table 338: Clinical evidence profile: Fusion versus Other treatment

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Spinal Fusion**	**Other Treatment**	**Relative (95% CI)**	**Absolute**		
Pain Severity(VAS,0-10) >4 months - 1 year (1 year) (MBR) (Better indicated by lower values)												
2	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	63	55	-	MD 0.4 lower (1.29 lower to 0.48 higher)	⊕OOO VERY LOW	CRITICAL
Pain Severity(VAS,0-10, Mixed Modality exercise: anaerobic +biomechanical) >4 months - 1 year (1 year) (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	21	20	-	MD 2.83 lower (5.68 lower to 0.02 higher)	⊕OOO VERYLOW	CRITICAL

Pain Severity(VAS,0-10, Mixed Modality exercise: anaerobic +biomechanical) >4 months (2 year) (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	21	20	-	MD 3.06 lower (6.08 to 0.04 lower)	⊕OOO VERY LOW	CRITICAL
Function(ODI,0-100, 3 element MBR) >4 months - 1 year (1 year) (Better indicated by lower values)												
2	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	63	55	-	MD 0.83 higher (6.03 lower to 7.7 higher)	⊕OOO LOW	CRITICAL
Function(ODI, 0-100, Mixed Modality: aerobic+ biomechanical exercise) >4 months - 1 year (1 year) (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	21	20	-	MD 26.06 lower (47.47 to 4.65 lower)	⊕OOO VERY LOW	CRITICAL
Function(ODI,0-100, 3 element MBR) >4 months (2 year) (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	176	173	-	MD 2.1 lower (6.47 lower to 2.27 higher)	⊕OOO VERY LOW	CRITICAL
Function(ODI,0-100, Mixed Modality: aerobic + biomechanical exercise) >4 months (2 year) (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	21	20	-	MD 26.59 lower (44.82 to 8.36 lower)	⊕OOO VERY LOW	CRITICAL
Function(General Function Score, GFS,, 0-100) >4 months - 1 year (1 year) (Better indicated by lower values)												
2	randomised trials	very serious[1]	serious inconsistency[3]	no serious indirectness	very serious[2]	none	63	55	-	MD 0.93 higher (10.12 lower to 11.97 higher))	⊕OOO VERY LOW	CRITICAL
Pain Severity(Japanese Orthopaedic Association Score,JOAS,0-3, Mixed Modality: aerobic + biomechanical exercise) >4 months - 1 year (1 year) (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	21	20	-	MD 0.96 higher (0.36 to 1.56 higher)	⊕OOO VERY LOW	CRITICAL
Pain Severity(Japanese Orthopaedic Association Score,JOAS,0-3, Mixed Modality: aerobic + biomechanical exercise) >4 months (2 year) (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	21	20	-	MD 1.16 higher (0.4 to 1.92 higher)	⊕OOO VERY LOW	CRITICAL
SF36 at 2 years - Physical component score, PCS (Better indicated by lower values)												

1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	115	131	-	MD 1.2 higher (2.5 lower to 4.9 higher)	⊕OOO LOW	CRITICAL
SF36 at 2 years - Mental component score, MSC (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	115	131	-	MD 0.7 lower (3.79 lower to 2.39 higher)	⊕OOO LOW	CRITICAL
SF36 at 2 years - Domain-General health perception (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	115	131	-	MD 3.9 higher (2.12 lower to 9.92 higher)	⊕OOO LOW	CRITICAL
SF36 at 2 years - Domain-Physical functioning (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	115	131	-	MD 0.2 higher (6.92 lower to 7.32 higher)	⊕OOO LOW	CRITICAL
SF36 at 2 years - Domain-Role limitation(emotional) (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	115	131	-	MD 0.2 lower (10.98 lower to 10.58 higher)	⊕OOO LOW	CRITICAL
SF36 at 2 years - Domain-Role limitation(physical) (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	115	131	-	MD 1 higher (9.61 lower to 11.61 higher)	⊕OOO LOW	CRITICAL
SF36 at 2 years - Domain-Pain (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	115	131	-	MD 3.2 higher (3.26 lower to 9.66 higher)	⊕OOO LOW	CRITICAL
SF36 at 2 years - Domain-Social functioning (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	115	131	-	MD 2 lower (8.56 lower to 4.56 higher)	⊕OOO LOW	CRITICAL
SF36 at 2 years - Domain-Mental Health (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	115	131	-	MD 1.9 lower (7.48 lower to 3.68 higher)	⊕OOO LOW	CRITICAL

SF36 at 2 years - Domain-Energy and vitality (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	115	131	-	MD 0.3 higher (5.66 lower to 6.26 higher)	⊕OOO LOW	CRITICAL
Healthcare Utilisation(unplanned hospital admissions for spinal injury, mean no. per patient, 3 element MBR) (2 year) (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	176	173	-	MD 0.24 lower (0.32 to 0.16 lower)	⊕OOO VERY LOW	IMPORTANT
Healthcare Utilisation(GP consultations, mean no. per patient, 3 element MBR) (2 year) (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	176	173	-	MD 0.57 higher (1.29 lower to 2.43 higher)	⊕OOO LOW	IMPORTANT
Healthcare Utilisation(Practice Nurse consultations, mean no. per patient, 3 element MBR) (2 year) (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	176	173	-	MD 0.24 higher (0.17 lower to 0.65 higher)	⊕OOO LOW	IMPORTANT
Healthcare Utilisation(GP home visits, mean no. per patient, 3 element MBR) (2 year) (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	176	173	-	MD 0.38 higher (0.07 to 0.69 higher)	⊕OOO VERY LOW	IMPORTANT
Healthcare Utilisation(Practise nurse home visits, mean no. per patient, 3 element MBR) (2 year) (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	176	173	-	MD 0.37 higher (0.02 to 0.72 higher)	⊕OOO VERY LOW	IMPORTANT
Healthcare Utilisation(Prescriptions, mean no. per patient, 3 element MBR) (2 year) (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	176	173	-	MD 0.8 higher (4.21 lower to 5.81 higher)	⊕OOO LOW	IMPORTANT

[1]Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[2] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MID's.
[3] Heterogeneity unexplained by subgroup analysis, random effects used

1607 **Table 339: Clinical evidence profile: Fusion versus Different type of surgery**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Spinal Fusion	Different type of surgery	Relative (95% CI)	Absolute		
Pain Severity(VAS/NRS,0-10) ≤4 months (3 month) (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	172	405	-	MD 0.92 higher (0.5 to 1.34 higher)	⊕OOO LOW	CRITICAL
Pain Severity(VAS/NRS,0-10) >4 months - 1 year (1 year) (Better indicated by lower values)												
2	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	244	485	-	MD 0.73 higher (0.32 to 1.14 higher)	⊕OOO LOW	CRITICAL
Pain Severity(VAS/NRS,0-10) >4 months (2 year) (Better indicated by lower values)												
2	randomised trials	very serious[1]	serious inconsistency[3]	no serious indirectness	no serious imprecision	none	244	485	-	MD 0.1 lower (0.89 lower to 0.69 higher)	⊕OOO VERY LOW	CRITICAL
Function(ODI,0-100) ≤4 months (3 month) (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	172	405	-	MD 8.6 higher (4.6 to 12.6 higher)	⊕OOO LOW	CRITICAL
Function(ODI,0-100) >4 months - 1 year (Better indicated by lower values)												
2	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	244	485	-	MD 5.9 higher (2.98 to 8.83 higher)	⊕OOO LOW	CRITICAL
Function(ODI,0-100) >4 months - 2 year (Better indicated by lower values)												
2	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	244	485	-	MD 4.75 higher (1.74 to 7.77 higher)	⊕OOO LOW	CRITICAL
SF36(Physical Component Score,PCS,0-100)≤ 4 months (3 month) (Better indicated by lower values)												
1	randomised	very	no serious	no serious	serious[2]	none	172	405	-	MD 4.5 lower (6.22 to	⊕OOO	CRITICAL

	trials	serious[1]	inconsistency	indirectness						2.78 lower)	VERY LOW	
SF36(Physical Component Score,PCS,0-100)> 4 months - 1 year (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	172	405	-	MD 3.1 lower (5.19 to 1.01 lower)	⊕OOO LOW	CRITICAL
SF36(Physical Component Score,PCS,0-100)> 4 months - 2 year (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	172	405	-	MD 3 lower (5.16 to 0.84 lower)	⊕OOO LOW	CRITICAL
SF36(Mental Component Score,MCS,0-100)≤ 4 months (3 month) (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	172	405	-	MD 2.8 lower (4.91 to 0.69 lower)	⊕OOO LOW	CRITICAL
SF36(Mental Component Score,MCS,0-100)> 4 months - 1 year (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	172	405	-	MD 2 lower (4.05 lower to 0.05 higher)	⊕OOO LOW	CRITICAL
SF36(Mental Component Score,MCS,0-100)> 4 months - 2 year (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	172	405	-	MD 1.4 lower (3.36 lower to 0.56 higher)	⊕OOO LOW	CRITICAL
EQ5D >4 months - 1 year (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	72	80	-	MD 0.08 lower (0.17 lower to 0.01 higher)	⊕OOO VERY LOW	CRITICAL
EQ5D >4 months - 2 year (Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	72	80	-	MD 0.02 higher (0.07 lower to 0.11 higher)	⊕OOO LOW	CRITICAL
Adverse events-Complications - 2 year												
2	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	360/477 (75.5%)	53.2%	RR 0.97 (0.9 to 1.05)	16 fewer per 1000 (from 53 fewer to 27 more)	⊕OOO LOW	IMPORTANT

Adverse events-Complications - 5 year												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	9/72 (12.5%)	(16.3%)	RR 0.77 (0.35 to 1.69)	37 fewer per 1000 (from 106 fewer to 112 more)	⊕OOO VERY LOW	IMPORTANT
Adverse events-surgery at adjacent level at 2 years												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	6/72 (8.3%)	(1.3%)	RR 6.67 (0.82 to 54.06)	71 more per 1000 (from 2 fewer to 663 more)	⊕OOO VERY LOW	IMPORTANT
Reoperations - 2 year												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	7/72 (9.7%)	(10%)	RR 0.97 (0.37 to 2.55)	3 fewer per 1000 (from 63 fewer to 155 more)	⊕OOO VERY LOW	IMPORTANT
Reoperations - 5 year												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	7/72 (9.7%)	(11.3%)	RR 0.86 (0.34 to 2.2)	16 fewer per 1000 (from 74 fewer to 135 more)	⊕OOO VERY LOW	IMPORTANT
Adverse events-Mortality (2 year)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	3/405 (0.7%)	(0.6%)	RR 1.27 (0.13 to 12.16)	2 more per 1000 (from 5 fewer to 65 more)	⊕OOO VERY LOW	IMPORTANT

[1] *Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias*
[2] *Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MID's.*

[3]*Heterogeniety unexplained by subgroup analysis, random effects used*

1621 Spinal decompression

1613 **Table 340: Discectomy versus Usual Care**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Sciatica due to herniated intervertebral disc-Discectomy	Usual Care	Relative (95% CI)	Absolute		
Quality of life, SF-36, 0-100 ≤4 months - Domain-Bodily pain (follow-up ≤4 months; Better indicated by lower values)												
2	randomised trials	very serious[1]	very serious[2]	no serious indirectness	no serious imprecision	none	338	352	-	MD 8.35 higher (7.87 to 8.83 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life, SF-36, 0-100 ≤4 months - Domain-Physical functioning (follow-up ≤4 months; Better indicated by lower values)												
2	randomised trials	very serious[1]	very serious[2]	no serious indirectness	no serious imprecision	none	338	352	-	MD 9.26 higher (8.84 to 9.68 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life, SF-36, 0-100 ≤4 months - Domain-Social functioning (follow-up ≤4 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	140	141	-	MD 2.3 higher (1.76 to 2.84 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36, 0-100 ≤4 months - Domain-Physical role (follow-up ≤4 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	140	141	-	MD 0.2 higher (0.54 lower to 0.94 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36, 0-100 ≤4 months - Domain-Emotional role (follow-up ≤4 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	140	141	-	MD 3.1 higher (2.26 to 3.94 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36, 0-100 ≤4 months - Domain-Mental health index (follow-up ≤4 months; Better indicated by lower values)												

1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	140	141	-	MD 9.1 higher (8.75 to 9.45 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36, 0-100 ≤4 months - Domain-Vitality (follow-up ≤4 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	140	141	-	MD 10.4 higher (10 to 10.8 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36, 0-100 ≤4 months - Domain-General health perception (follow-up ≤4 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	140	141	-	MD 10.5 higher (10.14 to 10.86 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36, 0-100 >4 months - 1 year - Domain-Bodily pain (follow-up >4 months - 1 year; Better indicated by lower values)												
2	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[3]	none	342	354	-	MD 3.3 higher (2.94 to 3.66 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life, SF-36, 0-100 >4 months - 1 year - Domain-Physical functioning (follow-up >4 months - 1 year; Better indicated by lower values)												
2	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	342	354	-	MD 1.5 higher (1.08 to 1.92 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36, 0-100 >4 months - 1 year - Domain-Social functioning (follow-up >4 months - 1 year; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	140	141	-	MD 4.5 higher (4.07 to 4.93 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36, 0-100 >4 months - 1 year - Domain-Physical role (follow-up >4 months - 1 year; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	140	141	-	MD 7.2 higher (6.37 to 8.03 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36, 0-100 >4 months - 1 year - Domain-Emotional role (follow-up >4 months - 1 year; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[3]	none	140	141	-	MD 3.9 higher (3.23 to 4.57 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life, SF-36, 0-100 >4 months - 1 year - Domain-Mental health index (follow-up 4 months; Better indicated by lower values)												

1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[3]	none	140	141	-	MD 2.7 higher (2.37 to 3.03 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life, SF-36, 0-100 >4 months - 1 year - Domain-Vitality (follow-up >4 months - 1 year; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	140	141	-	MD 3.2 higher (2.84 to 3.56 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36, 0-100 >4 months - 1 year - Domain-General health perception (follow-up >4 months - 1 year; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	140	141	-	MD 2.5 higher (2.11 to 2.89 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36, 0-100 >4 months(2 year) - Domain-Bodily pain (follow-up 2 years; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[3]	none	186	187	-	MD 3.2 higher (2.07 lower to 8.47 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life, SF-36, 0-100 >4 months(2 year) - Domain-Physical functioning (follow-up 2 years; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[3]	none	186	187	-	MD 0 higher (5.41 lower to 5.41 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life, EQ-5D, 0-1 ≤4 months(3 months) (follow-up 3 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	141	142	-	MD 0.06 higher (0.01 to 0.11 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, EQ-5D, 0-1 >4 months - 1 year(1 year) (follow-up 1 years; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	141	142	-	MD 0.02 higher (0.02 lower to 0.06 higher)	⊕⊕OO LOW	CRITICAL
Leg Pain Severity(VAS,0-10) ≤4 months (follow-up ≤4 months; Better indicated by lower values)												
2	randomised trials	very serious[1]	very serious[2]	no serious indirectness	serious[3]	none	166	167	-	MD 1.39 lower (2.39 to 0.39 lower)	⊕OOO VERY LOW	CRITICAL

Leg Pain Severity(VAS,0-10) >4 months - 1 year (follow-up >4 months - 1 year; Better indicated by lower values)												
2	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	166	167	-	MD 0.57 lower (0.87 to 0.28 lower)	⊕⊕OO LOW	CRITICAL
Leg Pain Severity(VAS,0-10) >4 months(2 year) (follow-up 2 years; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[3]	none	26	24	-	MD 0.9 lower (1.95 lower to 0.15 higher)	⊕OOO VERY LOW	CRITICAL
Back Pain Severity(VAS,0-10) ≤4 months (follow-up ≤4 months; Better indicated by lower values)												
2	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	166	167	-	MD 1.13 lower (1.18 to 1.08 lower)	⊕⊕OO LOW	CRITICAL
Back Pain Severity(VAS,0-10) >4 months - 1 year (follow-up >4 months - 1 year; Better indicated by lower values)												
2	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	166	166	-	MD 0.23 lower (0.28 to 0.18 lower)	⊕⊕OO LOW	CRITICAL
Back Pain Severity(VAS,0-10) >4 months (2 year) (follow-up 2 years; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[3]	none	26	24	-	MD 1 lower (2.28 lower to 0.28 higher)	⊕OOO VERY LOW	CRITICAL
Pain Severity(Back Pain bothersomeness, change score,0-6) ≤4 months (follow-up 3 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[3]	none	198	211	-	MD 2.2 lower (3.46 to 0.94 lower)	⊕OOO VERY LOW	CRITICAL
Pain Severity(Back Pain bothersomeness, change score,0-6) >4 months - 1 year (1 year) (follow-up 1 years; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	202	211	-	MD 1.6 lower (2.86 to 0.34 lower)	⊕⊕OO LOW	CRITICAL
Pain Severity(Back Pain bothersomeness, change score,0-6) >4 months (2 year) (follow-up 2 years; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	186	187	-	MD 1.6 lower (2.92 to 0.28 lower)	⊕⊕OO LOW	CRITICAL

Function(RMDQ, final score) ≤4 months (follow-up ≤4 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	140	141	-	MD 3.1 lower (3.22 to 2.98 lower)	⊕⊕OO LOW	CRITICAL
Function(RMDQ final score) >4 months - 1 year (follow-up >4 months - 1 year; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	140	141	-	MD 0.8 lower (0.92 to 0.68 lower)	⊕⊕OO LOW	CRITICAL
Function(,ODI change score) ≤4 months (follow-up ≤4 months; Better indicated by lower values)												
2	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	224	237	-	MD 5.1 lower (8.91 to 1.3 lower)	⊕⊕OO LOW	CRITICAL
Function(,ODI change score) >4 months - 1 year (follow-up >4 months - 1 year; Better indicated by lower values)												
2	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	228	239	-	MD 2.58 lower (6.47 lower to 1.3 higher)	⊕⊕OO LOW	
Function(,ODI change score) >4 months (2 year) (follow-up 2 years; Better indicated by lower values)												
2	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	212	211	-	MD 3.38 lower (7.33 lower to 0.58 higher)	⊕⊕OO LOW	CRITICAL
Responder criteria (complete or nearly complete disappearance of symptoms) ≤ 4 months(8 weeks) (follow-up 8 weeks)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	86/140 (61.4%)	31.2%	RR 1.97 (1.49 to 2.6)	303 more per 1000 (from 153 more to 499 more)	⊕⊕OO LOW	IMPORTANT
Responder criteria (complete or nearly complete disappearance of symptoms) > 4 months(26 weeks) (follow-up 26 weeks)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[3]	none	127/140 (90.7%)	66%	RR 1.38 (1.21 to 1.57)	251 more per 1000 (from 139 more to 376 more)	⊕OOO VERY LOW	IMPORTANT
Reoperations (1 year) (follow-up 1 years)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[3]	none	2/26 (7.7%)	0%	OR 7.12 (0.43 to 117.44)	-	⊕OOO VERY LOW	IMPORTANT

Reoperations (2 years)											
2	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	27/269 (10%)	0%	OR 8.33 (3.85 to 18.04)	-	⊕⊕OO LOW	IMPORTANT
Adverse events(intraoperative complications) ≤ 4 months (follow-up ≤4 months)											
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	13/243 (5.3%)	0%	OR 8.27 (2.75 to 24.86)	-	⊕⊕OO LOW	
Adverse events(postoperative complications/events) ≤ 4 months(8 weeks) (follow-up 8 weeks)											
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	13/243 (5.3%)	0%	OR 8 (2.66 to 24.05)	-	⊕⊕OO LOW	IMPORTANT
Healthcare Utilisation(Number of patients with additional physical therapy visits)> 4 months (2 year) (follow-up 2 years)											
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	Serious[3]	none	8/26 (30.8%)	62.5%	RR 0.49 (0.26 to 0.95)	319 fewer per 1000 (from 31 fewer to 463 fewer)	⊕OOO VERY LOW	IMPORTANT

[1] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[2] Downgraded by 1 or 2 increments because of Heterogeneity, I2=50%, p=0.04, unexplained by subgroup analysis.
[3] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs

Table 341: Discectomy versus usual care (cohort and RCT+cohort)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Sciatica due to herniated disc-Discectomy**	**Usual care**	**Relative (95% CI)**	**Absolute**		
Quality of life, SF-36, 0-100 ≤4 months(3 month) - Domain-Bodily pain (follow-up 3 months; Better indicated by lower values)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	466	190	-	MD 14.9 higher (10.77 to 19.03	⊕OOO VERY	CRITICAL

										higher)	LOW	
Quality of life, SF-36, 0-100 ≤4 months(3 month) - Domain-Physical functioning (follow-up 3 months; Better indicated by lower values)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	466	190	-	MD 15.4 higher (11.53 to 19.27 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life, SF-36, 0-100 >4 months - 1 year(1 year) - Domain-Bodily pain (follow-up 1 years; Better indicated by lower values)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	460	171	-	MD 10.8 higher (6.5 to 15.1 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life, SF-36, 0-100 >4 months - 1 year(1 year) - Domain-Physical functioning (follow-up 1 years; Better indicated by lower values)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	460	171	-	MD 15.1 higher (10.9 to 19.3 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life, SF-36, 0-100 >4 months(2 year) - Domain-Bodily pain (follow-up 2 years; Better indicated by lower values)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	456	165	-	MD 10.2 higher (5.9 to 14.5 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life, SF-36, 0-100 >4 months(2 year) - Domain-Physical functioning (follow-up 2 years; Better indicated by lower values)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	456	165	-	MD 12 higher (7.8 to 16.2 higher)	⊕OOO VERY LOW	CRITICAL
Pain Severity(Sciatica bothersomeness index, change score,0-24) ≤4 months (3 months) (follow-up 3 months; Better indicated by lower values)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	466	190	-	MD 3.9 lower (4.93 to 2.87 lower)	⊕OOO VERY LOW	CRITICAL

Pain Severity(Sciatica bothersomeness index, change score,0-24) >4 months - 1 year (1 year) (follow-up 1 years; Better indicated by lower values)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	460	171	-	MD 2.6 lower (3.67 to 1.53 lower)	⊕OOO VERY LOW	CRITICAL
Pain Severity(Sciatica bothersomeness index, change score,0-24) >4 months (2 year) (follow-up 2 years; Better indicated by lower values)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	serious[1]	none	456	165	-	MD 2.1 lower (3.17 to 1.03 lower)	⊕OOO VERY LOW	CRITICAL
Function(,ODI change score) ≤4 months (follow-up 3 months; Better indicated by lower values)												
1	observational studies	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	466	190	-	MD 15.2 lower (18.6 to 11.8 lower)	⊕OOO VERY LOW	CRITICAL
Function(,ODI change score) 4 months (1 year) (follow-up 1 years; Better indicated by lower values)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	460	171	-	MD 15.3 lower (19.03 to 11.57 lower)	⊕OOO VERY LOW	CRITICAL
Function(,ODI change score) ≤4 months (2 year) (follow-up 2 years; Better indicated by lower values)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	456	165	-	MD 13.4 lower (17.13 to 9.67 lower)	⊕OOO VERY LOW	CRITICAL
Pain Severity(Back Pain bothersomeness,0-6) ≤4 months (follow-up 3 months; Better indicated by lower values)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	775	416	-	MD 0.9 lower (0.91 to 0.89 lower)	⊕OOO VERY LOW	CRITICAL
Pain Severity(Back Pain bothersomeness,0-6) >4 months - 1 year (1 year) (follow-up 1 years; Better indicated by lower values)												

1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	775	416	-	MD 0.7 lower (0.71 to 0.69 lower)	⊕OOO VERY LOW	CRITICAL
Pain Severity(Back Pain bothersomeness,0-6) >4 months (2 year) (follow-up 2 years; Better indicated by lower values)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	775	416	-	MD 0.5 lower (0.51 to 0.49 lower)	⊕OOO VERY LOW	CRITICAL
Healthcare Utilisation(Number of patients with more reported diagnostic test use)> 4 months (2 year) (follow-up 2 years)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	410/775 (52.9%)	33.9%	RR 1.56 (1.34 to 1.81)	190 more per 1000 (from 115 more to 275 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare Utilisation(Number of patients with additional physical therapy visits)> 4 months (2 year) (follow-up 2 years)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	383/775 (49.4%)	44%	RR 1.12 (0.99 to 1.28)	53 more per 1000 (from 4 fewer to 123 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare Utilisation(Number of patients with reported healthcare visits)> 4 months (2 year) (follow-up 2 years)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision[2]	none	698/775 (90.1%)	88%	RR 1.02 (0.98 to 1.07)	18 more per 1000 (from 18 fewer to 62 more)	⊕OOO VERY LOW	IMPORTANT
Healthcare Utilisation(Medication use)> 4 months (2 year) (follow-up 2 years)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	744/775 (96%)	88.9%	RR 1.08 (1.04 to 1.12)	71 more per 1000 (from 36 more to 107 more)	⊕OOO VERY LOW	IMPORTANT

[1] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[2] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs.

Table 342: Discectomy versus combination treatment (manual therapy+ biomechanical exercise + self-management)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Sciatica due to herniated intervertebral disc-Discectomy	Manual therapy+ biomechanical exercise + self-management	Relative (95% CI)	Absolute		
Quality of life, SF-36, 0-100 ≤4 months(12 weeks) - Domain-Bodily pain (follow-up 12 weeks; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	20	20	-	MD 10.3 higher (2.37 lower to 22.97 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36, 0-100 ≤4 months(12 weeks) - Domain-Physical role (follow-up 12 weeks; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	20	20	-	MD 3.7 lower (27.1 lower to 19.7 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life, SF-36, 0-100 ≤4 months(12 weeks) - Domain-Emotional role (follow-up 12 weeks; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	20	20	-	MD 9.5 lower (34.49 lower to 15.49 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life, SF-36, 0-100 ≤4 months(12 weeks) - Domain-Vitality (follow-up 12 weeks; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	20	20	-	MD 8.20 higher (3.37 lower to 19.77 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life, SF-36, 0-100 ≤4 months(12 weeks) - Domain-Physical function (follow-up 12 weeks; Better indicated by lower values)												

1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	20	20	-	MD 6.80 higher (9.64 lower to 23.24 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life, SF-36, 0-100 ≤4 months(12 weeks) - Domain-Social function (follow-up 12 weeks; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	20	20	-	MD 6.30 lower (23.79 lower to 11.19 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life, SF-36, 0-100 ≤4 months(12 weeks) - Domain-Mental health (follow-up 12 weeks; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	20	20	-	MD 0.40 higher (5.61 lower to 6.41 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life, SF-36, 0-100 ≤4 months(12 weeks) - Domain-General health (follow-up 12 weeks; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	20	20	-	MD 5.40 higher (5.61 lower to 6.41 higher)	⊕OOO VERY LOW	CRITICAL
Pain Severity(McGill, 0-78) ≤ 4 months(12 weeks) (follow-up 12 weeks; Better indicated by lower values)												
1	randomised trials	serious	no serious inconsistency	no serious indirectness	serious[2]	none	20	20	-	MD 6.4 lower (3.40 lower to 14.20 higher)	⊕⊕OO LOW	CRITICAL
Function(RMDQ,0-24) ≤4 months (follow-up 12 weeks; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	20	20	-	MD 1.8 lower (5.87 lower to 2.27 higher)	⊕⊕OO LOW	CRITICAL

[1] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias

[2] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs.

Table 343: Percutaneous decompression versus usual care

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Sciatica due to herniated intervertebral disc- Percutaneous disc decompression	Usual Care	Relative (95% CI)	Absolute		
Pain Severity(Leg Pain NVS,0-10) ≤4 months(3 months) (follow-up 3 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	31	31	-	MD 1.6 lower (2.95 to 0.25 lower)	⊕OOO VERY LOW	CRITICAL
Pain Severity(Leg Pain NVS,0-10) >4 months - 1 year(1 year) (follow-up 1 years; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	31	31	-	MD 2.8 lower (4.02 to 1.58 lower)	⊕⊕OO LOW	CRITICAL
Pain Severity(Leg Pain NVS,0-10) >4 months(2 years) (follow-up 2 years; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	31	31	-	MD 3.10 lower (4.45 to 1.75 lower)	⊕⊕OO LOW	CRITICAL

[1] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias

[2] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs.

Table 344: Plasma disc decompression versus other treatment (epidural steroid)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Sciatica due to herniated intervertebral disc- Plasma disc	Other treatment (Transforaminal epidural steroid	Relative (95% CI)	Absolute		

							decompression	injections)				
Pain Severity(Leg Pain VAS,0-10) ≤4 months(3 months) (follow-up 3 months; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	45	40	-	MD 1.8 lower (3.05 to 0.55 lower)	⊕⊕OO LOW	CRITICAL
Pain Severity(Leg Pain VAS,0-10) >4 months - 1 year(6 months) (follow-up 6 months; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	45	40	-	MD 1.8 lower (3.05 to 0.55 lower)	⊕⊕OO LOW	CRITICAL
Pain Severity(Back Pain VAS,0-10) ≤4 months(3 months) (follow-up 3 months; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	45	40	-	MD 2.2 lower (3.18 to 1.22 lower)	⊕⊕⊕O MODERATE	CRITICAL
Pain Severity(Back Pain VAS,0-10) >4 months - 1 year(6 months) (follow-up 6 months; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	45	40	-	MD 1.62 lower (2.73 to 0.51 lower)	⊕⊕OO LOW	CRITICAL
FunctionODI,0-100 ≤4 months (3 months) (follow-up 3 months; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	45	40	-	MD 1.2 lower (1.91 to 0.49 lower)	⊕⊕OO LOW	CRITICAL
Function(ODI,0-100) >4 months - 1 year (6 months) (follow-up 6 months; Better indicated by lower values)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	45	40	-	MD 1.6 lower (2.31 to 0.89 lower)	⊕⊕⊕O MODERATE	CRITICAL

Procedure related adverse events> 4 months (6 months) (follow-up 6 months)												
1	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious[2]	none	5/45 (11.1%)	17.5%	RR 0.63 (0.22 to 1.84)	65 fewer per 1000 (from 137 fewer to 147 more)	⊕OOO VERY LOW	IMPORTANT

[1] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[2] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs.

Table 345: Discectomy versus fusion

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Sciatica due to herniated disc-Discectomy**	**Fusion**	**Relative (95% CI)**	**Absolute**		
Function (ODI 0-100) >4 months - 1 year (follow-up >4 months - 1 year; Better indicated by lower values)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	25	30	-	MD 1.52 lower (8.76 lower to 5.72 higher)	⊕OOO VERY LOW	CRITICAL
Revision surgery >4 months - 1 year (follow-up >4 months - 1 year)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	3/25 (12%)	0%	OR 9.82 (0.97 to 99.53)	-	⊕OOO VERY LOW	IMPORTANT

[1] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs.
[2] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias

Table 346: Laminectomy versus usual care

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Sciatica due to stenosis (foraminal and/or canal)- Laminectomy versus Usual Care	Control	Relative (95% CI)	Absolute		
Quality of life, SF-36, 0-100 ≤4 months - Domain-Bodily pain (follow-up 3 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	116	135	-	MD 2.5 higher (4.16 lower to 9.16 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36, 0-100 ≤4 months - Domain-Physical functioning (follow-up 3 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	116	135	-	MD 4.2 lower (10.86 lower to 2.46 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36, 0-100 >4 months - 1 year (1 year) - Domain-Bodily pain (follow-up 1 years; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	120	126	-	MD 5.5 higher (0.74 lower to 11.74 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36, 0-100 >4 months - 1 year (1 year) - Domain-Physical functioning (follow-up 1 years; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	120	126	-	MD 1.6 higher (4.64 lower to 7.84 higher)	⊕⊕OO LOW	CRITICAL
Quality of life, SF-36, 0-100 >4 months (2 year) - Domain-Bodily pain (follow-up 2 years; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	108	113	-	MD 7.8 higher (1.56 to 14.04 higher)	⊕OOO VERY LOW	CRITICAL

Quality of life, SF-36, 0-100 >4 months (2 year) - Domain-Physical functioning (follow-up 2 years; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	108	113	-	MD 0 higher (6.52 lower to 6.52 higher)	⊕⊕OO LOW	CRITICAL
Pain Severity(Low Back Pain bothersomeness, change score,0-24) ≤4 months (follow-up 3 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	116	135	-	MD 0.4 higher (0.15 lower to 0.95 higher)	⊕⊕OO LOW	CRITICAL
Pain Severity(Low Back Pain bothersomeness, change score,0-24) >4 months - 1 year (follow-up 1 years; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	120	126	-	MD 0 higher (0.55 lower to 0.55 higher)	⊕⊕OO LOW	CRITICAL
Pain Severity(Low Back Pain bothersomeness, change score,0-24) >4 months (2 year) (follow-up 2 years; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	108	113	-	MD 0.3 higher (0.26 lower to 0.86 higher)	⊕⊕OO LOW	CRITICAL
Pain Severity(Sciatica Pain bothersomeness, change score,0-24) ≤4 months (follow-up 3 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	116	135	-	MD 0.3 lower (1.01 lower to 0.41 higher)	⊕⊕OO LOW	CRITICAL
Pain Severity(Sciatica Pain bothersomeness, change score,0-24) >4 months - 1 year (1 year) (follow-up 1 years; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	120	126	-	MD 0.6 lower (1.15 to 0.05 lower)	⊕OOO VERY LOW	CRITICAL
Pain Severity(Sciatica Pain bothersomeness, change score,0-24) >4 months (2 year) (follow-up 2 years; Better indicated by lower values)												

1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	108	113	-	MD 0.4 lower (0.96 lower to 0.16 higher)	⊕⊕OO LOW	CRITICAL
Function(,ODI change score) ≤4 months (follow-up 3 months; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	116	135	-	MD 0.5 higher (5.05 lower to 6.05 higher)	⊕⊕OO LOW	CRITICAL
Function(,ODI change score) >4 months - 1 year (follow-up 1 years; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	120	126	-	MD 2.2 lower (7.33 lower to 2.93 higher)	⊕⊕OO LOW	CRITICAL
Function(,ODI change score) >4 months (2 year) (follow-up 2 years; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	108	113	-	MD 3.5 lower (8.63 lower to 1.63 higher)	⊕⊕OO LOW	CRITICAL

[1] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[2] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs.

Table 347: Laminectomy versus usual care (cohort and RCT+ Cohort)

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Sciatica due to stenosis (foraminal and/or canal)- Laminectomy versus Usual Care**	**Control**	**Relative (95% CI)**	**Absolute**		
Quality of life, SF-36, 0-100 ≤4 months - Domain-Bodily pain (follow-up 3 months; Better indicated by lower values)												
1	observational	very	no serious	no serious	very serious[2]	none	378	313	-	MD 16.1 higher (12.91 to 19.29	⊕OOO VERY	CRITICAL

	studies	serious[1]	inconsistency	indirectness						higher)	LOW	
Quality of life, SF-36, 0-100 ≤4 months - Domain-Physical functioning (follow-up 3 months; Better indicated by lower values)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	378	313	-	MD 14.8 higher (11.48 to 18.12 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life, SF-36, 0-100 >4 months - 1 year (1 year) - Domain-Bodily pain (follow-up 1 years; Better indicated by lower values)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	302	230	-	MD 14.5 higher (10.89 to 18.11 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life, SF-36, 0-100 >4 months - 1 year (1 year) - Domain-Physical functioning (follow-up 1 years; Better indicated by lower values)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	302	230	-	MD 16 higher (12.39 to 19.61 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life, SF-36, 0-100 >4 months (2 year) - Domain-Bodily pain (follow-up 2 years; Better indicated by lower values)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	335	198	-	MD 13.6 higher (9.99 to 17.21 higher)	⊕OOO VERY LOW	CRITICAL
Quality of life, SF-36, 0-100 >4 months (2 year) - Domain-Physical functioning (follow-up 2 years; Better indicated by lower values)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	335	113	-	MD 11.2 higher (6.76 to 15.64 higher)	⊕OOO VERY LOW	CRITICAL
Pain Severity(Low Back Pain bothersomeness, change score,0-24) ≤4 months (follow-up 3 months; Better indicated by lower values)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	378	313	-	MD 1.2 lower (1.48 to 0.92 lower)	⊕OOO VERY LOW	CRITICAL

Pain Severity(Low Back Pain bothersomeness, change score,0-24) >4 months - 1 year (follow-up 1 years; Better indicated by lower values)												
1	randomised trials	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	302	230	-	SMD 3.00 lower (3.28 to 2.72 lower)	⊕⊕OO LOW	CRITICAL
Pain Severity(Low Back Pain bothersomeness, change score,0-24) >4 months (2 year) (follow-up 2 years; Better indicated by lower values)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	335	198	-	MD 0.9 lower (1.18 to 0.62 lower)	⊕OOO VERY LOW	CRITICAL
Pain Severity(Sciatica Pain bothersomeness, change score,0-24) ≤4 months (follow-up 3 months; Better indicated by lower values)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	378	313	-	MD 1.8 lower (2.08 to 1.52 lower)	⊕OOO VERY LOW	CRITICAL
Pain Severity(Sciatica Pain bothersomeness, change score,0-24) >4 months - 1 year (1 year) (follow-up 1 years; Better indicated by lower values)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	302	230	-	MD 1.2 lower (1.48 to 0.92 lower)	⊕OOO VERY LOW	CRITICAL
Pain Severity(Sciatica Pain bothersomeness, change score,0-24) >4 months (2 year) (follow-up 2 years; Better indicated by lower values)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	335	198	-	MD 1.1 lower (1.38 to 0.82 lower)	⊕OOO VERY LOW	CRITICAL
Function(,ODI change score) ≤4 months (follow-up 1 years; Better indicated by lower values)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	378	313	-	MD 13.8 lower (16.44 to 11.16 lower)	⊕OOO VERY LOW	CRITICAL
Function(,ODI change score) >4 months - 1 year (follow-up 1 years; Better indicated by lower values)												

1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	302	230	-	MD 12.5 lower (15.41 to 9.59 lower)	⊕OOO VERY LOW	CRITICAL
Function(,ODI change score) >4 months (2 year) (follow-up 2 years; Better indicated by lower values)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	335	198	-	MD 11.2 lower (14.26 to 8.14 lower)	⊕OOO VERY LOW	CRITICAL

[1] Downgraded by 1 increment if the majority of the evidence was at high risk of bias, and downgraded by 2 increments if the majority of the evidence was at very high risk of bias
[2] Downgraded by 1 increment if the confidence interval crossed one MID or by 2 increments if the confidence interval crossed both MIDs.

Table 348: Discectomy versus fusion

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Sciatica due to stenosis- Discectomy**	**Fusion**	**Relative (95% CI)**	**Absolute**		
Adverse events (complications) >4 months - 1 year (follow-up >4 months - 1 year)												
1	observational studies	very serious[1]	no serious inconsistency	no serious indirectness	no serious imprecision	none	0/47 (0%)	0%	not pooled	not pooled	⊕OOO VERY LOW	IMPORTANT

References

1 Anema JA, Steenstra IA, Bongers PM, de Vet HC, Knol DL, Loisel P et al. Multidisciplinary rehabilitation for subacute low back pain: graded activity or workplace intervention or both? a randomized controlled trial. Spine. 2007; 32(3):291-298

2 Apeldoorn AT, Bosmans JE, Ostelo RW, de Vet HC, van Tulder MW. Cost-effectiveness of a classification-based system for sub-acute and chronic low back pain. European Spine Journal. 2012; 21(7):1290-1300

3 Apeldoorn AT, Ostelo RW, van Helvoirt H, Fritz JM, de Vet HCW, van Tulder MW. The cost-effectiveness of a treatment-based classification system for low back pain: design of a randomised controlled trial and economic evaluation. BMC Musculoskeletal Disorders. 2010; 11:58

4 Apeldoorn AT, Ostelo RW, van Helvoirt H, Fritz JM, Knol DL, van Tulder MW et al. A randomized controlled trial on the effectiveness of a classification-based system for subacute and chronic low back pain. Spine. 2012; 37(16):1347-1356

5 Berg S. On total disc replacement. Acta Orthopaedica. Sweden 2011; 82(Suppl.343):1-34

6 Berg S, Tullberg T, Branth B, Olerud C, Tropp H. Total disc replacement compared to lumbar fusion: A randomised controlled trial with 2-year follow-up. European Spine Journal. 2009; 18(10):1512-1519

7 Chuang LH. Mapping the roland morris disability questionnaire for back pain into utility index. Value in Health. 2009; 12(7):A383

8 Chuang LH, Soares MO, Tilbrook H, Cox H, Hewitt CE, Aplin J et al. A pragmatic multicentered randomized controlled trial of yoga for chronic low back pain: economic evaluation. Spine. 2012; 37(18):1593-1601

9 Critchley DJ, Ratcliffe J, Noonan S, Jones RH, Hurley M, V. Effectiveness and cost-effectiveness of three types of physiotherapy used to reduce chronic low back pain disability: a pragmatic randomized trial with economic evaluation. Spine. 2007; 32(14):1474-1481

10 Fairbank J, Frost H, Wilson-MacDonald J, Yu LM, Barker K, Collins R. Randomised controlled trial to compare surgical stabilisation of the lumbar spine with an intensive rehabilitation programme for patients with chronic low back pain: the MRC spine stabilisation trial. BMJ. 2005; 330(7502):1233

11 Foster L, Clapp L, Erickson M, Jabbari B. Botulinum toxin A and chronic low back pain: a randomized, double-blind study. Neurology. 2001; 56(10):1290-1293

12 Foster NE, Mullis R, Hill JC, Lewis M, Whitehurst DGT, Doyle C et al. Effect of stratified care for low back pain in family practice (IMPaCT Back): a prospective population-based sequential comparison. Annals of Family Medicine. 2014; 12(2):102-111

13 Fritzell P, Berg S, Borgstrom F, Tullberg T, Tropp H. Cost effectiveness of disc prosthesis versus lumbar fusion in patients with chronic low back pain: randomized controlled trial with 2-year follow-up. European Spine Journal. 2011; 20(7):1001-1011

14 Gilbert FJ, Grant AM, Gillan MG, Vale LD, Campbell MK, Scott NW et al. Low back pain: influence of early MR imaging or CT on treatment and outcome. Multicenter randomized trial. Radiology. 2004; 231(2):343-351

15 Gilbert FJ, Grant AM, Gillan MGC, Vale L, Scott NW, Campbell MK. Does early magnetic resonance imaging influence management or improve outcome in patients referred to secondary care with low back pain? A pragmatic randomised controlled trial. Health Technology Assessment. England 2004; 8(17)

16 Haas M, Vavrek D, Peterson D, Polissar N, Neradilek MB. Dose-response and efficacy of spinal manipulation for care of chronic low back pain: a randomized controlled trial. Spine Journal. 2014; 14(7):1106-1116

17 Hellum C, Berg L, Gjertsen O, Johnsen LG, Neckelmann G, Storheim K et al. Adjacent level degeneration and facet arthropathy after disc prosthesis surgery or rehabilitation in patients with chronic low back pain and degenerative disc: second report of a randomized study. Spine. 2012; 37(25):2063-2073

18 Hellum C, Johnsen LG, Gjertsen O, Berg L, Neckelmann G, Grundnes O et al. Predictors of outcome after surgery with disc prosthesis and rehabilitation in patients with chronic low back pain and degenerative disc: 2-year follow-up. European Spine Journal. 2012; 21(4):681-690

19 Hellum C, Johnsen LG, Storheim K, Nygaard OP, Brox JI, Rossvoll I et al. Surgery with disc prosthesis versus rehabilitation in patients with low back pain and degenerative disc: two year follow-up of randomised study. BMJ. 2011; 342:d2786

20 Hill JC, Dunn KM, Lewis M, Mullis R, Main CJ, Foster NE et al. A primary care back pain screening tool: identifying patient subgroups for initial treatment. Arthritis and Rheumatism. 2008; 59(5):632-641

21 Hill JC, Whitehurst DG, Lewis M, Bryan S, Dunn KM, Foster NE et al. Comparison of stratified primary care management for low back pain with current best practice (STarT Back): a randomised controlled trial. Lancet. 2011; 378(9802):1560-1571

22 Hlobil H, Uegaki K, Staal JB, Bruyne M, Smid T, Mechelen W. Substantial sick-leave costs savings due to a graded activity intervention for workers with non-specific sub-acute low back pain. European Spine Journal. 2007; 16(7):919-924

23 Hollinghurst S, Sharp D, Ballard K, Barnett J, Beattie A, Evans M et al. Randomised controlled trial of Alexander technique lessons, exercise, and massage (ATEAM) for chronic and recurrent back pain: economic evaluation. BMJ. 2008; 337:a2656

24 Jellema P, van der Roer N, Van Der Windt DAWM, van Tulder MW, Van Der Horst HE, Stalman WAB et al. Low back pain in general practice: Cost-effectiveness of a minimal psychosocial intervention versus usual care. European Spine Journal. 2007; 16(11):1812-1821

25 Jellema P, van der Windt DA, Van Der Horst HE, Twisk JW, Stalman WA, Bouter LM. Should treatment of (sub)acute low back pain be aimed at psychosocial prognostic factors? Cluster randomised clinical trial in general practice. BMJ. 2005; 331(7508):84

26 Jellema P, van Tulder MW, Van Poppel MN, Nachemson AL, Bouter LM. Lumbar supports for prevention and treatment of low back pain: a systematic review within the framework of the cochrane back review group. Spine. 2001; 26(4):377-386

27 Johnsen LG, Brinckmann P, Hellum C, Rossvoll I, Leivseth G. Segmental mobility, disc height and patient-reported outcomes after surgery for degenerative disc disease: a prospective randomised trial comparing disc replacement and multidisciplinary rehabilitation. Bone and Joint Journal. 2013; 95-B(1):81-89

28 Johnsen LG, Hellum C, Storheim K, Nygaard OP, Brox JI, Rossvoll I et al. Cost-effectiveness of total disc replacement versus multidisciplinary rehabilitation in patients with chronic low back pain: A norwegian multicenter RCT. Spine. 2014; 39(1):23-32

29 Lamb SE, Hansen Z, Lall R, Castelnuovo E, Withers EJ, Nichols V et al. Group cognitive behavioural treatment for low-back pain in primary care: a randomised controlled trial and cost-effectiveness analysis. Lancet. United Kingdom 2010; 375(9718):916-923

30 Lamb SE, Lall R, Hansen Z, Castelnuovo E, Withers EJ, Nichols V et al. A multicentred randomised controlled trial of a primary care-based cognitive behavioural programme for low back pain. the back skills training (BeST) trial. Health Technology Assessment. 2010; 14(41)

31 Lamb SE, Lall R, Hansen Z, Withers EJ, Griffiths FE, Szczepura A et al. Design considerations in a clinical trial of a cognitive behavioural intervention for the management of low back pain in primary care: Back Skills Training Trial. BMC Musculoskeletal Disorders. 2007; 8:14

32 Lamb SE, Mistry D, Lall R, Hansen Z, Evans D, Withers EJ et al. Group cognitive behavioural interventions for low back pain in primary care: extended follow-up of the Back Skills Training Trial (ISRCTN54717854). Pain. 2012; 153(2):494-501

33 Lambeek LC, Bosmans JE, van Royen BJ, van Tulder MW, van MW, Anema JR. Effect of integrated care for sick listed patients with chronic low back pain: economic evaluation alongside a randomised controlled trial. BMJ. 2010; 341:c6414

34 Lambeek LC, van Mechelen W, Knol DL, Loisel P, Anema JR. Randomised controlled trial of integrated care to reduce disability from chronic low back pain in working and private life. BMJ. 2010; 340:c1035

35 Little P, Roberts L, Blowers H, Garwood J, Cantrell T, Langridge J et al. Should we give detailed advice and information booklets to patients with back pain? A randomized controlled factorial trial of a self-management booklet and doctor advice to take exercise for back pain. Spine. 2001; 26(19):2065-2072

36 Little P, Lewith G, Webley F, Evans M, Beattie A, Middleton K et al. Randomised controlled trial of Alexander technique lessons, exercise, and massage (ATEAM) for chronic and recurrent back pain. BMJ. 2008; 337:a884

37 Lloyd A, Scott DA, Akehurst RL, Lurie-Luke E, Jessen G. Cost-effectiveness of low-level heat wrap therapy for low back pain. Value in Health. 2004; 7(4):413-422

38 Morera-Dominguez C, Ceberio-Balda F, Florez G, Masramon X, Lopez-Gomez V. A cost-consequence analysis of pregabalin versus usual care in the symptomatic treatment of refractory low back pain: sub-analysis of observational trial data from orthopaedic surgery and rehabilitation clinics. Clinical Drug Investigation. 2010; 30(8):517-531

39 Nadler SF, Steiner DJ, Erasala GN, Hengehold DA, Hinkle RT, Beth Goodale M et al. Continuous low-level heat wrap therapy provides more efficacy than Ibuprofen and acetaminophen for acute low back pain. Spine. 2002; 27(10):1012-1017

40 Niemisto L, Rissanen P, Sarna S, Lahtinen-Suopanki T, Lindgren K-A, Hurri H. Cost-effectiveness of combined manipulation, stabilizing exercises, and physician consultation compared to physician consultation alone for chronic low back pain: a prospective randomized trial with 2-year follow-up. Spine. 2005; 30(10):1109-1115

41 Niemisto L, Lahtinen-Suopanki T, Rissanen P, Lindgren KA, Sarna S, Hurri H. A randomized trial of combined manipulation, stabilizing exercises, and physician consultation compared to physician consultation alone for chronic low back pain. Spine. 2003; 28(19):2185-2191

42 Organisation for Economic Co-operation and Development (OECD). Purchasing power parities (PPP). 2012. Available from: http://www.oecd.org/std/ppp [Last accessed: 1 November 2015]

43 Peul WC, van den Hout WB, Brand R, Thomeer RTWM, Koes BW, Leiden-The Hague Spine Intervention Prognostic Study Group. Prolonged conservative care versus early surgery in patients with sciatica caused by lumbar disc herniation: two year results of a randomised controlled trial. BMJ. 2008; 336(7657):1355-1358

44 Price C, Arden N, Coglan L, Rogers P. Cost-effectiveness and safety of epidural steroids in the management of sciatica. Health Technology Assessment. 2005; 9(33)

45 Ratcliffe J, Thomas KJ, MacPherson H, Brazier J. A randomised controlled trial of acupuncture care for persistent low back pain: cost effectiveness analysis. BMJ. 2006; 333:626-628

46 Rivero-Arias O, Campbell H, Gray A, Fairbank J, Frost H, Wilson-MacDonald J. Surgical stabilisation of the spine compared with a programme of intensive rehabilitation for the management of patients with chronic low back pain: cost utility analysis based on a randomised controlled trial. BMJ. 2005; 330:1239-1243

47 Smeets RJEM. Do lumbar stabilising exercises reduce pain and disability in patients with recurrent low back pain? Australian Journal of Physiotherapy. 2009; 55(2):138

48 Smeets RJEM, Vlaeyen JWS, Hidding A, Kester ADM, van der Heijden GJMG, Knottnerus JA. Chronic low back pain: physical training, graded activity with problem solving training, or both? The one-year post-treatment results of a randomized controlled trial. Spine. 2008; 134(3):263-276

49 Smeets RJEM, Vlaeyen JWS, Hidding A, Kester ADM, van der Heijden GJMG, van Geel ACM et al. Active rehabilitation for chronic low back pain: cognitive-behavioral, physical, or both? First direct post-treatment results from a randomized controlled trial [ISRCTN22714229]. BMC Musculoskeletal Disorders. 2006; 7:5

50 Spijker-Huiges A, Vermeulen K, Winters JC, van WM, van der Meer K. Costs and cost-effectiveness of epidural steroids for acute lumbosacral radicular syndrome in general practice: an economic evaluation alongside a pragmatic randomized control trial. Spine. 2014; 39(24):2007-2012

51 Staal JB, Hlobil H, Twisk JWR, Smid T, Koke AJA, van Mechelen W. Graded activity for low back pain in occupational health care: a randomized, controlled trial. Annals of Internal Medicine. 2004; 140(2):77-84

52 Steenstra IA, Anema JR, van Tulder MW, Bongers PM, de Vet HC, van MW. Economic evaluation of a multi-stage return to work program for workers on sick-leave due to low back pain. Journal of Occupational Rehabilitation. 2006; 16(4):557-578

53 Steenstra IA, Anema JR, Bongers PM, de Vet HCW, van Mechelen W. Cost effectiveness of a multi-stage return to work program for workers on sick leave due to low back pain, design of a population based controlled trial [ISRCTN60233560]. BMC Musculoskeletal Disorders. 2003; 4:26

54 Thomas KJ, MacPherson H, Ratcliffe J, Thorpe L, Brazier J, Campbell Mea. Longer term clinical and economic benefits of offering acupuncture care to patients with chronic low back pain. Health Technology Assessment. 2005; 9(32)

55 Thomas KJ, MacPherson H, Thorpe L, Brazier J, Fitter M, Campbell MJ et al. Randomised controlled trial of a short course of traditional acupuncture compared with usual care for persistent non-specific low back pain. BMJ. 2006; 333(7569):623

56 Thomas M, Lundberg T. Importance of modes of acupuncture in the treatment of chronic nociceptive low back pain. Acta Anaesthesiologica Scandinavica. 1994; 38(1):63-69

57 Tilbrook HE, Cox H, Hewitt CE, Kang'ombe AR, Chuang LH, Jayakody S et al. Yoga for chronic low back pain. Annals of Internal Medicine. 2011; 155(9):569-578

58 Tosteson AN, Lurie JD, Tosteson TD, Skinner JS, Herkowitz H, Albert T et al. Surgical treatment of spinal stenosis with and without degenerative spondylolisthesis: cost-effectiveness after 2 years. Annals of Internal Medicine. 2008; 149(12):845-853

59 Tosteson ANA, Skinner JS, Tosteson TD, Lurie JD, Andersson GB, Berven S et al. The cost effectiveness of surgical versus nonoperative treatment for lumbar disc herniation over two years: Evidence from the Spine Patient Outcomes Research Trial (SPORT). Spine. 2008; 33(19):2108-2115

60 UK BEAM Trial Team. United Kingdom back pain exercise and manipulation (UK BEAM) randomised trial: Cost effectiveness of physical treatments for back pain in primary care. BMJ. 2004; 329(7479):1381-1385

61 Underwood M. United Kingdom back pain exercise and manipulation (UK BEAM) randomised trial: Effectiveness of physical treatments for back pain in primary care. BMJ. 2004; 329(7479):1377-1381

62 van den Hout WB, Peul WC, Koes BW, Brand R, Kievit J, Thomeer RT. Prolonged conservative care versus early surgery in patients with sciatica from lumbar disc herniation: cost utility analysis alongside a randomised controlled trial. BMJ. Netherlands 2008; 336(7657):1351-1354

63 van Wijk RMAW, Geurts JWM, Wynne HJ, Hammink E, Buskens E, Lousberg R et al. Radiofrequency denervation of lumbar facet joints in the treatment of chronic low back pain: a randomized, double-blind, sham lesion-controlled trial. Clinical Journal of Pain. 2005; 21(4):335-344

64 Vavrek D, Sharma R, Haas M. Cost-analysis related to dose-response for spinal manipulative therapy for chronic low back pain: outcomes from a randomized controlled trial. Journal of Alternative and Complementary Medicine. 2014; 20(5):A18

65 Whitehurst DG, Bryan S, Lewis M, Hay EM, Mullis R, Foster NE. Implementing stratified primary care management for low back pain: cost-utility analysis alongside a prospective, population-based, sequential comparison study. Spine. 2015; 40(6):405-414

66 Whitehurst DGT, Bryan S, Lewis M, Hill J, Hay EM. Exploring the cost-utility of stratified primary care management for low back pain compared with current best practice within risk-defined subgroups. Annals of Rheumatic Diseases. 2012; 71(11):1796-1802

67 Whitehurst DGT, Lewis M, Yao GL, Bryan S, Raftery JP, Mullis R et al. A brief pain management program compared with physical therapy for low back pain: results from an economic analysis alongside a randomized clinical trial. Arthritis and Rheumatism. 2007; 57(3):466-473

68 Wielage RC, Bansal M, Andrews JS, Wohlreich MM, Klein RW, Happich M. The cost-effectiveness of duloxetine in chronic low back pain: a US private payer perspective. Value in Health. 2013; 16(2):334-344