Is multidisciplinary management of chronic low back pain more effective in terms of reducing pain, improving function and increasing return to work compared with unidisciplinary treatment.

Clinical bottom line 2010

No further comparable evidence available from current search therefore no change in practice is required.

Previous evidence:

RCT trial evidence to suggest that individual physiotherapy intervention for chronic low back pain is as effective as multidisciplinary (MD) group intervention (Kaapa 2006).

This supports evidence gained by the previous Back Pain CAT (2004) which identified that there was no evidence that MD management provides additional benefits to patients compared to unidisciplinary treatment (Guzman 2004).

Search Terms used:

Systematic review, randomised controlled trial, back pain, spinal pain, lumbar spine pain, nerve root pain, patient education, rehabilitation, back school, behavioural treatment, chronic, community, physiotherapy, multidisciplinary, functional status, primary care, sciatica, leg pain, exercise, outcome, lumbar disc disease, sub acute back pain, disability and return to work.

The following databases were searched:

Cochrane, Pedro, NHS Library for Health, Medline, Cinahl, Embase, Psycinfo, Clinical Evidence, Bandolier, NELH, Professional websites, guidelines, NICE. HTA

The following types of study were used:

Systematic reviews, RCTS. (exclude cross over studies unless they are the best available evidence).

Search from 2007-2010

The search strategy that was designed for the previous Back Pain CAT was re run from 2007 to 2010, 60 abstracts and 3 Cochrane reviews were identified and reviewed. Articles were assessed using the CASP appraisal tool.

One systematic review was felt to be relevant to the clinical question.

Available Evidence

Database	Number of relevant abstracts
Clinical evidence	
Psychinfo	
AMED/ CINAHL/ Embase	
PEDRO	
Medline	1
Cochrane	
Total	1

Summary of Evidence

The single article found, J Van Geen et al 2007 was a systematic review only looking at the multidisciplinary effect of back training with no comparison to unidisciplinary treatment

Implications for practice

No change in current practice required.

References

J Van Geen et al 2007. The long term effect of multidisciplinary back training. Spine 32 2 249-255

Kaapa EH Frantsi K, Sarna S Malmivaara A. 2006 Multidisciplinary group rehabilitation versus individual physiotherapy for chronic non specific back pain Spine 31 4 371-376

Guzman J Esmail R Karjalainen K, Malmivaara A, Irvin E, Bombardier C. Multidisciplinary bio-psychosocial rehabilitation for chronic low back pain (Cochrane Review). In the Cochrane Library Issue 2 2004 Chichester, UK: John Wiley and sons, Ltd.