



*Musculoskeletal*

## **Management of recurrent sub-acute low back pain**

### **Comparison of the effect of specific movement control exercise and general exercise**

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A major challenge in treating non-specific LBP is the heterogeneity of the patients. The purpose of this study was to compare the effect of specific movement control exercise combined with manual therapy to general exercise and manual therapy. It was found that both interventions led to a significant improvement (i.e. reduction in disability), with the effect of specific movement control exercise being significantly greater than the effect of general exercise.

Participants were screened by a.o. the Roland-Morris Disability questionnaire (RMDQ, primary outcome measure), the Tampa Scale for Kinesiophobia (TSK) and the Motor Control Abilities Questionnaire (MCAQ). Furthermore, they were sub-classified for movement control impairment (MCI). The MCI test consists of three tests for flexion control, three for extension control and one for rotation and side flexion control.



The general exercise (GE) and specific movement control exercise (SMCE) groups were taught the exercises and advised on the intensity of performance by a physical therapist. Exercise intensity progressed over 5 sessions; each session lasted 45 minutes and included 10 to 15 minutes of manual therapy. Exercise intensity progression continued for five treatments sessions.

In the GE group, home exercises were performed three times a week during the intervention and follow-up period. In the SMCE group, home exercises were performed three times a week and, additionally, the sitting, four-point kneeling and standing exercises once or twice daily.

The study suggest that both interventions reduce disability and improve function. The combination of SMCE and manual therapy had a significantly greater reduction in disability at both three months and twelve months follow up. Patients in both groups improved significantly. A combination of SMCE and manual therapy may be more effective than combined GE and manual therapy in subjects with non-specific recurrent sub-acute LBP and MCI.

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