



SYSTEMATIC REVIEW MESSAGE: LOW BACK PAIN

## Ottawa Panel evidence-based clinical practice guidelines on therapeutic massage for low back pain

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## KEYWORDS

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**Summary Objective:** To update evidence-based clinical practice guidelines (EBCPG) on massage therapy compared to control or other treatment for adults (>18 years) suffering from acute, sub-acute and chronic low back pain (LBP).

**Methods:** A literature search was performed for relevant articles between January 1, 1948 and December 31, 2010. Eligibility criteria were then applied focussing on participants, interventions, controls, and outcomes, as well as methodological quality. Recommendations based on this evidence were then assigned a grade (A, B, C, C+, D, D+, D–) based on their strength. **Results:** A total of 100 recommendations were formulated from 11 eligible articles, including 37 positive recommendations (25 grade A and 12 grade C+) and 63 neutral recommendations (49 grade C, 12 grade D, and 2 grade D+).

**Discussion:** These guidelines indicate that massage therapy is effective at providing pain relief and improving functional status.

**Conclusion:** The Ottawa Panel was able to demonstrate that massage interventions are effective to provide short term improvement of sub-acute and chronic LBP symptoms and decreasing disability at immediate post treatment and short term relief when massage therapy is combined with therapeutic exercise and education.

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## Introduction

Low back pain (LBP) is a common condition among the North American population, as nearly 80% will experience it at some point in their lives (Frymoyer, 1988). Pain can be acute, lasting from a few days to a few weeks, or may persist and become chronic if it lasts for more than three months (Wilk, 2004; The Philadelphia Panel, 2001). Symptoms of LBP may include a sharp, stabbing sensation in the lumbosacral region, limited flexibility, range of motion and an inability to stand completely upright without pain (Borkan et al., 1995).

Massage therapy is defined as soft tissue and joint manipulation using the hands or a handheld device (Imm 2010) (Massage Therapy Act, 1991, c. 27, s. 3). An examination of systematic reviews (SRs) and clinical practice guidelines (CPGs), published within the last five years suggests promising outcomes for massage therapy in relation to LBP (Middelkoop et al., 2011; Furlan et al., 2009, 2008; Graham et al., 2008; Hettinga et al., 2008; Chou and

Huffman, 2007; Chou et al., 2007; Louw et al., 2007; Luijsterburg et al., 2007; The Philadelphia Panel, 2001). Articles summarizing CPGs for LBP have stated that massage therapy is generally recommended, but that available studies are of moderate or weak methodological quality, often due to randomization and blinding (Bouwmeester et al., 2009; Dagenais et al., 2010; Pillastrini et al., 2011). Previous SRs and CPGs related to massage therapy for LBP did not always impose requirements for methodological quality in the studies considered, and did not indicate if a quantitative methodology was employed to formulate recommendations.

CPGs based on SRs are considered to be solid sources of evidence to help clinical decision making (Jonas, 2001). The goal of this study was to develop recommendations based on the most recent scientific literature that incorporates the graded strength of evidence, and utilizes expert opinion to assess the clinical applicability of the selected trials. It is our aim to give family physicians, physiotherapists, occupational therapists, massage therapists, and other

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