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Secondary prevention of chronic musculoskeletal pain: a systematic review of clinical trials.

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## Abstract

**Background.** Chronic musculoskeletal pain disorders are highly prevalent and have high personal and societal cost. Hence, early detection and care of patients at risk of developing chronic pain is important. Risk factors are well known and screening tools exist, but much less is known about the care of at-risk patients. The aim of this study was to investigate the effectiveness of secondary prevention strategies for musculoskeletal pain.

**Methods.** We performed a systematic review of clinical trials in which treatments were adjusted to the risk of chronicity in adults with acute or subacute musculoskeletal pain. Clinical trials, systematic reviews and meta-analyses published after January 1, 2000 were searched in PubMed and PEDro databases and in the reference list of relevant papers. The risk of bias was assessed by the PEDro score.

**Results.** We identified 4807 potentially eligible articles; 13, corresponding to 9 studies, met the inclusion criteria. Most studies investigated low back pain. The overall risk of bias was moderate, mainly because of the difficulty of blinding in physiotherapy studies. As compared with a "one-size-fits-all" treatment, stratified programmes showed significant improvements in several domains of the International Classification of Functioning, Disability and Health: body structures and functions (pain, mood), activities (functional capacity), participation (return to work, quality of life), as well as environmental factors (healthcare consumption). Effect sizes were moderate. Overall, simple educational messages seemed sufficient for low-risk patients. Medium- and high-risk patients benefited from a physical reactivation programme combined with education. In high-risk patients, an additional cognitive-behavioural intervention further improved the outcome.

**Conclusions.** A stratified approach seems effective in reducing long-term disability in patients with musculoskeletal pain. However more research is necessary to confirm these results.

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