PICO 2: NKR 40 Lænderygsmerter

Characteristics of studies

Characteristics of included studies

Damush 2003

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention Kontrol **Included criteria:** Inclusion criteria were (1) age 18 years or older; (2) primary diag-nosis reflecting back pain; (3) ALBP (ie, patient- and physician-reported current episode3 months' duration and not due tosevere trauma); (4) receiving primary care in our clinical ven-ues; (5) deemed eligible for study by their primary care phy-sician (PCP); and (6) access to a working telephone **Excluded criteria:** We excluded patients who met any of the following criteria: (1) priorsurgery for back pain; (2) receiving disability insurance pay-ments or in the process of applying for back pain disability; (3)residing in an institution; (4) being incompetent for interviewper physician or project coordinator; (5) severely impaired invision, hearing, or speech; (6) unable to understand and speak English; (7) being pregnant; or (8) judged by their PCP to havea terminal illness (life expectancy1 year) or severe comor-bid condition limiting their functional ability **Pretreatment:** The groups differed at baseline on self-reports of weekly time spent in aerobicactivities
Interventions	**Intervention Characteristics** Intervention ● *Self-management program*: 3 in-person classes (once per week) in community rooms of the neighborhood health centers focusing on evidence-based treatment recommendations, behavioral changes, in-creased self-efficacy, and reducing negative affect.● Class handouts: written educational materials showed recommended exercises, including walking and proper bodymechanics.● Classes on audiotape and a cassette player: when pa-tients missed a class, we provided them with an audiotape ofthe class, a handheld cassette player, and copies of the writtenhandouts distributed at the missed class.10● Physician letters of support: with the physicians' per-mission,

	we mailed letters with the scanned signature of thePCP within 2 days of each session. These letters, tailored to thecontent of each session, encouraged patients' further partici-pation in the program.● Telephone follow-up: to reinforce the class sessions, ourresearch staff made telephone calls to participants at 4, 6, and8 weeks to discuss ascertainment of goals, assist with problemsolving, and set new goals (ie, short-term intervention calls).Thereafter, the staff made telephone calls (ie, maintenance calls)once a month to continue reinforcing the class sessions and sus-tain behavioral change ● *Usual care*: Kontrol ● *Self-management program*: usual care could include referral to occupational therapy, physical therapy, or a neurological center;nonnarcotic/narcotic analgesics; and back exercise sheets. ● *Usual care*:
Outcomes	*Funktionsevne 6-18 måneder (Disability)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: Roland Morris ● **Range**: 0-24 ● **Direction**: Lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** ingen **Country:** USA **Setting:** Community practices **Comments:** **Authors name:** Teresa M. Damush, PhD; Morris Weinberger, PhD; Susan M. Perkins, PhD;Jaya K. Rao, MD; William M. Tierney, MD; Rong Qi, MS; Daniel O. Clark, PhD **Institution:** Indiana Univeristy Center for Ageing Research **Email:** tdamush@regenstrief.org **Address:** Teresa M. Damush,PhD, Regenstrief Institute Inc (RG6), 1050 Wishard Blvd,Indianapolis, IN 46202-2872
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	No
Allocation concealment	Unclear risk	No
Blinding of participants and personnel	High risk	
Selective outcome reporting	Low risk	
Blinding of outcome assessors	Unclear risk	No
Incomplete outcome data	Unclear risk	No
Other sources of bias	Low risk	

Göhner 2006

Methods	
Participants	
Interventions	
Outcomes	
Identification	
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	Fra Richmond 2015
Allocation concealment	Unclear risk	No
Blinding of participants and personnel	High risk	
Selective outcome reporting	Unclear risk	No

Blinding of outcome assessors	High risk	
Incomplete outcome data	Unclear risk	No
Other sources of bias	Low risk	

Hagen 2003

Methods	
Participants	
Interventions	
Outcomes	
Identification	
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Low risk	RoB taget fra Engers 2005 (Cochrane)
Allocation concealment	Low risk	
Blinding of participants and personnel	High risk	
Selective outcome reporting	Unclear risk	No protocol available
Blinding of outcome assessors	Low risk	
Incomplete outcome data	Low risk	
Other sources of bias	Unclear risk	n

Hay 2005

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention Kontrol **Included criteria:** All adults aged 18–64 yearswho consulted their general practitioners for the first orsecond time with an episode of non-specific low backpain (as defined by the UK Clinical Standards AdvisoryGroup)2of less than 12 weeks' duration and who wereable to give informed written consent were invited toparticipate. **Excluded criteria:** Exclusion criteria were red flags2(clinicalindicators of possible serious spinal or systemicdisorders); long-term sick leave (12 weeks); a clinicaldiagnosis of osteoporosis or inflammatory arthritis;systemic steroid treatment for longer than 12 weeks;pregnancy; previous hip or back surgery or a fracture;abdominal surgery within the previous 3 months; andtreatment by another health care professional for thisepisode of back pain **Pretreatment:**
Interventions	**Intervention Characteristics** Intervention ● *Brief pain-management program including exercises: identificere risk faktorer for lanvarige og kroniske rygsmerter.Coping strategier, træning* : Brief pain-management program including exercises ● *Manual physiotherapy: soinal maual terapi, artikulær mobilisering og manipulation. Hjemmeøvelser: stabiliserende og styrkelse af rygmuskler.*: Kontrol ● *Brief pain-management program including exercises: identificere risk faktorer for lanvarige og kroniske rygsmerter.Coping strategier, træning* : Manual physiotherapy ● *Manual physiotherapy: soinal maual terapi, artikulær mobilisering og manipulation. Hjemmeøvelser: stabiliserende og styrkelse af rygmuskler.*:

Outcomes	*Funktionsevne 6-18 måneder (Disability)* ● **Outcome type**: ContinuousOutcome *Funktionsevne 0-12 uger (Disability)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: Roland Morris ● **Range**: 0-24 ● **Direction**: Lower is better ● **Data value**: Endpoint *Smerteniveau 0-12 uger (Pain)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: VAS ● **Range**: 0-100 ● **Unit of measure**: mm ● **Direction**: Lower is better ● **Data value**: Endpoint *Smerteniveau 6-18 måneder (Pain)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: VAS ● **Range**: 0-100 ● **Unit of measure**: mm ● **Direction**: Lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** This study was funded by grants from the UK National LotteryCharities Board and the North Staffordshire Primary Care ResearchConsortium, UK. **Country:** UK **Setting:** Primary care **Comments:** **Authors name:** EMHay, R Mullis, M Lewis, K Vohora, C J Main, P Watson, K S Dziedzic, J Sim, C Minns Lowe, P R

	Croft **Institution:** Primary Care Sciences Research Centre, Keele University, Staffordshire, UK **Email:** e.m.hay@cphc.keele.ac.uk **Address:** Prof E M Hay,Primary Care Sciences ResearchCentre, Keele University, Keele,Staffordshire ST5 5BG, UK
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Low risk	
Allocation concealment	Low risk	
Blinding of participants and personnel	High risk	
Selective outcome reporting	Low risk	
Blinding of outcome assessors	Low risk	
Incomplete outcome data	Low risk	
Other sources of bias	Low risk	

Indahl 1995

Methods	
Participants	
Interventions	
Outcomes	
Identification	
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	High risk	RoB taget fra: Engers 2008 (Cochrane SR)
Allocation concealment	Low risk	
Blinding of participants and personnel	High risk	
Selective outcome reporting	Low risk	
Blinding of outcome assessors	Low risk	
Incomplete outcome data	Low risk	
Other sources of bias	Unclear risk	n

Jellema 2005

Methods	
Participants	
Interventions	
Outcomes	
Identification	
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Low risk	Fra Richmond 2015
Allocation concealment	Unclear risk	No
Blinding of participants and personnel	Unclear risk	No
Selective outcome reporting	Unclear risk	No

Blinding of outcome assessors	Low risk	
Incomplete outcome data	Low risk	
Other sources of bias	Low risk	

Johnstone 2004

Methods	
Participants	
Interventions	
Outcomes	
Identification	
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	Fra Richmond 2015
Allocation concealment	Unclear risk	N
Blinding of participants and personnel	High risk	
Selective outcome reporting	Low risk	
Blinding of outcome assessors	High risk	
Incomplete outcome data	Unclear risk	N
Other sources of bias	Low risk	

Karjalainen 2003

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention Kontrol **Included criteria:** 25-60 yr. employees w. daily lbp +/- leg pain. >4 wks<12 wks making working difficult. **Excluded criteria:** Need for operative treatment. Pregnancy, cancer fracture , infection, spondylarthritis. Somatic or psych disease prevnting rehab. Abuse. Consultation w a specialist i phys. and rehab. med. during past yr., inpatient rehab. for back pain during last 3 yrs., 3 mo of cont. sick leave from back pain prec. yr. and impossibility of a work site visit. **Pretreatment:** Patients comparable in each treatment arm (Table 1.)
Interventions	**Intervention Characteristics** Intervention ● *Mini intervention group (Group A)*: FIOH (light mobilization, graded exercise, interview/ talk w. physician and physiotherapist about the nature og lbp., diagnosis and usual good prognosis. Also exercise instruction. ● *Usual care (Group C)*: FIOH + GP+ (phys. and specialist). also eg.seeking treatment privately. Kontrol ● *Mini intervention group (Group A)*: ● *Usual care (Group C)*: x
Outcomes	*Funktionsevne 6-18 måneder (Disability)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Partially reported ● **Scale**: Oswestry back disability index ● **Range**: 0-100 ● **Direction**: Lower is better ● **Data value**: Endpoint

	Funktionsevne 0-12 uger (Disability) ● **Outcome type**: ContinuousOutcome ● **Reporting**: Partially reported ● **Scale**: Oswestry back disability index ● **Range**: 0-100 ● **Direction**: Lower is better ● **Data value**: Endpoint *Smerteniveau 0-12 uger (Pain)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Partially reported ● **Scale**: NRS ● **Range**: 0-10 ● **Direction**: Lower is better ● **Data value**: Endpoint *Livskvalitet 6-18 måneder (Quality of life)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Partially reported ● **Scale**: 15 D ● **Range**: 0-1 ● **Unit of measure**: none ● **Direction**: Higher is better ● **Data value**: Endpoint *Sygefravær, antal dage (Sick leave, no of days)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Partially reported ● **Scale**: dage ● **Direction**: Lower is better ● **Data value**: Endpoint

Identification	**Sponsorship source:** Social Insurance Institution of Findland **Country:** Finland **Setting:** Primary care **Comments:** **Authors name:** Kaija Karjalainen, MD,* Antti Malmivaara, MD, PhD,* Timo Pohjolainen, MD, PhD,† Heikki Hurri, MD, PhD,‡ Pertti Mutanen, MSc,§ Pekka Rissanen, PhD, Helena Pahkaja¨rvi, RPT,* Heikki Levon, MD,* Hanna Karpoff, RN,* and Risto Roine, MD, PhD¶ **Institution:** Department of Occupational Medicine, Finnish Institute of Occupational Health **Email:** kaija.karjalainen@occuphealth.fi **Address:** Kaija Karjalainen, MD, Topeliuksenkatu 41 aA, FIN-00250, Helsinki, Finland
Notes	*Fagkonsulent Nkr40* on 28/02/2016 02:19 **Outcomes** Oswestry - SD taget fra Childs 2004 (PICO 3) - all patients; Pain - SD fra Pengel 2007

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Low risk	
Allocation concealment	Low risk	
Blinding of participants and personnel	High risk	
Selective outcome reporting	Low risk	
Blinding of outcome assessors	Unclear risk	N
Incomplete outcome data	Low risk	
Other sources of bias	Low risk	

Pengel 2007

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Intervention Kontrol **Included criteria:** We sought persons between 18 and 80 years of agewith nonspecific low back pain lasting for at least 6 weeksbut no longer than 12 weeks. Participants were recruitedby direct referral to the trial by a health care professional(n 1), invitations to patients on hospital waiting lists forphysiotherapy treatment of low back pain (n 73), andadvertisements in newspapers (n 185). **Excluded criteria:** Exclusion criteriawere spinal surgery in the past 12 months, pregnancy,nerve root compromise, confirmed or suspected seriousspinal abnormality (for example, infection, fracture, or thecauda equina syndrome), contraindications to exercise, andpoor comprehension of the English language. We did notexclude participants who were receiving low back paintreatment other than spinal surgery. Potential participantswho reported osteoarthritis; spondylitis; spondylolysis;spondylolisthesis; disc protrusion, herniation, or prolapse;or spinal stenosis were eligible. We asked participants notto take other treatments for low back pain during the6-week treatment phase. **Pretreatment:** Similar at baseline
Interventions	**Intervention Characteristics** Intervention ● *Advice sessions were based on the program by Indahl and colleagues and aimed to encourage a graded return to normal activities* : Sham exercise + advice ● *During sham advice sessions, participants were given the opportunity to talk about their low back pain and any other problems.*: Kontrol ● *Advice sessions were based on the program by Indahl and colleagues and aimed to encourage a graded return to normal activities* : ● *During sham advice sessions, participants were given the opportunity to talk about their low back pain and any other problems.*: Sham exercise + sham advice

Outcomes	*Funktionsevne 0-12 uger (Disability)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Partially reported ● **Scale**: Roland Morris ● **Range**: 0-24 ● **Direction**: Lower is better ● **Data value**: Endpoint *Funktionsevne 6-18 måneder (Disability)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Partially reported ● **Scale**: Roland Morris ● **Direction**: Lower is better ● **Data value**: Endpoint *Smerteniveau 0-12 uger (Pain)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Partially reported ● **Scale**: NRS ● **Range**: 0-10 ● **Direction**: Lower is better ● **Data value**: Endpoint *Smerteniveau 6-18 måneder (Pain)* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Partially reported ● **Scale**: NRS ● **Direction**: Lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** National Health and Medical ResearchCouncil of Australia Project grant (no. 107203) and the Australasian Low Back Pain Trial Committee. The Australasian Low Back Pain Trial Committee comprises Musculoskeletal Physiotherapy Australia, Physio-therapy Business Australia, and the New Zealand Manipulative Physio-therapists Association. Drs. Maher and Herbert hold research fellowships funded by the National Health and

	Medical Research Council of Australia. **Country:** UK **Setting:** Primary care **Comments:** **Authors name:** Liset H.M. Pengel, PhD; Kathryn M. Refshauge, PhD; Christopher G. Maher, PhD; Michael K. Nicholas, PhD; Robert D. Herbert, PhD; and Peter McNair, PhD **Institution:** Centre for Evidence in Transplantation, Royal College of Surgeons of England, 35-43 Lincoln's Inn Fields, London WC2A 3PE, United Kingdom. **Email:** c.maher@usyd.edu.au. **Address:** Christopher G. Maher, PhD, Discipline of Physiotherapy, Faculty of Health Sciences, University of Sydney,PO Box 170, Lidcombe, New South Wales 1825, Australia
Notes	*Fagkonsulent Nkr40* on 27/02/2016 03:20 **Outcomes** Baseline værdier er ekstraheret fra table 1. Follow er aflæst på graf

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Low risk	
Allocation concealment	Low risk	
Blinding of participants and personnel	Unclear risk	n
Selective outcome reporting	Low risk	
Blinding of outcome assessors	Low risk	
Incomplete outcome data	Low risk	
Other sources of bias	Low risk	

Storheim 2003

Methods	
Participants	
Interventions	
Outcomes	
Identification	
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	Fra Engers 2008 SR
Allocation concealment	Low risk	
Blinding of participants and personnel	High risk	
Selective outcome reporting	Low risk	
Blinding of outcome assessors	Low risk	
Incomplete outcome data	High risk	
Other sources of bias	Unclear risk	No

Footnotes

References to studies

Included studies

Damush 2003

Damush,T. M.; Weinberger,M.; Perkins,S. M.; Rao,J. K.; Tierney,W. M.; Qi,R.; Clark,D. O.. The Long-term Effects of a Self-management Program for Inner-city Primary Care Patients with Acute Low Back Pain. Archives of Internal Medicine 2003;163(21):2632-2638. [DOI: 10.1001/archinte.163.21.2632]

Göhner 2006

[Empty]

Hagen 2003

[Empty]

Hay 2005

Hay, E. M.; Mullis, R.; Lewis, M.; Vohora, K.; Main, C. J.; Watson, P.; Dziedzic, K. S.; Sim, J.; Minns Lowe, C.; Croft, P. R.. Comparison of physical treatments versus a brief pain-management programme for back pain in primary care: a randomised clinical trial in physiotherapy practice. 2005;365(9476):2024-30. [DOI: Pubmed 15950716]

Indahl 1995

[Empty]

Jellema 2005

[Empty]

Johnstone 2004

[Empty]

Karjalainen 2003

Karjalainen, K.; Malmivaara, A.; Pohjolainen, T.; Hurri, H.; Mutanen, P.; Rissanen, P.; Pahkajärvi, H.; Levon, H.; Karpoff, H.; Roine, R.. Mini-intervention for subacute low back pain: a randomized controlled trial. Spine 2003;28(6):533-40; discussion 540-1. [DOI: 10.1097/01.BRS.0000049928.52520.69]

Pengel 2007

Pengel, L. H.; Refshauge, K. M.; Maher, C. G.; Nicholas, M. K.; Herbert, R. D.; McNair, P.. Physiotherapist-directed exercise, advice, or both for subacute low back pain: a randomized trial. Annals of internal medicine 2007;146(11):787-96. [DOI: 146/11/787 [pii]]

Storheim 2003

[Empty]

Data and analyses

1 Intervention vs Kontrol

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
1.1 Smerteniveau 0-12 uger (Kritisk)	6		Std. Mean Difference (IV, Random, 95% CI)	Subtotals only
1.1.2 Smerteniveau 0-12 uger (Pain) EoT	6	962	Std. Mean Difference (IV, Random, 95% CI)	-0.14 [-0.37, 0.09]
1.2 Fear avoidance 0-12 uger (kritisk)	1		Mean Difference (IV, Fixed, 95% CI)	Subtotals only
1.2.1 Fear avoidance 0-12 uger (kritisk)	1	63	Mean Difference (IV, Fixed, 95% CI)	-3.50 [-5.89, -1.11]
1.3 Funktionsevne 0-12 uger (Disability)	5		Std. Mean Difference (IV, Random, 95% CI)	Subtotals only
1.3.1 Funktionsevne 0-12 uger (Disability) - EoT	5	668	Std. Mean Difference (IV, Random, 95% CI)	-0.18 [-0.48, 0.12]
1.4 Funktionsevne 6-18 måneder (Disability)	5		Std. Mean Difference (IV, Random, 95% CI)	Subtotals only
1.4.2 Funktionsevne 6-18 måneder (Disability) 12 måneder	5	981	Std. Mean Difference (IV, Random, 95% CI)	-0.01 [-0.14, 0.13]
1.5 Smerteniveau 6-18 måneder (pain)	2		Std. Mean Difference (IV, Random, 95% CI)	Subtotals only
1.5.2 12 måneder	2	445	Std. Mean Difference (IV, Random, 95% CI)	-0.20 [-0.78, 0.38]

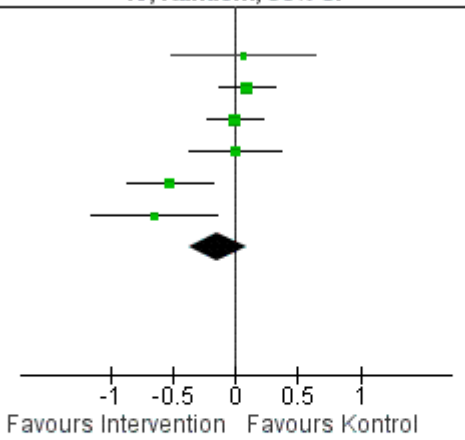
1.6 Sygefravær - tid tilbage til arbejde (return to work)	1	0	Odds Ratio (M-H, Fixed, 95% CI)	Not estimable
1.6.1 Sygefravær - tid tilbage til arbejde (return to work)	1	0	Odds Ratio (M-H, Fixed, 95% CI)	Not estimable
1.7 Sygefravær, antal dage (Sick leave, no of days)	1		Mean Difference (IV, Fixed, 95% CI)	Subtotals only
1.7.1 Sygefravær, antal dage (Sick leave, no of days) - 12 måneder	1	112	Mean Difference (IV, Fixed, 95% CI)	-22.00 [-35.11, -8.89]
1.8 Sygefravær, proportion i arbejde 6-18 måneder (Sick leave, proportion)	3		Risk Ratio (M-H, Random, 95% CI)	Subtotals only
1.8.1 Sygefravær, proportion i arbejde 6-18 måneder (Sick leave, proportion)	3	1667	Risk Ratio (M-H, Random, 95% CI)	0.64 [0.45, 0.91]
1.9 Smerteniveau 0-12 uger (Baseline)	3		Std. Mean Difference (IV, Random, 95% CI)	Subtotals only
1.9.1 Smerteniveau 0-12 uger (Pain) Baseline	3	646	Std. Mean Difference (IV, Random, 95% CI)	0.07 [-0.08, 0.23]
1.10 Smerteniveau 6-18 måneder (Pain) - baseline	2		Std. Mean Difference (IV, Random, 95% CI)	Subtotals only
1.10.1 Baseline	2	533	Std. Mean Difference (IV, Random, 95% CI)	0.04 [-0.13, 0.21]
1.11 Funktionsevne 0-12 uger (Baseline)	3		Std. Mean Difference (IV, Random, 95% CI)	Subtotals only
1.11.1 Funktionsevne 0-12 uger (Disability) Baseline	3	646	Std. Mean Difference (IV, Random, 95% CI)	0.10 [-0.05, 0.26]
1.12 Funktionsevne 6-18 måneder (Baseline)	4		Mean Difference (IV, Random, 95% CI)	Subtotals only
1.12.1 Funktionsevne 6-18 måneder (Disability) Baseline	4	810	Mean Difference (IV, Random, 95% CI)	0.52 [-0.23, 1.28]

Figures

Figure 1 (Analysis 1.1)

Study or Subgroup	Intervention Mean	SD	Total	Kontrol Mean	SD	Total	Weight	Std. Mean Difference IV, Random, 95% CI
1.1.2 Smerteniveau 0-12 uger (Pain) EoT								
Göhner 2006	3.04	1.7	25	2.91	2.02	22	10.4%	0.07 [-0.50, 0.64]
Hay 2005	19.8	23.2	152	17.6	24.9	153	22.1%	0.09 [-0.13, 0.32]
Jellema 2005	2	1.48	141	2	1.48	162	22.1%	0.00 [-0.23, 0.23]
Karjalainen 2003	4.1	2	56	4.1	2	57	16.4%	0.00 [-0.37, 0.37]
Pengel 2007	2.8	2.1	63	3.8	1.7	68	17.1%	-0.52 [-0.87, -0.17]
Storheim 2003	34.8	19.6	34	48.3	21.6	29	11.9%	-0.65 [-1.16, -0.14]
Subtotal (95% CI)			**471**			**491**	**100.0%**	**-0.14 [-0.37, 0.09]**

Heterogeneity: Tau² = 0.05; Chi² = 14.14, df = 5 (P = 0.01); I² = 65%
Test for overall effect: Z = 1.18 (P = 0.24)

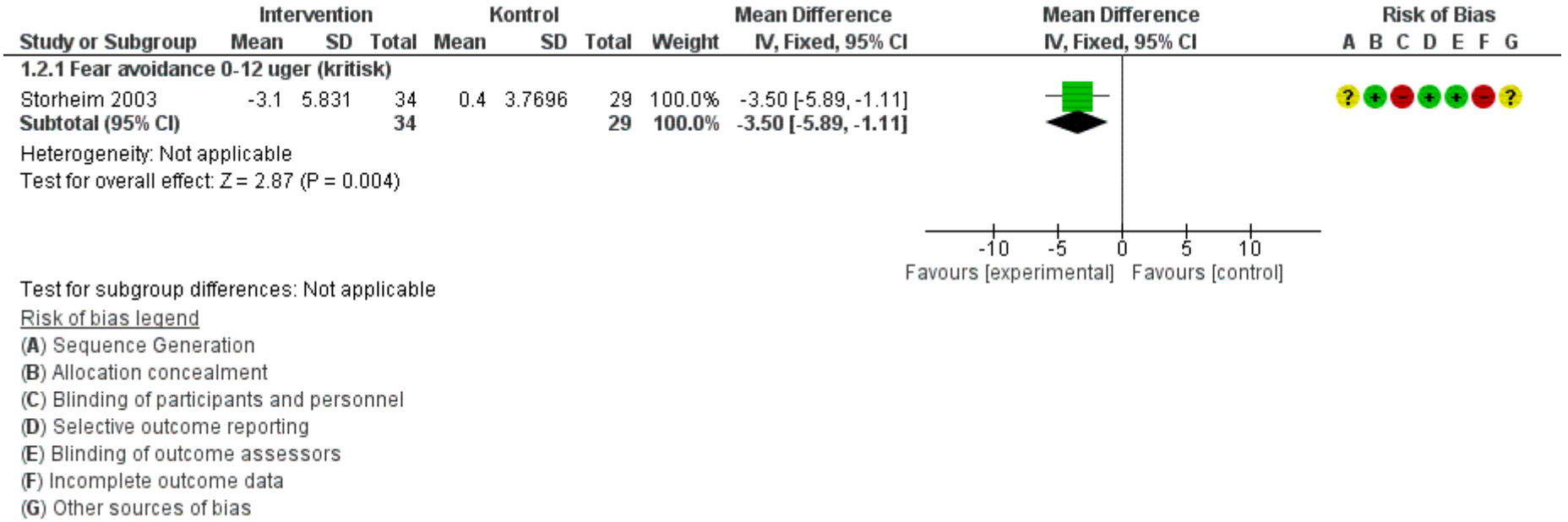


Test for subgroup differences: Not applicable

Risk of bias legend
(**A**) Sequence Generation
(**B**) Allocation concealment
(**C**) Blinding of participants and personnel
(**D**) Selective outcome reporting
(**E**) Blinding of outcome assessors
(**F**) Incomplete outcome data
(**G**) Other sources of bias

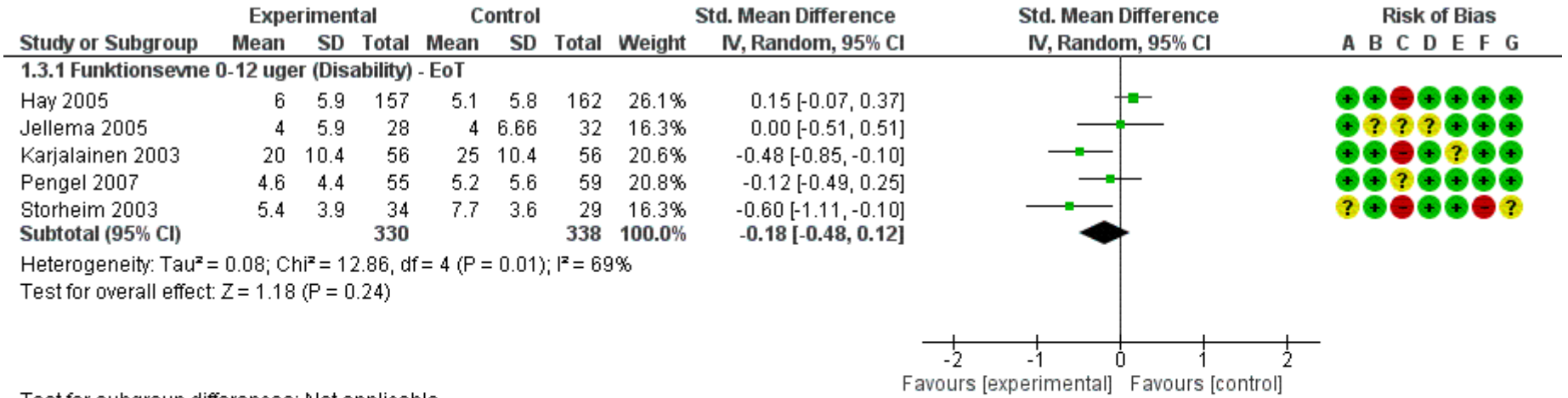
Forest plot of comparison: 1 Intervention vs Kontrol, outcome: 1.1 Smerteniveau 0-12 uger (Kritisk).

Figure 2 (Analysis 1.2)



Forest plot of comparison: 1 Intervention vs Kontrol, outcome: 1.2 Fear avoidance 0-12 uger (kritisk).

Figure 3 (Analysis 1.3)



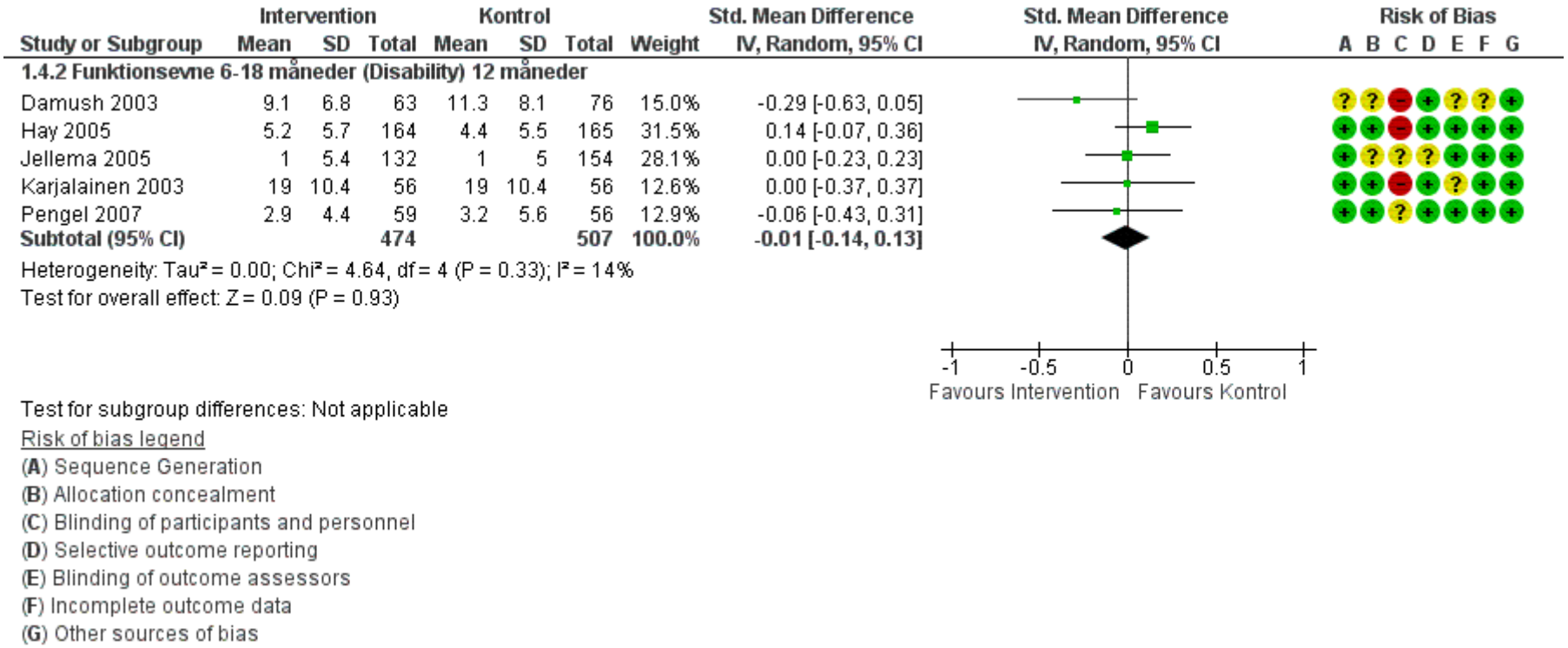
Test for subgroup differences: Not applicable

Risk of bias legend

(**A**) Sequence Generation
(**B**) Allocation concealment
(**C**) Blinding of participants and personnel
(**D**) Selective outcome reporting
(**E**) Blinding of outcome assessors
(**F**) Incomplete outcome data
(**G**) Other sources of bias

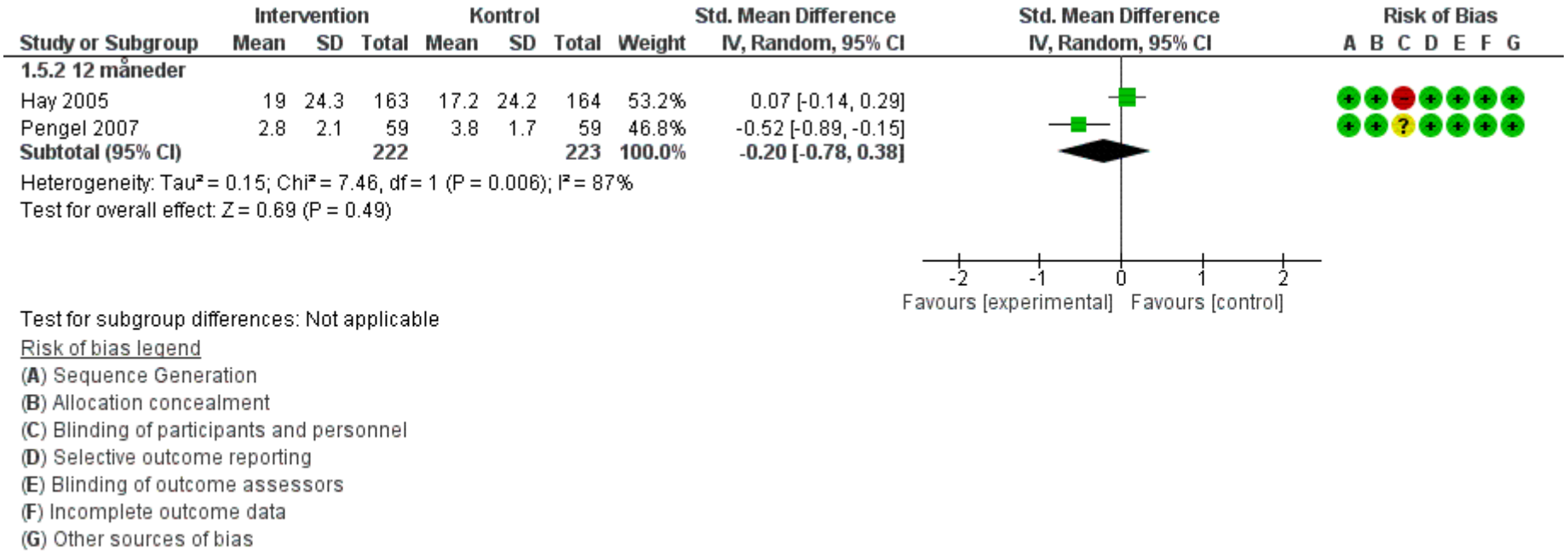
Forest plot of comparison: 1 Intervention vs Kontrol, outcome: 1.3 Funktionsevne 0-12 uger (Disability).

Figure 4 (Analysis 1.4)



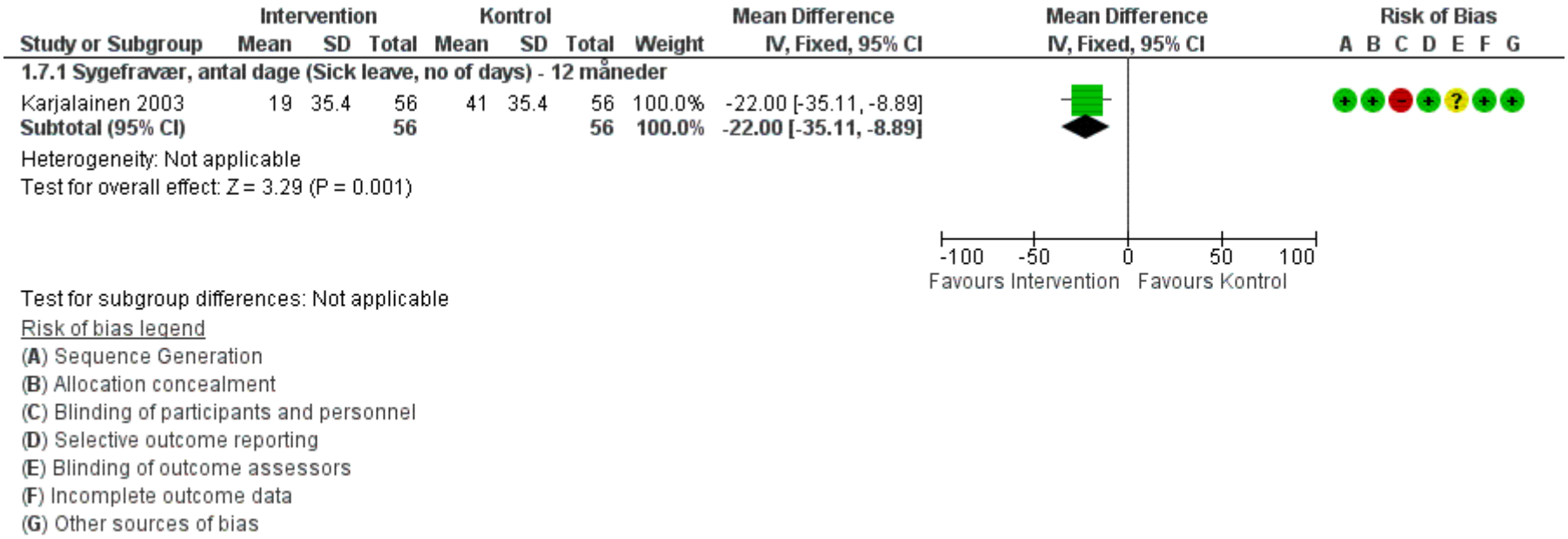
Forest plot of comparison: 1 Intervention vs Kontrol, outcome: 1.4 Funktionsevne 6-18 måneder (Disability).

Figure 5 (Analysis 1.5)



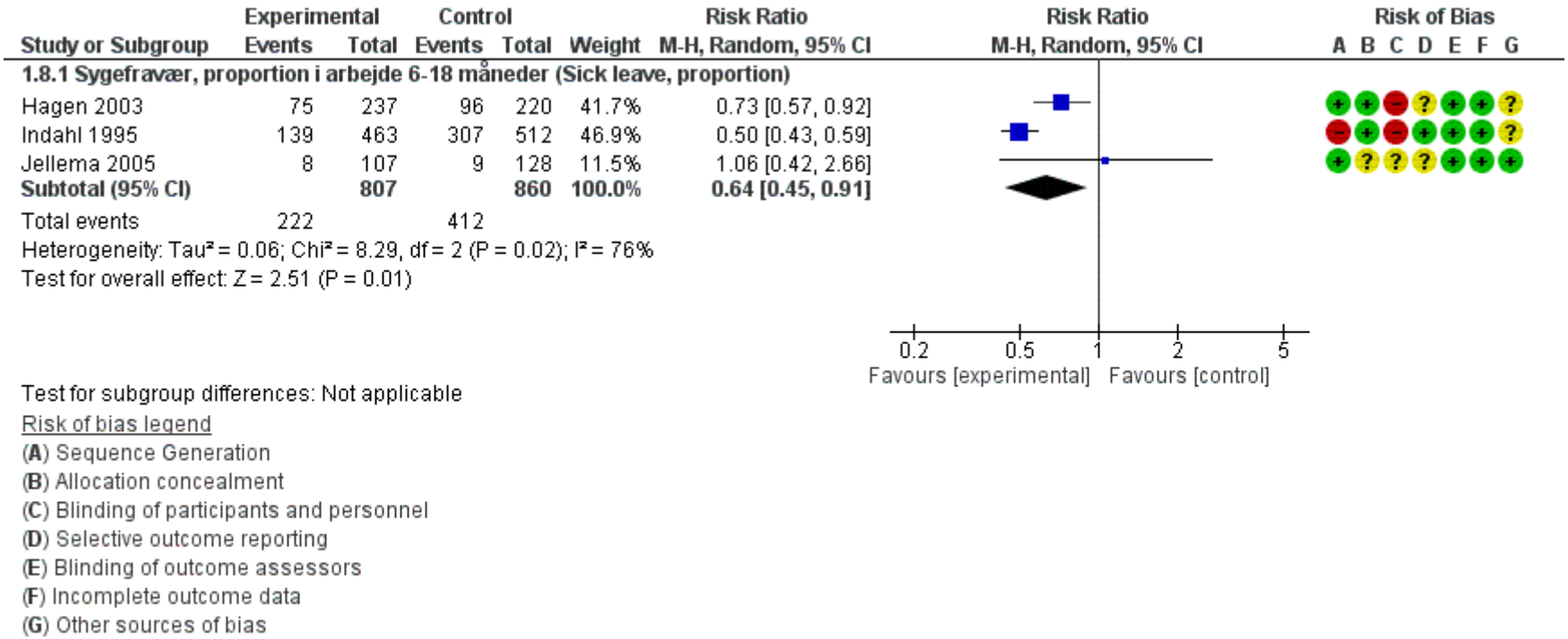
Forest plot of comparison: 1 Intervention vs Kontrol, outcome: 1.5 Smerteniveau 6-18 måneder (pain).

Figure 6 (Analysis 1.7)



Forest plot of comparison: 1 Intervention vs Kontrol, outcome: 1.7 Sygefravær, antal dage (Sick leave, no of days).

Figure 7 (Analysis 1.8)



Forest plot of comparison: 1 Intervention vs Kontrol, outcome: 1.8 Sygefravær, proportion i arbejde 6-18 måneder (Sick leave, proportion).