Review information

Authors

[Empty name][1]

[1][Empty affiliation]

Citation example: [Empty name]. NKR-nakke pico 1. Superviseret træning vs.ingen superviseret træning. Cochrane Database of Systematic Reviews [Year], Issue [Issue].

Characteristics of studies

Characteristics of included studies

Andersen, 2011

Methods	
Participants	
Interventions	
Outcomes	
Identification	
Notes	From Gross (a) (2015)

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Low risk	From Gross (a) (2015)
Other sources of bias	Unclear risk	
Allocation concealment	Low risk	From Gross (a) (2015)
Blinding of outcome assessors	High risk	From Gross (a) (2015)

Blinding of participants and personnel	High risk	From Gross (a) (2015)
Selective outcome reporting	Low risk	From Gross (a) (2015)
Incomplete outcome data	High risk	From Gross (a) (2015)

Dusunceli 2009a

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Stabiliserende øvelser ● *Males (%)*: 30 ● *Mean age (SD)*: 50.2 (4.8) ● *Symptom duration*: 45.0 (46.8) ● *Symptom characteristics* : 6.7(1.0) isometriske øvelser ● *Males (%)*: 30 ● *Mean age (SD)*: 52.5 (5.8) ● *Symptom duration*: 62.13 (55.66) ● *Symptom characteristics* : 6.4(1.6) Control ● *Males (%)*: 40 ● *Mean age (SD)*: 53.4 (6.8) ● *Symptom duration*: 43.2 (40.6) ● *Symptom characteristics* : 6.9(1.0) **Included criteria:** neck pain of at least 6-week duration. non-specific neck pain without specific, identifiable aetiology (i.e. infection, inflammatory disease), but which could be reproduced by neck movement or provocation tests in the location of the dorsal part of the neck in an area limited by a horizontal line through the most inferior portion of the occipital region and a horizontal line through the spinous process of the first thoracic vertebra ; age 18-55 years **Excluded criteria:** A history of cervical spine injury or surgery, if their neck pain was secondary to other conditions (including neoplasm, neurological diseases or vascular diseases), if they had a radiculopathy presenting neurological

	deficit or if they had infection or inflamma-tory arthritis in the cervical spine, if they had received physiotherapy within the 6months prior to study or poor general health status that would interfere with the exercises during the study. The patients were also excluded if they had pain with any cause in or around the scapula, shoulder, upper extremity and lumbar spine that prevents stabilization of these structures. These exclusion criteria were verified by history and physical examination and by X-ray. **Pretreatment:** Længere varighed i isometriske øvelser gruppen
Interventions	**Intervention Characteristics** Stabiliserende øvelser ● *Description*: All patients participated in a single "neck school" group session of app. 1 h duration. Groups of 4–5 patients under the guidance of a physiotherapist 3 times a week. Sessions began with postural re-education by having the patient sit with front and side mirror views to find a neutral balanced position of the lumbar and cervico-thoracic spine. After a 5–6-min jogging period, stretching exercises of the cervical, shoulder, chest, and scapular muscles (approximately 10 min) were performed in the standing posi-tion. Subsequently, cervical isometrics were performed in the supine position with the head supported on a pillow with a towel roll under the neck, and isometric exercises were performed in the seated posi-tion by resisting at the forehead (cervical flexion, extension, rotation and side-bending) or off the edge of a table against gravity for 10 sec with 15-sec breaks between holds with 10–15 repetitions in a progres-sive manner. To train the interscapular, shoulder, and upper extremity musculature, varying degrees of upper extremity movement exercises were performed, progressing from unilateral arm raises, to reciprocal arm raises, to bilateral arm raises (16). For the first week, exercises were carried out in the supine position with 10 repetitions, and then progressed to sitting and standing position with 15 repetitions during the last 2 weeks of group exercise sessions. Also, unilateral arm raises were performed in the kneeling position with the same repetitions. During the resistance exercises, 3 distinct colours of Thera-Band tubing (red, green and blue) representing differing resistances (as kg of force at 100% elongation, 6/2.7, 7/3.1 and 9.5/4.3, respectively) were used in a progressive manner by increasing the density of Thera-Band tubing each week. In addition, dumb-bell exercises for upper extremity and shoulder muscles (seated shoulder presses, lateral and front arm raises, hammer curls) were used for 2 sets of 15 repetitions with weights varying from 1 to 2 kg. A 5-min rest was taken between sets. Patients were instructed to maintain a neutral position at all times during the exercises. Each session lasted from 1 to 1.25 h. At the end of the 3-week group exercise period, the physiotherapist described the home training programme involving stretching and stabilization exercises to be performed 3 times per week, as well as the group exercise period. ● *Duration (weeks)*: 3 uger ● *Number of treatments (total)*: 9 before home exercise

	isometriske øvelser ● *Description*: All patients participated in a single “neck school” group session of approximately 1 h duration. A combination of conventional transcutaneous electrical nerve stimulation (TENS), continuous ultra-sound and infra-red irradiation + Group sessions: 5–6 min jogging and 10 min stretching (the cervical, shoulder, chest, and scapular muscles) in the standing position, and 15 min isometric exercises (cervical flexion, extension, rotation and side-bending by resisting the forehead in the seated position) with a total of 30-min sessions. ● *Duration (weeks)*: 3 uger ● *Number of treatments (total)*: 9 before home exercise Control ● *Description*: All patients participated in a single “neck school” group session of approximately 1 h duration. A combination of conventional transcutaneous electrical nerve stimulation (TENS), continuous ultra-sound and infra-red irradiation ● *Duration (weeks)*: 3 uger ● *Number of treatments (total)*: 15
Outcomes	*Smerte (Pain) End of treatment* ● **Outcome type**: ContinuousOutcome *Smerte (Pain) 4-12 ugers follow-up* ● **Outcome type**: ContinuousOutcome *Funktionsevne (4-12 ugers follow-up)* ● **Outcome type**: ContinuousOutcome *Forbrug af medicin (Paracetamol og NSAID) (4-12 ugers follow-up)* ● **Outcome type**: DichotomousOutcome *Tilbage til arbejde (4-12 ugers follow-up)* ● **Outcome type**: DichotomousOutcome *Sygfravær (4-12 ugers follow-up)* ● **Outcome type**: DichotomousOutcome *Livskvalitet (4-12 ugers follow-up)* ● **Outcome type**: ContinuousOutcome

	Frafald (Behandlings afslutning) ● **Outcome type**: DichotomousOutcome *Skader under træning (Behandlings afslutning)* ● **Outcome type**: DichotomousOutcome *Smertestillende gram pr. uge* ● **Outcome type**: ContinuousOutcome
Identification	**Sponsorship source:** Ikke angivet **Country:** Tyrkiet **Setting:** Ukendt **Comments:** ingen **Authors name:** Yesim Dusunceli (first); Funda Atamaz (corresponding) **Institution:** The Department of Physical Medicine and Rehabilitation, Medical Faculty of Ege University, Bornova-Izmir, Turkey **Email:** atamaz_02@yahoo.com **Address:** Ege Universitesi Tip Fakultesi, Fiziksel Tıp ve Rehabilitasyon Anabilim Dalı, TR- 35040 Bornova-Izmir, Turkey.
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Low risk	Judgement Comment: computergenereret ved minimizing
Other sources of bias	Unclear risk	Judgement Comment: Sample size beregning ikke beskrevet. Studiet inkluderer 3 x 20 patienter
Allocation concealment	Low risk	Judgement Comment: Sekvens er ukendt men uvist om den kan gættes ud fra stratificeringsfaktorer Sekvens genereres løbende ved "Mimization"
Blinding of outcome assessors	Unclear risk	Quote: "All assessments were recorded by the same blinded examiner." Judgement Comment: "All assesments were recorded by the same blinded examiner" Blinding af patientrapporterede outcomes giver dog ikke meget mening

Blinding of participants and personnel	High risk	Judgement Comment: Ikke klart hvad om patienterne er informeret om at den ene er en kontrol gruppe Blinding ikke mulig
Selective outcome reporting	Low risk	Judgement Comment: Alle nævnte outcomes rapporteret, men ingen protokolartikel
Incomplete outcome data	Low risk	Judgement Comment: 92% follow-up; deltagere tilsyneladende analyseret i gruppen de er randomiseret til

Franca 2008

Methods	
Participants	
Interventions	
Outcomes	
Identification	
Notes	From Gross (a) (2015)

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Low risk	From Gross (a) (2015)
Other sources of bias	Unclear risk	
Allocation concealment	Low risk	From Gross (a) (2015)
Blinding of outcome assessors	High risk	From Gross (a) (2015)
Blinding of participants and personnel	High risk	From Gross (a) (2015)
Selective outcome reporting	Unclear risk	From Gross (a) (2015)
Incomplete outcome data	High risk	From Gross (a) (2015)

Helewa 2007

Methods	
Participants	
Interventions	
Outcomes	
Identification	
Notes	From Gross (a) (2015)

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Low risk	From Gross (a) (2015)
Other sources of bias	Unclear risk	
Allocation concealment	Low risk	From Gross (a) (2015)
Blinding of outcome assessors	High risk	From Gross (a) (2015)
Blinding of participants and personnel	High risk	From Gross (a) (2015)
Selective outcome reporting	High risk	From Gross (a) (2015)
Incomplete outcome data	Unclear risk	From Gross (a) (2015)

Hoving 2002

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention ● *Age Mean (SD)*: 49.9 (11.9) ● *Male (%)*: 30.5

	● *Symptom characteristic (average pain; mean (sd))*: 5.7 (1.8) Control ● *Age Mean (SD)*: 45.9 (10,5) ● *Male (%)*: 43.7 ● *Symptom characteristic (average pain; mean (sd))*: 6.3 (2.1) **Included criteria:** Nonspecific neck pain whose clinical presentation did not warrant referral for further diagnostic screening.Age between 18 and 70 years, pain or stiffness in the neck for at least 2 weeks, neck symptoms reproducible duringphysical examination, willingness to adhere to treatment and measurement regimens, no physical therapy or manual therapy for neck pain during the previous 6 months, no involvement in litigation, and written informed consent. **Excluded criteria:** Patients whose history, signs, and symptoms suggested a potential nonbenign cause (including previoussurgery of the neck) or evidence of a specific pathologic condition, such as malignancy, neurologic disease,fracture, herniated disc, or systemic rheumatic disease **Pretreatment:** Generelt små forskelle men flere kvinder, pt med LBP og pt med lang varighed i PT; Flere med tidligere episoder og sygemelding i GP.
Interventions	**Intervention Characteristics** Intervention ● *Duration (weeks)*: 6 weeks ● *Description*: Blandet intervention med primær fokus på individuelt vejledt øvelsesterapi omfattende holdningskorrektion, stræk, afspænding og funktionel træning ● *No. of treatments (total)*: median (IQR) 9 (7-12) Control ● *Duration (weeks)*: 6 weeks ● *Description*: Fortsat forløb i almen praksis. Information om prognose, råd om smertelindring, hjemmeøvelser. Udlevering af bog med råd. Eventuelt paracetamol eller NSAID. ● *No. of treatments (total)*: median (IQR) 2 (1-4)
Outcomes	*Smerte (Pain) End of treatment* ● **Outcome type**: ContinuousOutcome *Smerte (pain) 4-12 uger efter behandlingsafslutning* ● **Outcome type**: ContinuousOutcome

	Funktionsevne (Level of function) 4-12 uger efter behandlingsafslutning ● **Outcome type**: ContinuousOutcome *Forbrug af smertestillede medicin (Use of medicin) 4-12 uger efter behandlingsafslutning* ● **Outcome type**: DichotomousOutcome *Tilbage til arbede (Return to work) 4-12 uger efter behandlingsafslutning* ● **Outcome type**: DichotomousOutcome *Sygefravær (Sick leave) 4-12 uger efter behandlingsafslutning* ● **Outcome type**: DichotomousOutcome *Livskvalitet (Quality of life) 4-12 uger efter behandlingsafslutning* ● **Outcome type**: ContinuousOutcome *Frafald (Dropout) Behandlingsafslutning* ● **Outcome type**: DichotomousOutcome *Skader under træning (Injury during training) Behandlingsafslutning* ● **Outcome type**: DichotomousOutcome
Identification	**Sponsorship source:** Netherlands Organization for Scientific Research(904-66-068) and the Fund for Investigative Medicine of the HealthInsurance Council (OG95-008) **Country:** Holland **Setting:** Outpatient care setting in the Netherlands **Comments:** 42 praktiserende læger deltog **Authors name:** Hoving J L, Koes B W, et al **Institution:** Institute for Research in Extramural Medicine, Vrije Universiteit Medical Centre, Amsterdam, the Netherlands; Department of Clinical Epidemiology, Cabrini Hospital, and Monash University Department of Epidemiology and Preventive Medicine **Email:** Jan.Hoving@med.monash.edu.au. **Address:** Cabrini MedicalCentre, Suite 41, 183 Wattletree Road, Malvern, 3144 Victoria, Australia;
Notes	*Alice Kongsted* on 26/01/2016 23:23 **Select** øvelser sammenlignet med rådgivning - ikke add-on design

	Nkr45 Nakkesmerter on 27/01/2016 01:18 **Select** ptt i alle tre grupper måtte supplere med øvelser og medicin, hvilket kan betegnes som add-on *Nkr45 Nakkesmerter* on 13/02/2016 05:36 **Outcomes** Pain EoT: improvement in average pain severity from the previous week

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Low risk	Computer genereret liste; trækker nummer i konvolut. Blokrandomisering (blok størrelse 6) Stratificering på sværhedsgrad og center (4 steder).
Other sources of bias	Low risk	Judgement Comment: 13/64 i GP søgte anden behandling8 /59 i PT søgte anden behandling
Allocation concealment	Low risk	A researcher not involved in the project prepared opaque, sequentially numbered envelopes containing folded cards indicating one of the three interventions
Blinding of outcome assessors	High risk	
Blinding of participants and personnel	High risk	Judgement Comment: blinding af deltagerne ikke mulig, og således indbygget i interventionen. statistikeren var blindet.
Selective outcome reporting	Low risk	
Incomplete outcome data	Low risk	97% follow-up efter 52 uger. Usikkert om alle har svaret på alle effektmål

Rendant 2011a

Methods	
Participants	
Interventions	
Outcomes	
Identification	
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Low risk	From Gross, (a) 2015
Other sources of bias	Unclear risk	
Allocation concealment	Low risk	From Gross, (a) 2015
Blinding of outcome assessors	High risk	From Gross, (a), 2015
Blinding of participants and personnel	High risk	From Gross, (a), 2015
Selective outcome reporting	Unclear risk	From Gross, (a), 2015
Incomplete outcome data	Low risk	From Gross, (a), 2015

Revel 1994

Methods	
Participants	
Interventions	
Outcomes	
Identification	
Notes	From Gross (a) (2015)

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	High risk	From Gross (a) (2015)
Other sources of bias	Unclear risk	
Allocation concealment	Low risk	From Gross (a) (2015)
Blinding of outcome assessors	High risk	From Gross (a) (2015)
Blinding of participants and personnel	High risk	From Gross (a) (2015)
Selective outcome reporting	Unclear risk	From Gross (a) (2015)
Incomplete outcome data	High risk	From Gross (a) (2015)

Footnotes

Characteristics of excluded studies

Andersen 2011

Reason for exclusion	Wrong comparator

Andersen 2011a

Reason for exclusion	Wrong study design

Andersen 2012

Reason for exclusion	Wrong comparator

Ang 2009

Reason for exclusion	Wrong patient population

Beer 2012

Reason for exclusion	Wrong patient population

Dellve 2011

Reason for exclusion	Wrong comparator

Dusunceli 2009

Reason for exclusion	Wrong intervention

Dziedzic 2005

Reason for exclusion	Wrong intervention

Friedrich 1996

Reason for exclusion	Wrong intervention

Hanten 1997

Reason for exclusion	Wrong study design

Humphreys 2002

Reason for exclusion	Wrong patient population

Jay 2013

Reason for exclusion	Wrong comparator

Lundblad 1999

Reason for exclusion	Wrong patient population

Nielsen 2010

Reason for exclusion	Wrong setting

Rendant 2011

Reason for exclusion	Wrong patient population

Sharan 2011

Reason for exclusion	Wrong intervention

Skoglund 2011

Reason for exclusion	Wrong intervention

Takala 1994

Reason for exclusion	Wrong comparator

Viljanen 2003

Reason for exclusion	Wrong comparator

Waling 2000

Reason for exclusion	Wrong comparator

Wei 2007

Reason for exclusion	Kinesisk artikel

Footnotes

Characteristics of studies awaiting classification

Footnotes

Characteristics of ongoing studies

Footnotes

References to studies

Included studies

Andersen, 2011

[Empty]

Dusunceli 2009a

Dusunceli, Y.; Ozturk, C.; Atamaz, F.; Hepguler, S.; Durmaz, B.. Efficacy of neck stabilization exercises for neck pain: a randomized controlled study. J Rehabil Med 2009;41(8):626-31. [DOI: 10.2340/16501977-0392]

Franca 2008

[Empty]

Helewa 2007

[Empty]

Hoving 2002

Hoving, J. L.; Vet, H. C.; Koes, B. W.; Mameren, Hv; Devillé, W. L.; Windt, D. A.; Assendelft, W. J.; Pool, J. J.; Scholten, R. J.; Korthals-de Bos, I. B.; Bouter, L. M.. Manual therapy, physical therapy, or continued care by the general practitioner for patients with neck pain: long-term results from a pragmatic randomized clinical trial. Clinical journal of pain 2006;22(4):370-7. [DOI: 10.1097/01.ajp.0000180185.79382.3f]

Hoving, Jan Lucas; Koes, Bart W; de Vet, Henrica C W; van der Windt, Danielle A W M; Assendelft, Willem J J; van Mameren, Henk; Deville, Walter L J M; Pool, Jan J M; Scholten, Rob J P M; Bouter, Lex M. Manual therapy, physical therapy, or continued care by a general practitioner for patients with neck pain. A randomized, controlled trial.. Annals of internal medicine 2002;136(10):713-22. [DOI: 200205210-00006 [pii]]

Korthals-de Bos, Ingeborg B C; Hoving, Jan L; van Tulder, Maurits W; Rutten-van Molken, Maureen P M H; Ader, Herman J; de Vet, Henrica C W; Koes, Bart W; Vondeling, Hindrik; Bouter, Lex M. Cost effectiveness of physiotherapy, manual therapy, and general practitioner care for neck pain: economic evaluation alongside a randomised controlled trial.. BMJ (Clinical research ed.) 2003;326(7395):911. [DOI: 10.1136/bmj.326.7395.911]

Rendant 2011a

Published and unpublished data

[Empty]

Revel 1994

[Empty]

Excluded studies

Andersen 2011

Andersen LL.; Mortensen OS.; Zebis MK.; Jensen RH.; Poulsen OM.. Effect of brief daily exercise on headache among adults--secondary analysis of a randomized controlled trial.. Scandinavian journal of work, environment & health 2011;37(6):547-50. [DOI: 10.5271/sjweh.3170]

Andersen 2011a

Andersen,Lars L.. Influence of psychosocial work environment on adherence to workplace exercise.. Journal of Occupational and Environmental Medicine 2011;53(2):182-184. [DOI: 10.1097/JOM.0b013e3181207a01f]

Andersen 2012

Andersen CH.; Andersen LL.; Gram B.; Pedersen MT.; Mortensen OS.; Zebis MK.; Sjøgaard G.. Influence of frequency and duration of strength training for effective management of neck and shoulder pain: a randomised controlled trial.. British journal of sports medicine 2012;46(14):1004-10. [DOI: 10.1136/bjsports-2011-090813]

Ang 2009

Ang,B. O.; Monnier,A.; Harms-Ringdahl,K.. Neck/shoulder exercise for neck pain in air force helicopter pilots: a randomized controlled trial.. Spine 2009;34(16):E544-51. [DOI: 10.1097/BRS.0b013e3181aa6870]

Beer 2012

Beer, A.; Treleaven, J.; Jull, G.. Can a functional postural exercise improve performance in the cranio-cervical flexion test?--a preliminary study. 2012;17(3):219-24. [DOI: 10.1016/j.math.2011.12.005]

Dellve 2011

Dellve,L.; Ahlstrom,L.; Jonsson,A.; Sandsjo,L.; Forsman,M.; Lindegard,A.; Ahlstrand,C.; Kadefors,R.; Hagberg,M.. Myofeedback training and intensive muscular strength training to decrease pain and improve work ability among female workers on long-term sick leave with neck pain: a randomized controlled trial.. International Archives of Occupational & Environmental Health 2011;84(3):335-346. [DOI: 10.1007/s00420-010-0568-5]

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Dusunceli, Y.; Ozturk, C.; Atamaz, F.; Hepguler, S.; Durmaz, B.. Efficacy of neck stabilization exercises for neck pain: a randomized controlled study. J Rehabil Med 2009;41(8):626-31. [DOI: 10.2340/16501977-0392]

Dziedzic 2005

Dziedzic, Krysia; Hill, Jonathan; Lewis, Martyn; Sim, Julius; Daniels, Jane; Hay, Elaine M. Effectiveness of manual therapy or pulsed shortwave diathermy in addition to advice and exercise for neck disorders: a pragmatic randomized controlled trial in physical therapy clinics.. Arthritis and rheumatism 2005;53(2):214-22. [DOI: 10.1002/art.21087 [doi]]

Friedrich 1996

Friedrich, M.; Cermak, T.; Maderbacher, P.. The effect of brochure use versus therapist teaching on patients performing therapeutic exercise and on changes in impairment status. Physical therapy 1996;76(10):1082-8. [DOI:]

Hanten 1997

Hanten, W. P.; Barrett, M.; Gillespie-Plesko, M.; Jump, K. A.; Olson, S. L.. Effects of active head retraction with retraction/extension and occipital release on the pressure pain threshold of cervical and scapular trigger points. Physiotherapy Theory & Practice 1997;13(4):285-291. [DOI:]

Humphreys 2002

Humphreys BK. Irgens,P. M.. The effect of a rehabilitation exercise program on head repositioning accuracy and reported levels of pain in chronic neck pain subjects. Journal of Whiplash and Related Disorders 2002;1(1):99-112. [DOI: http://dx.doi.org/10.1300/J180v01n01_09]

Jay 2013

Jay K.; Schraefel M.; Andersen CH.; Ebbesen FS.; Christiansen DH.; Skotte J.; Zebis MK.; Andersen LL.. Effect of brief daily resistance training on rapid force development in painful neck and shoulder muscles: randomized controlled trial.. Clinical physiology and functional imaging 2013;33(5):386-92. [DOI: 10.1111/cpf.12041]

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Lundblad,I.; Elert,J.; Gerdle,B.. Randomized controlled trial of physiotherapy and Feldenkrais interventions in female workers with neck-shoulder complaints.. Journal of Occupational Rehabilitation 1999;9(3):179-194. [DOI: 10.1023/A:1021301801292]

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Nielsen, Pernille Kofoed; Andersen, Lars L; Olsen, Henrik B; Rosendal, Lars; Sjøgaard, Gisela; Søgaard, Karen. Effect of physical training on pain sensitivity and trapezius muscle morphology.. Muscle & Nerve 2010;41(6):836-844. [DOI: 10.1002/mus.21577]

Rendant 2011

Rendant D.; Pach D.; Lüdtke R.; Reisshauer A.; Mietzner A.; Willich SN.; Witt CM.. Qigong versus exercise versus no therapy for patients with chronic neck pain: a randomized controlled trial.. Spine 2011;36(6):419-27. [DOI: 10.1097/BRS.0b013e3181d51fca]

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Skoglund 2011

Skoglund, L.; Josephson, M.; Wahlstedt, K.; Lampa, E.; Norback, D.. Qigong training and effects on stress, neck-shoulder pain and life quality in a computerised office environment. Complementary Therapies in Clinical Practice 2011;17(1):54-7. [DOI: http://dx.doi.org/10.1016/j.ctcp.2010.09.003]

Takala 1994

Takala, Esa-Pekka; Viikari-Juntura, Eira; Tynkkynen, Eeva-Maija. Does group gymnastics at the workplace help in neck pain? A controlled study. Scand J Rehabil Med 1994;26(1):17-20. [DOI:]

Viljanen 2003

Viljanen,M.; Malmivaara,A.; Uitti,J.; Rinne,M.; Palmroos,P.; Laippala,P.. Effectiveness of dynamic muscle training, relaxation training, or ordinary activity for chronic neck pain: randomised controlled trial.. BMJ 2003;327(7413):475. [DOI: http://dx.doi.org/10.1136/bmj.327.7413.475]

Waling 2000

Waling, K.; Sundelin, G.; Ahlgren, C.; Jarvholm, B.. Perceived pain before and after three exercise programs--a controlled clinical trial of women with work-related trapezius myalgia. Pain 2000;85(1-2):201-7. [DOI: S0304-3959(99)00265-1 [pii]]

Wei 2007

Wei,F. A.; Jiang,J.; Zhang,S. F.. Preventative and curative effect of initiative motion on cervical headache. 2007;11(39):8012-8014. [DOI:]

Data and analyses

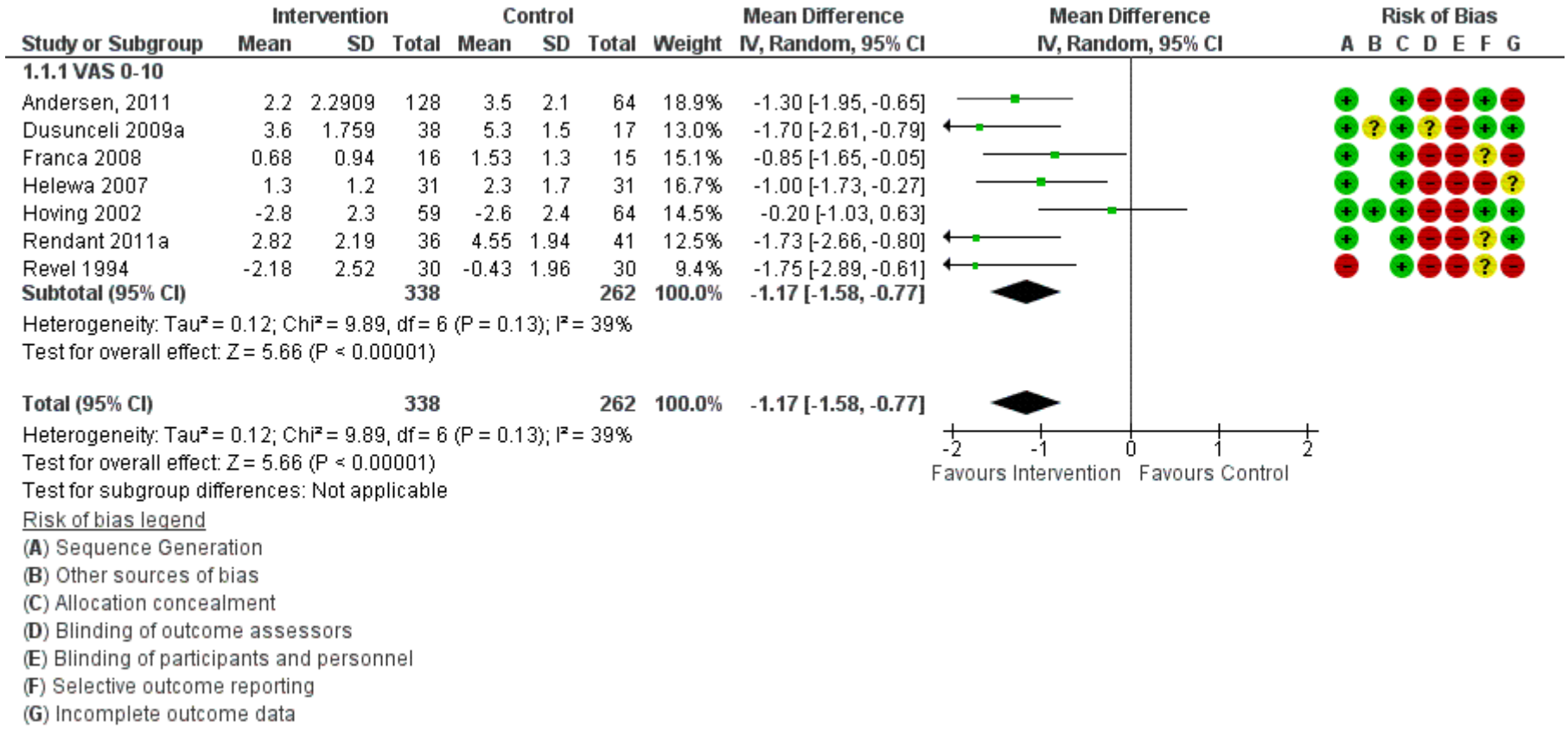
1 Superviseret træning vs. Ingen superviseret træning

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
1.1 Smerte (Pain) End of treatment	7	600	Mean Difference (IV, Random, 95% CI)	-1.17 [-1.58, -0.77]
1.1.1 VAS 0-10	7	600	Mean Difference (IV, Random, 95% CI)	-1.17 [-1.58, -0.77]

1.2 Smerte (Pain) 4-12 ugers follow-up	5	344	Mean Difference (IV, Random, 95% CI)	-1.00 [-1.49, -0.51]
1.2.1 VAS 0-10	5	344	Mean Difference (IV, Random, 95% CI)	-1.00 [-1.49, -0.51]
1.3 Funktionsevne (4-12 ugers follow-up)	5	345	Std. Mean Difference (IV, Random, 95% CI)	-0.56 [-0.94, -0.18]
1.3.1 Time (Final)	5	345	Std. Mean Difference (IV, Random, 95% CI)	-0.56 [-0.94, -0.18]
1.4 Livskvalitet (4-12 ugers follow-up) SF-36	1	74	Mean Difference (IV, Fixed, 95% CI)	-2.00 [-5.83, 1.83]
1.5 Smertestillende gram pr. uge (use of medicin gr.pr.week)	1	72	Mean Difference (IV, Random, 95% CI)	-7.25 [-10.12, -4.38]
1.11 Tilbage til arbejde (4-12 ugers follow-up)	0		Risk Ratio (IV, Fixed, 95% CI)	No totals
1.14 Skader under træning (Behandlings afslutning)	4		Risk Ratio (IV, Random, 95% CI)	Subtotals only
1.17 Sygefravær (Sick leave) 4-12 uger efter behandlingsafslutning	0		Risk Ratio (IV, Fixed, 95% CI)	No totals
1.18 Frafald (Dropout) Behandlingsafslutning	5		Risk Ratio (IV, Random, 95% CI)	Subtotals only
1.18.1 Time	5	482	Risk Ratio (IV, Random, 95% CI)	0.96 [0.25, 3.60]

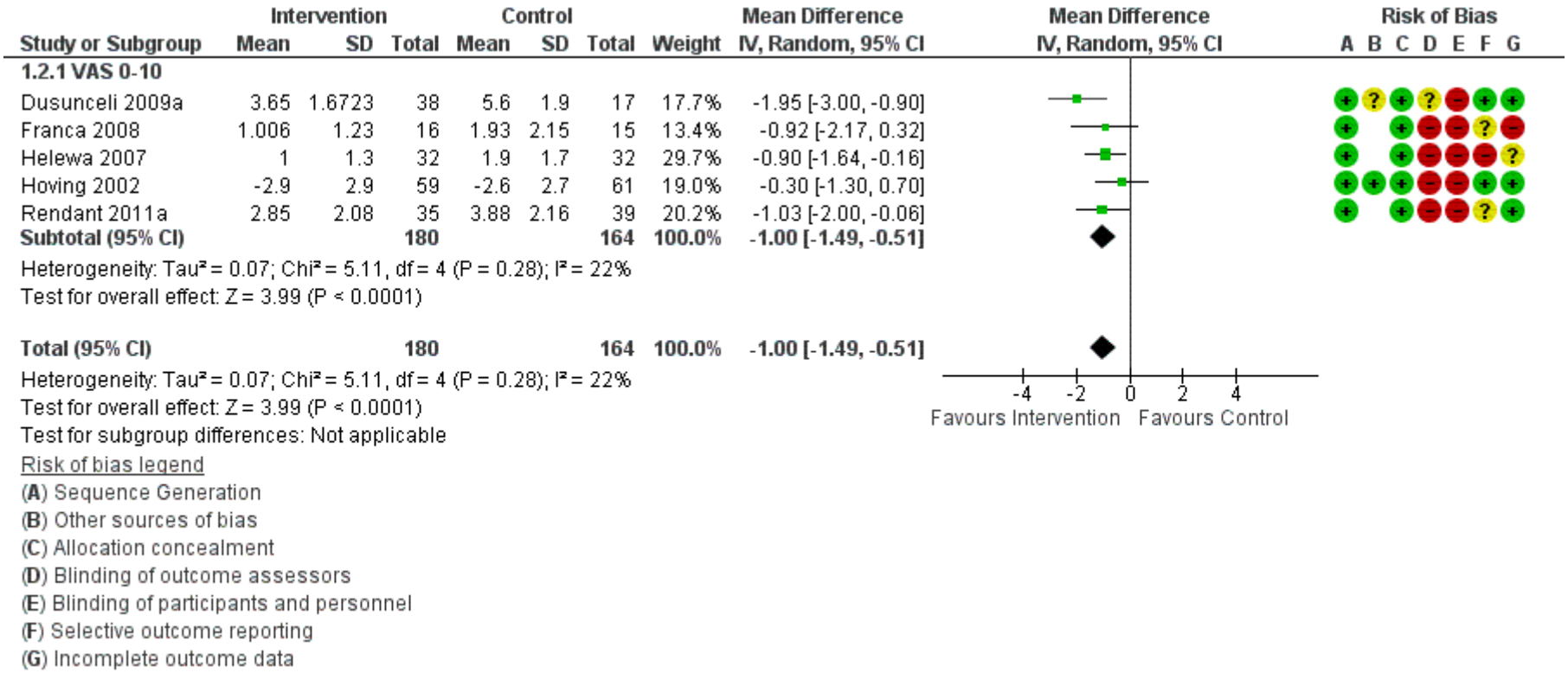
Figures

Figure 1 (Analysis 1.1)



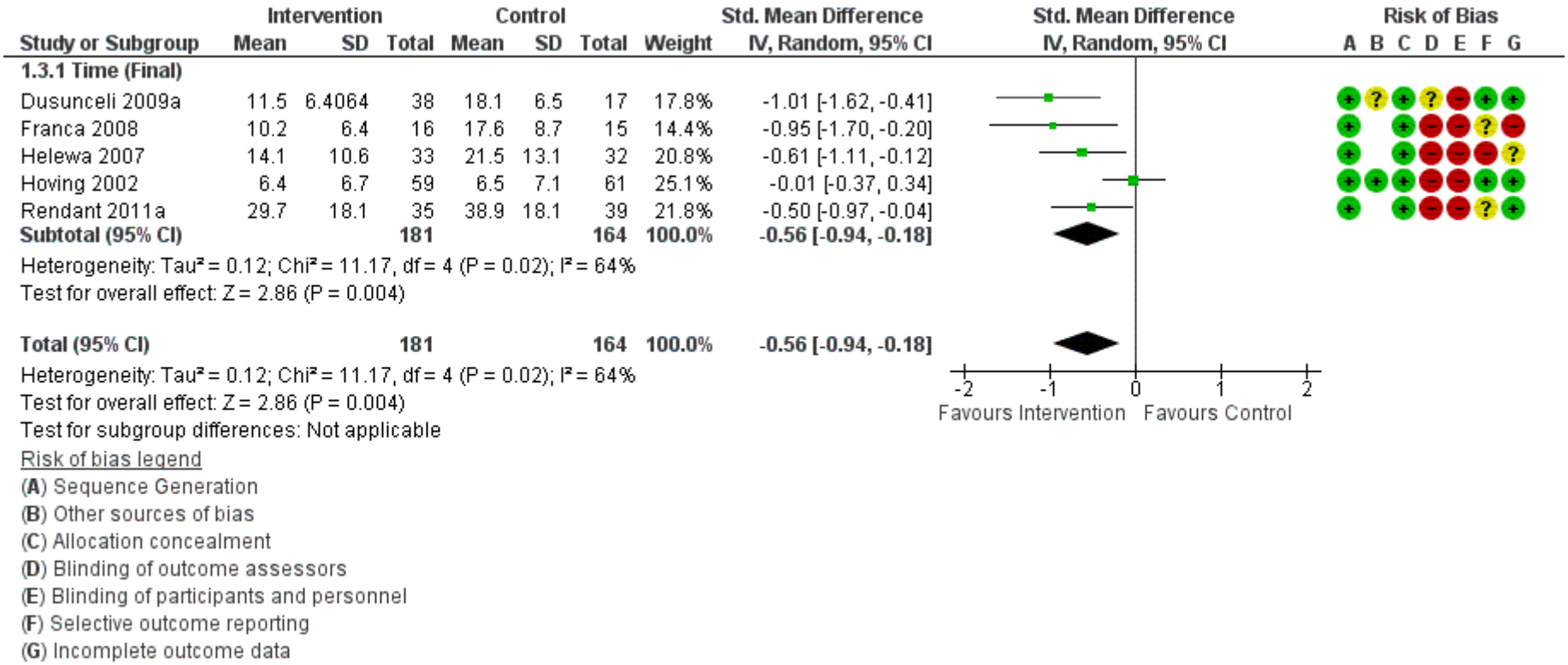
Forest plot of comparison: 1 Superviseret træning vs. Ingen superviseret træning, outcome: 1.1 Smerte (Pain) End of treatment.

Figure 2 (Analysis 1.2)



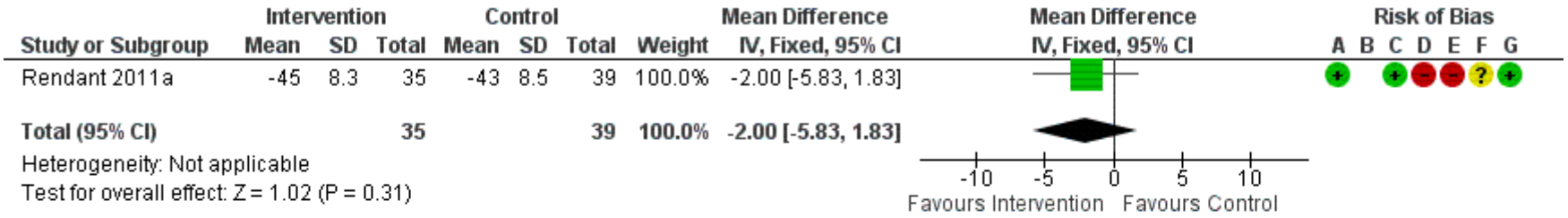
Forest plot of comparison: 1 Superviseret træning vs. Ingen superviseret træning, outcome: 1.2 Smerte (Pain) 4-12 ugers follow-up.

Figure 3 (Analysis 1.3)



Forest plot of comparison: 1 Superviseret træning vs. Ingen superviseret træning, outcome: 1.3 Funktionsevne (4-12 ugers follow-up).

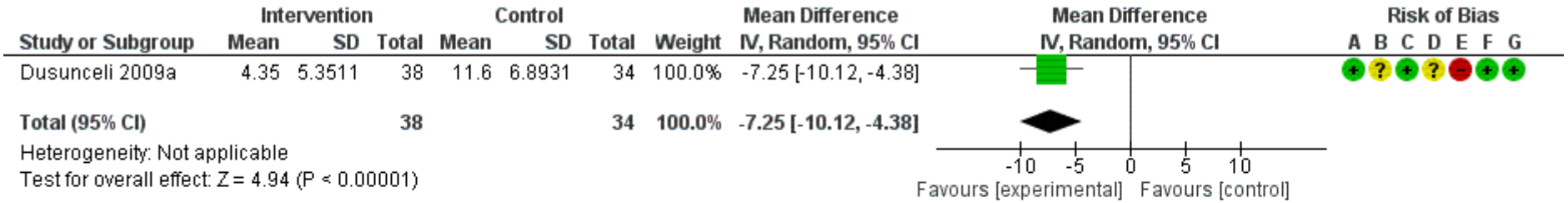
Figure 4 (Analysis 1.4)



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

Forest plot of comparison: 1 Superviseret træning vs. Ingen superviseret træning, outcome: 1.4 Livskvalitet (4-12 ugers follow-up) SF-36.

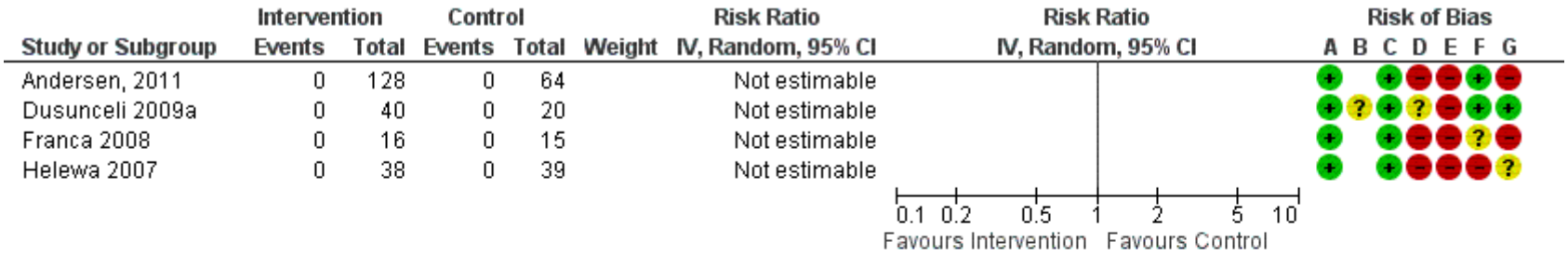
Figure 5 (Analysis 1.5)



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

Forest plot of comparison: 1 Superviseret træning vs. Ingen superviseret træning, outcome: 1.5 Smertestillende gram pr. uge (use of medicin gr.pr.week).

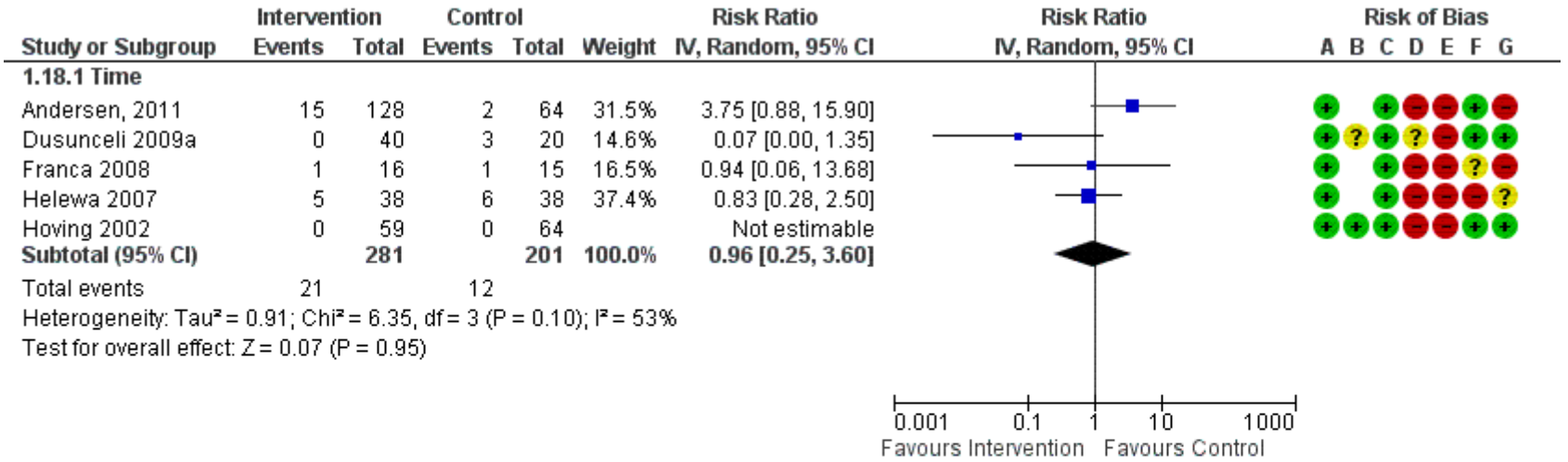
Figure 6 (Analysis 1.14)



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

Forest plot of comparison: 1 Superviseret træning vs. Ingen superviseret træning, outcome: 1.14 Skader under træning (Behandlings afslutning).

Figure 7 (Analysis 1.18)



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

Forest plot of comparison: 1 Superviseret træning vs. Ingen superviseret træning, outcome: 1.18 Frafald (Dropout) Behandlingsafslutning.

Feedback