

## Review information

### Authors

[Empty name]<sup>1</sup>

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Citation example: [Empty name]. NKR-nakke pico 5. Tryghedsskabende information vs. ingen tryghedsskabende information. Cochrane Database of Systematic Reviews [Year], Issue [Issue].

## Characteristics of studies

### Characteristics of included studies

#### *Derebery 2009*

<b>Methods</b>	<p><b>Study design:</b> Randomized controlled trial</p> <p><b>Study grouping:</b> Parallel group</p> <p><b>Open Label:</b></p> <p><b>Cluster RCT:</b></p>
<b>Participants</b>	<p><b>Baseline Characteristics</b></p> <p>Intervention</p> <ul style="list-style-type: none"> <li>● <i>Males (%)</i>: 56.1</li> <li>● <i>Mean age (SD)</i>: 38.9 (11.9)</li> <li>● <i>Symptom duration</i>: 22.5 (68.2)</li> </ul> <p>Control</p> <ul style="list-style-type: none"> <li>● <i>Males (%)</i>: 69.7</li> <li>● <i>Mean age (SD)</i>: 37.9 (12.3)</li> <li>● <i>Symptom duration</i>: 16.6 (78.4)</li> </ul> <p><b>Included criteria:</b> Only patients between the ages of 20 and 60, who could read and speak English, and who met ICD-9 clinical criteria for a neck-related injury, were eligible to participate.</p> <p><b>Excluded criteria:</b> None</p>

	<p><b>Pretreatment:</b> gr. 1: 56.1 % vs. gr. 3: 69.7 % men</p> <p><b>Intervention Characteristics</b> Intervention</p> <ul style="list-style-type: none"> <li>● <i>Description:</i> "usual care" + Neck Book (emphasizes that neckpain is very common, but that it is rarely serious or permanent, and that what patients do about neck pain is usually more important than the exact diagnosis or formal treatment. It also emphasizes that regular activity (including work when recovering from a neck strain) is to be encouraged because it can result in more rapid recovery.)</li> <li>● <i>Duration (weeks):</i> patients not responding to treatment within 4 weeks were generally referred to a specialist</li> <li>● <i>Number of treatments:</i> antal konsultationer ikke rapporteret</li> </ul> <p>Control</p> <ul style="list-style-type: none"> <li>● <i>Description:</i> "usual care"</li> <li>● <i>Duration (weeks):</i> patients not responding to treatment within 4 weeks were generally referred to a specialist</li> <li>● <i>Number of treatments:</i> antal konsultationer ikke rapporteret</li> </ul>
<p><b>Outcomes</b></p>	<p><i>Smerte (pain) End of treatment</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> Continuous Outcome</li> <li>● <b>Reporting:</b> Fully reported</li> </ul> <p><i>Smerte (pain) 4-12 ugers follow-up</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> Continuous Outcome</li> </ul> <p><i>Funktionsevne (level of function) 4-12 ugers follow-up</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> Continuous Outcome</li> </ul> <p><i>Forbrug af smertestillende medicin (Use of medicine) 4-12 ugers Follow-up</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> Dichotomous Outcome</li> </ul> <p><i>Tilbage til arbejde (Return to work) 4-12 ugers Follow-up</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> Dichotomous Outcome</li> </ul> <p><i>Sygefravær (sickleave) 4-12 ugers Follow-up</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> Continuous Outcome</li> </ul> <p><i>Livskvalitet (Quality of life) 4-12 ugers Follow-up</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> Continuous Outcome</li> </ul>

	<p><i>Frafall (dropout) End of treatment</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> DichotomousOutcome</li> </ul> <p><b>Identification</b></p> <p><b>Sponsorship source:</b> No funds were received in support of this work. No benefits in any form have been or will be received from a commercial party related directly or indirectly to the subject of this manuscript.</p> <p><b>Country:</b> USA</p> <p><b>Setting:</b> First-time neck-pain patients were recruited from 40 occupational medical clinics</p> <p><b>Comments:</b> All injured workers receiving primary care for neck pain (generally cervical strain) in the specified clinics during the 3-year period from July 1, 2004 to July 31, 2007 were evaluated for eligibility.</p> <p><b>Authors name:</b> Jane Derebery</p> <p><b>Institution:</b> Concentra Health Services, San Antonio; Concentra Health Services, West Tower, Addison; Department of Psychology, College of Science, The University of Texas at Arlington, Arlington; and Concentra Health Services, Houston, TX.</p> <p><b>Email:</b> gatchel@uta.edu</p> <p><b>Address:</b> Robert J. Gatchel, PhD, Southwestern Medical Center at Dallas, 5323 Harry Hines Boulevard, Dallas, Texas 75235-9044</p>
<p><b>Notes</b></p>	<p>Alice Kongsted on 22/02/2016 19:50</p> <p><b>Select</b></p> <p>Overvej at inkludere eller anvende som indirekte evidens. Population med blandet varighed mean 22 dage (SD 99 dage); dvs. ca. 68% har varighed under 4 måneder</p> <p>Alice Kongsted on 26/02/2016 01:14</p> <p><b>Excluded</b></p> <p>Inkluder som indirekte evidens</p> <p>Nkr45 Nakkesmerter on 02/03/2016 06:46</p> <p><b>Outcomes</b></p> <p>ingen angivelse af "pain"funktionsevne angivet som Neck Pain Disability Score (NPDS)Forbrug af medicin angivet som andel af personer, der stadig tager medicinSygefravær angivet som andel der "missed work last month"</p>

Risk of bias table

Bias	Authors' judgement	Support for judgement
Blinding of participants and personnel	High risk	Judgement Comment: Blinding af PROM ikke mulig
Selective outcome reporting	Low risk	Judgement Comment: The primary outcome measures of this study, collected at 2-weeks, 3-months, and 6-months after baseline, were the Fear Avoidance Beliefs Questionnaire (FABQ) and the Neck Pain and Disability Scale (NPDS). - Begge afreporteret på alle 3 tidspunkter
Sequence Generation	Unclear risk	Judgement Comment: Det er ikke beskrevet hvordan randomiseringssekvensen blev lavet
Allocation concealment	Low risk	Judgement Comment: sealed envelope
Blinding of outcome assessors	High risk	Judgement Comment: Furthermore, at each period inclusive of the phoneinterviews, patients were asked if they read and understood the booklet provided to them
Incomplete outcome data	High risk	Judgement Comment: 181/552 = 33% follow-up rate
Other sources of bias	Unclear risk	Judgement Comment: Større andel mænd i "no booklet" i øvrigt sammenlignelige grupper. Behandling ud over "seeing a doctor" ikke registreret

Footnotes

Characteristics of excluded studies

Blangsted 2008

Reason for exclusion	Wrong intervention
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Glossop 1982

Reason for exclusion	Wrong study design
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### ***Horneij 2001***

Reason for exclusion	Wrong intervention
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### ***Kamwendo 1991***

Reason for exclusion	Wrong intervention
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### ***Linton 2005***

Reason for exclusion	Wrong patient population
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### ***Tsauo 2004***

Reason for exclusion	Wrong intervention
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*Footnotes*

## **Characteristics of studies awaiting classification**

*Footnotes*

## **Characteristics of ongoing studies**

*Footnotes*

## **References to studies**

## **Included studies**

***Derebery 2009***

Derebery, J.; Giang, G. M.; Gatchel, R. J.; Erickson, K.; Fogarty, T. W.. Efficacy of a patient-educational booklet for neck-pain patients with workers' compensation: a randomized controlled trial. *Spine* 2009;34(2):206-213. [DOI: 10.1097/BRS.0b013e318193c9eb [doi]]

**Excluded studies*****Blangsted 2008***

Blangsted, A. K.; Sogaard, K.; Hansen, E. A.; Hannerz, H.; Sjogaard, G.. One-year randomized controlled trial with different physical-activity programs to reduce musculoskeletal symptoms in the neck and shoulders among office workers. *Scandinavian journal of work, environment & health* 2008;34(1):55-65. [DOI: 1192 [pii]]

***Glossop 1982***

Glossop, E. S.; Goldenberg, E.; Smith, D. S.; Williams, I. M.. Patient compliance in back and neck pain. *Physiotherapy* 1982;68(7):225-226. [DOI: ]

***Horneij 2001***

Horneij, E.; Hemborg, B.; Jensen, I.; Ekdahl, C.. No significant differences between intervention programmes on neck, shoulder and low back pain: a prospective randomized study among home-care personnel. *Journal of Rehabilitation Medicine (Taylor & Francis Ltd)* 2001;33(4):170-176. [DOI: ]

***Kamwendo 1991***

Kamwendo, K.; Linton, S. J.. A controlled study of the effect of neck school in medical secretaries. *Scandinavian journal of rehabilitation medicine* 1991;23(3):143-152. [DOI: ]

***Linton 2005***

Linton, S. J.; Boersma, K.; Jansson, M.; Svärd, L.; Botvalde, M.. The effects of cognitive-behavioral and physical therapy preventive interventions on pain-related sick leave: a randomized controlled trial. *Clinical journal of pain* 2005;21(2):109-19. [DOI: <http://dx.doi.org/10.1097/00002508-200503000-00001>]

***Tsauo 2004***

Tsauo, J. Y.; Lee, H. Y.; Hsu, J. H.; Chen, C. Y.; Chen, C. J.. Physical exercise and health education for neck and shoulder complaints among sedentary workers. *Journal of Rehabilitation Medicine* 2004;36(6):253-257. [DOI: ]

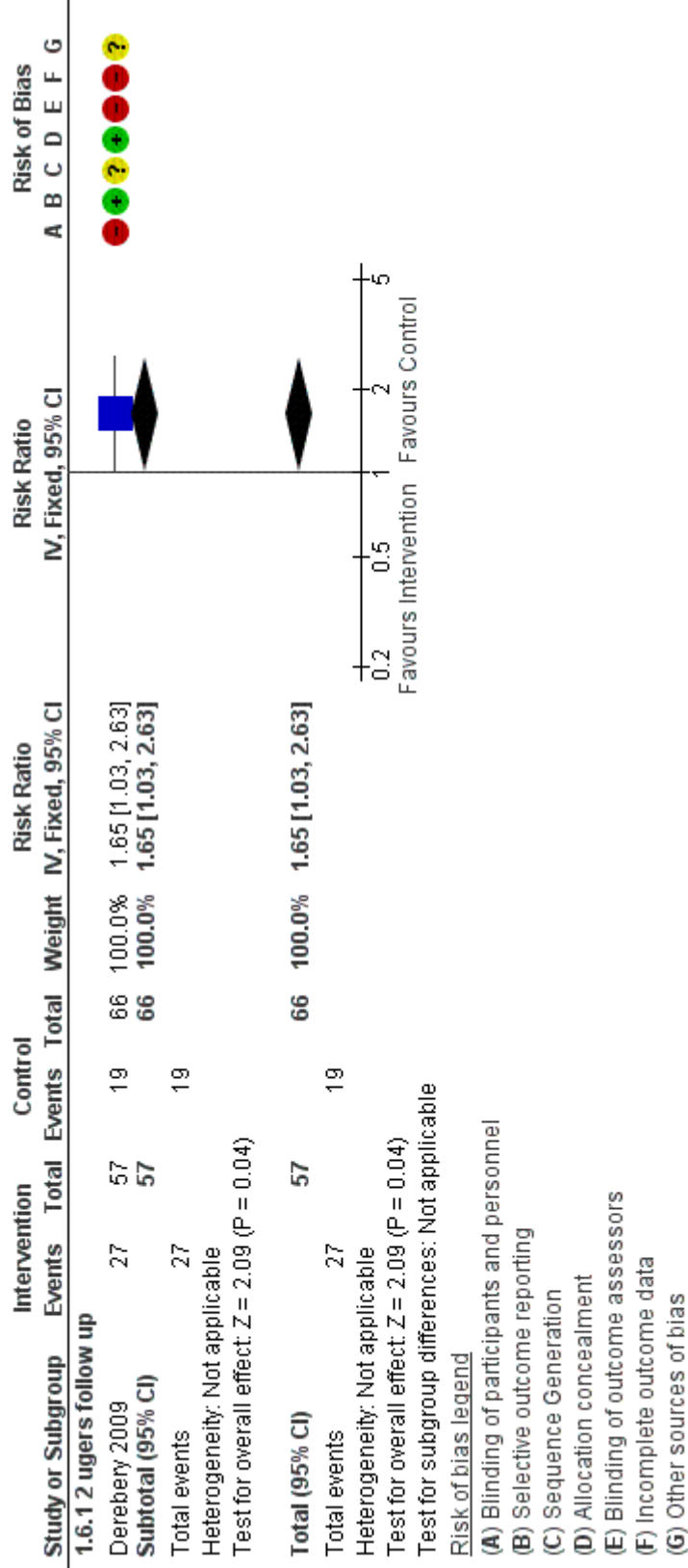
## Data and analyses

### 1 Intervention vs Control

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
1.1 Smerte (pain) End of treatment	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.2 Smerte (pain) 4-12 ugers follow-up	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.3 Funktionsevne (level of function) 4-12 ugers follow-up	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.4 Sygefravær (sickleave) 4-12 ugers Follow-up	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.5 Livskvalitet (Quality of life) 4-12 ugers Follow-up	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.6 Forbrug af smertestillende medicin (Use of medicin) 12 ugers Follow-up	1	123	Risk Ratio (IV, Fixed, 95% CI)	1.65 [1.03, 2.63]
1.6.1 2 ugers follow up	1	123	Risk Ratio (IV, Fixed, 95% CI)	1.65 [1.03, 2.63]
1.7 Tilbage til arbejde (Return to work) 12 ugers Follow-up	1	123	Risk Ratio (IV, Fixed, 95% CI)	1.04 [0.92, 1.17]
1.7.1 Time	1	123	Risk Ratio (IV, Fixed, 95% CI)	1.04 [0.92, 1.17]
1.8 Frafald (dropout) End of treatment	1	361	Risk Ratio (IV, Fixed, 95% CI)	1.03 [0.89, 1.19]
1.8.1 Time	1	361	Risk Ratio (IV, Fixed, 95% CI)	1.03 [0.89, 1.19]

## Figures

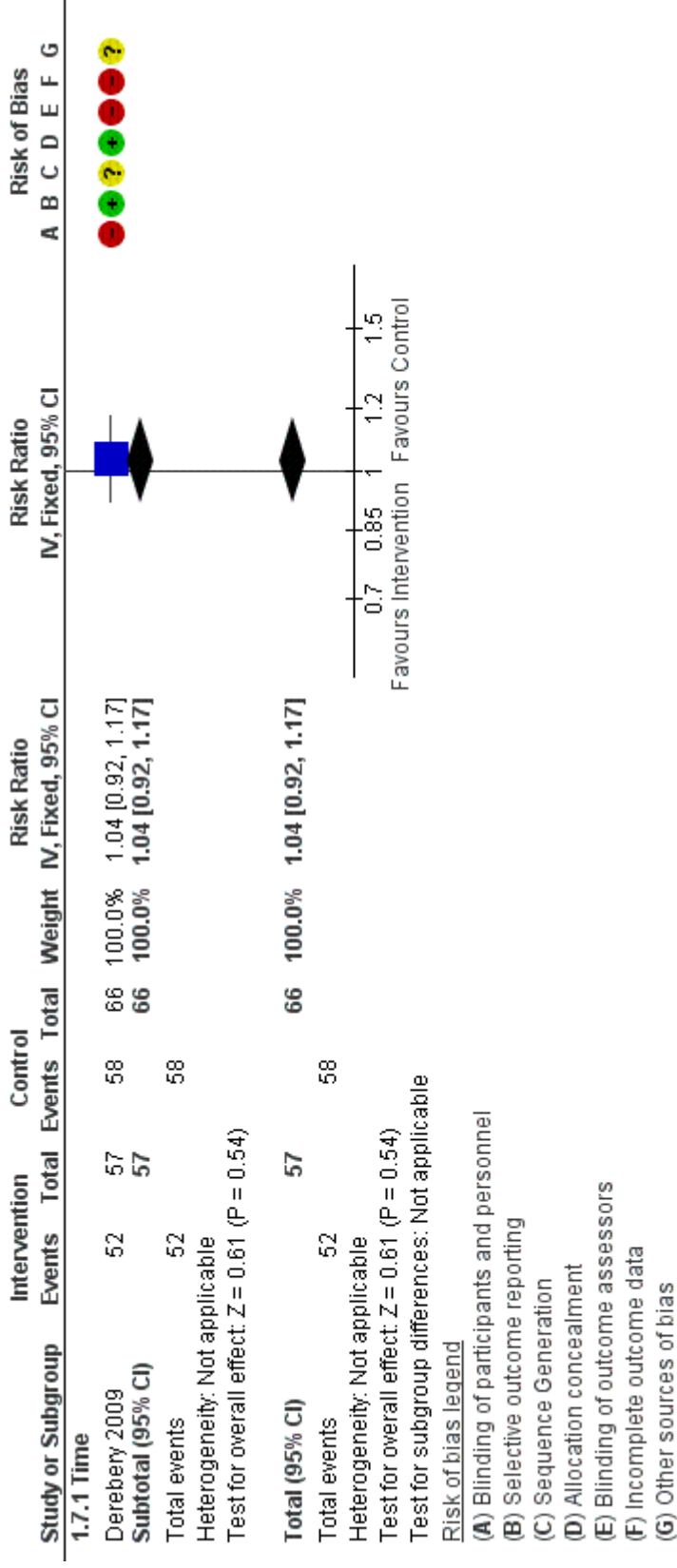
**Figure 1 (Analysis 1.6)**



Forest plot of comparison: 1 Intervention vs Control, outcome: 1.6 Forbrug af smertestillende medicin (Use of medicine) 12 users Follow-up.

**Figure 2 (Analysis 1.7)**





Forest plot of comparison: 1 Intervention vs Control, outcome: 1.7 Tilbage til arbejde (Return to work) 12 users Follow-up.

**Figure 3 (Analysis 1.8)**

