# NKR-nakke pico 7. Massage vs.ingen massage

## Review information

### Authors

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Citation example: [Empty name]. NKR-nakke pico 7. Massage vs.ingen massage. Cochrane Database of Systematic Reviews [Year], Issue [Issue].

## Characteristics of studies

### Characteristics of included studies

#### *Sherman 2009*

| | |
|---|---|
| **Methods** | |
| **Participants** | |
| **Interventions** | |
| **Outcomes** | |
| **Identification** | |
| **Notes** | |

Risk of bias table

| Bias | Authors' judgement | Support for judgement |
|---|---|---|
| Incomplete outcome data | Low risk | From Patel, 2012 |
| Allocation concealment | Low risk | From Patel, 2012 |
| Selective outcome reporting | Unclear risk | From Patel, 2012 |

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|---|---|---|
| Sequence Generation | Low risk | From Patel, 2012 |
| Blinding of participants and personnel | High risk | From Patel, 2012 |
| Other sources of bias | Unclear risk | |
| Blinding of outcome assessors | High risk | From Patel, 2012 |

## *Sherman 2014*

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|---|---|
| **Methods** | **Study design:** Randomized controlled trial<br>**Study grouping:** Parallel group<br>**Open Label:**<br>**Cluster RCT:** |
| **Participants** | **Baseline Characteristics**<br>Intervention<br>● *Males (%)*: 30.8<br>● *Mean age (SD)*: 49.0 (9.9)<br>● *Pain duration weeks*: > 5 år: 43.6%<br><br>Control<br>● *Males (%)*: 29.7<br>● *Mean age (SD)*: 44.4 (12.2)<br>● *Pain duration weeks*: >5 år: 29.7%<br><br>**Included criteria:** Adults aged 20 to 64 years with chronic nonspecific neckpain lasting at least 3 months who were able and willingto attend treatment<br>**Excluded criteria:** We excluded individuals whose neck pain had apathologically identifiable cause (eg, vertebral fracture,metastatic cancer), was complex (eg, cervical radiculopathy,recent automobile accident), or was too mild,defined as scoring less than 4 on a pain intensity scaleranging from 0 to 10 and less than 5 on the Neck DisabilityIndex (NDI) ranging from 0 to 50. We alsoexcluded those with potential contraindications formassage (eg, hypersensitivity to touch), any massagewithin the last 3 months, massage for neck pain withinthe last year, or an inability to give informed consentor speak English. Finally, we excluded persons withmedicolegal issues related to neck or back pain.<br>**Pretreatment:** Ingen markante |

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| **Interventions** | **Intervention Characteristics**<br>Intervention<br>● *Description*: On the basis of an earlier study,18 we defined distincttreatment protocols for both 30- and 60-minutetreatments, which included range of motion assessment,hands-on check-in, massage applied directly to theneck, addressing compensatory patterns, and integration(reestablishment within a patient of being in a unifiedbody after having received intensive isolated work).Therapists were given time limits for each part of themassage and permitted to use a broad range of massagetechniques. No self-care recommendations were permitted.Eight licensed massage therapists with at least 5years of experience were trained in the study protocoland provided massage treatments in the research clinicat Group Health. Treatment fidelity was monitored by aresearch assistant who was also a massage therapist andwho observed a treatment for all therapists and 34% ofthose randomized to massage (4% of all treatments).<br>● *Duration (weeks)*: 4<br>● *Number of treatments*: 12<br><br>Control<br>● *Description*: venteliste<br>● *Duration (weeks)*: 4<br>● *Number of treatments*: 0 |
| **Outcomes** | *Smerte (pain) end of treatment*<br>● **Outcome type**: ContinuousOutcome<br><br>*Smerte (pain) 4-12 weeks follow up*<br>● **Outcome type**: ContinuousOutcome<br><br>*Funktionsevne (level of function) 4-12 weeks follow up*<br>● **Outcome type**: ContinuousOutcome<br><br>*Forbrug af medicin (use of medicin) 4-12 weeks follow up*<br>● **Outcome type**: DichotomousOutcome<br><br>*Tilbage til arbejde (return to work) 4-12 weeks follow up*<br>● **Outcome type**: DichotomousOutcome<br><br>*Sygefravær (sick leave) 4-12 weeks follow up*<br>● **Outcome type**: DichotomousOutcome |

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|---|---|
| | *Livskvalitet (Quality of life) 4-12 weeks follow up*<br>● **Outcome type**: ContinuousOutcome<br><br>*Frafald (dropout) Behandlingsafslutning*<br>● **Outcome type**: DichotomousOutcome |
| **Identification** | **Sponsorship source:** Our study was funded by grant R01 AT004411 from the National Center for Complementary and Alternative Medicine, National Institutes of Health.<br>**Country:** USA<br>**Setting:** Primary care and general population<br>**Comments:** Recruited participants using mailed invitations to Group Health members with neck pain–related visits to primary care clinicians, advertise-ments in the health plan's magazine, posters, a study website, neighborhood blogs, and direct-mail postcards<br>**Authors name:** Karen J. Sherman<br>**Institution:** Department of Epidemiology, University of Washington, Seattle, Washington<br>**Email:** sherman.k@ghc.org<br>**Address:** Group Health Research Institute 1730 Minor Ave, Ste 1600 Seattle, WA 9810, USA |
| **Notes** | |

## Risk of bias table

| Bias | Authors' judgement | Support for judgement |
|---|---|---|
| Incomplete outcome data | Low risk | Judgement Comment: Low drop out rate. Intention to treat analysis |
| Allocation concealment | Low risk | Quote: "NDI scores (5-14 and ≥ 15). They were embedded in the computer-assisted tele- phone interviewing program and inaccessible to study staff before randomization. Treatments For the 4-week primary" |
| Selective outcome reporting | Low risk | Judgement Comment: Alle nævnte outcomes rappoeteret |
| Sequence Generation | Low risk | Quote: "of the 6 treatment groups. Treatment assignments were generated by a statistician (A.J.C.) using the freely available R software (version 2.11.0, R-Project for Sta- tistical Computing), with random block sizes of 6 and 12 within 2 strata, based on NDI scores (5-14 and ≥ 15). They were embedded in the" |

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| Blinding of participants and personnel | High risk | Judgement Comment: Ikke muligt da kontrol er venteliste |
| Other sources of bias | Low risk | Judgement Comment: Apparently no other source of bias |
| Blinding of outcome assessors | Unclear risk | Judgement Comment: Assessor er blindet men patient er ikke og der er tale om patientrapporterede outcomes. UNCLEAR da det er uklart i hvilken grad denne form for blinding reducerer bias |

*Footnotes*

## Characteristics of excluded studies

### *Celenay 2016*

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| **Reason for exclusion** | Wrong patient population |

### *Topolska 2012*

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|---|---|
| **Reason for exclusion** | Wrong patient population |

*Footnotes*

## Characteristics of studies awaiting classification

*Footnotes*

## Characteristics of ongoing studies

*Footnotes*

# References to studies

## Included studies

### *Sherman 2009*

*Published and unpublished data*

[Empty]

### *Sherman 2014*

Sherman,Karen J.; Cook,Andrea J.; Wellman,Robert D.; Hawkes,Rene J.; Kahn,Janet R.; Deyo,Richard A.; Cherkin,Daniel C.. Five-week outcomes from a dosing trial of therapeutic massage for chronic neck pain.. Annals of Family Medicine 2014;12(2):112-120. [DOI: http://dx.doi.org/10.1370/afm.1602]

## Excluded studies

### *Celenay 2016*

Celenay,Seyda Toprak; Kaya,Derya Ozer; Akbayrak,Turkan. Cervical and scapulothoracic stabilization exercises with and without connective tissue massage for chronic mechanical neck pain: A prospective, randomised controlled trial.. Manual therapy 2016;21(Journal Article):144-150. [DOI: http://dx.doi.org/10.1016/j.math.2015.07.003]

### *Topolska 2012*

Topolska,Marta; Chrzan,Sebastian; Sapula,Rafal; Kowerski,Mieczyslaw; Sobon,Marta; Marczewski,Krzysztof. Evaluation of the effectiveness of therapeutic massage in patients with neck pain.. Ortopedia Traumatologia Rehabilitacja 2012;14(2):115-124. [DOI: http://dx.doi.org/10.5604/15093492.992301]

# Data and analyses

## 1 Intervention vs Control

| Outcome or Subgroup | Studies | Participants | Statistical Method | Effect Estimate |
|---|---|---|---|---|
| 1.1 Smerte (pain) end of treatment | 2 | 132 | Mean Difference (IV, Random, 95% CI) | -1.84 [-2.82, -0.87] |
| 1.1.1 Time (change) | 2 | 132 | Mean Difference (IV, Random, 95% CI) | -1.84 [-2.82, -0.87] |

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| 1.2 Smerte (pain) 4-12 weeks follow up | 1 | 58 | Mean Difference (IV, Fixed, 95% CI) | -0.10 [-1.49, 1.29] |
| 1.3 Funktionsevne (level of function) 4-12 weeks follow up | 1 | 58 | Mean Difference (IV, Fixed, 95% CI) | -1.90 [-4.83, 1.03] |
| 1.3.1 14 weeks follow-up | 1 | 58 | Mean Difference (IV, Fixed, 95% CI) | -1.90 [-4.83, 1.03] |
| 1.4 Livskvalitet (Quality of life) 4-12 weeks follow up | 0 | 0 | Mean Difference (IV, Fixed, 95% CI) | Not estimable |
| 1.5 Forbrug af medicin (use of medicin) 4-12 weeks follow up | 0 | | Risk Ratio (IV, Fixed, 95% CI) | No totals |
| 1.6 Tilbage til arbejde (return to work) 4-12 weeks follow up | 0 | | Risk Ratio (IV, Fixed, 95% CI) | No totals |
| 1.7 Sygefravær (sick leave) 4-12 weeks follow up | 0 | | Risk Ratio (IV, Fixed, 95% CI) | No totals |
| 1.8 Frafald (dropout) Behandlingsafslutning | 2 | 140 | Risk Ratio (IV, Random, 95% CI) | 0.33 [0.07, 1.62] |
| 1.8.1 Time | 2 | 140 | Risk Ratio (IV, Random, 95% CI) | 0.33 [0.07, 1.62] |