# SBU

### Bilaga till rapport

Insatser i vården vid

långtidssjukskrivning/Health care interventions in case of long-term sick leave, rapport 359 (2022)

Bilaga 2 Studier med hög risk för bias, inte relevanta studier och orsak till exkludering/Appendix 2 Studies with high risk of bias, not relevant studies, and reasons for exclusion

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This document consists of articles excluded after assessment.

#### Studies with high risk of bias page 2–5

This part consists of articles that were relevant in terms of abstract and full-text but after quality assessment considered to have a high risk of bias.

### Not relevant studies page 6–19

This part consists of articles considered relevant in terms of abstract, but the full-text articles were proven to be irrelevant to the research question and other inclusion criteria, after assessment.

### Excluded due to NRSI, non-randomised studies of the effects of interventions page 20-21

This part consists of articles of non-randomised studies that were assessed as relevant. Since a large number of randomised controlled trials were included, non-randomised studies were excluded from analyses in accordance with the study protocol.

### Health economic studies (low methodological quality and/or transferability) page 22-23

This part consists of articles that were relevant in terms of abstract and full-text but after quality assessment considered to have low quality in terms of methodology and/or transferability.

### Studies with high risk of bias

Reference	Assessment
Aasdahl L, Pape K, Vasseljen O, Johnsen R, Gismervik S, Jensen C, et al.	High risk of bias
Effects of Inpatient Multicomponent Occupational Rehabilitation	
versus Less Comprehensive Outpatient Rehabilitation on Somatic and	
Mental Health: Secondary Outcomes of a Randomized Clinical Trial.	
Journal of Occupational Rehabilitation, 2017; 27 (3): 456-66. Available	
from: https://doi.org/https://dx.doi.org/10.1007/s10926-016-9679-5.	
Andersen LN, Juul-Kristensen B, Sorensen TL, Herborg LG, Roessler KK,	High risk of bias
Sogaard K. Longer term follow-up on effects of Tailored Physical	
Activity or Chronic Pain Self-Management Programme on return-to-	
work: A randomized controlled trial. Journal of Rehabilitation	
Medicine, 2016; 48 (10): 887-92. Available from:	
https://doi.org/https://dx.doi.org/10.2340/16501977-2159.	
Anderson B, Strand LI, Råheim M. The effect of long-term body	High risk of bias
awareness training succeeding a multimodal cognitive behavior	
program for patients with widespread pain. Journal of	
Musculoskeletal Pain, 2007; 15 (3): 19-29. Available from:	
https://doi.org/10.1300/J094v15n03_04.	
Aure OF, Nilsen JH, Vasseljen O. Manual therapy and exercise therapy	High risk of bias
in patients with chronic low back pain: a randomized, controlled trial	
with 1-year follow-up. Spine, 2003; 28 (6): 525-31; discussion 31-2.	
Beck BD, Hansen AM, Gold C. Coping with Work-Related Stress	High risk of bias
through Guided Imagery and Music (GIM): Randomized Controlled	
Trial. Journal of Music Therapy, 2015; 52 (3): 323-52. Available from:	
https://doi.org/https://dx.doi.org/10.1093/jmt/thv011.	
Bethge M, Herbold D, Trowitzsch L, Jacobi C. Work status and health-	High risk of bias
related quality of life following multimodal work hardening: a cluster	
randomised trial. Journal of Back & Musculoskeletal Rehabilitation,	
2011; 24 (3): 161-72. Available from:	
https://doi.org/https://dx.doi.org/10.3233/BMR-2011-0290.	
Blonk RWB, Brenninkmeijer V, Lagerveld SE, Houtman ILD. Return to	High risk of bias
work: A comparison of two cognitive behavioural interventions in	
cases of work-related psychological complaints among the self-	
employed. Work & Stress, 2006; 20 (2): 129-44. Available from:	
https://doi.org/10.1080/02678370600856615.	
Blomdahl C, Guregård S, Rusner M, Wijk H. Recovery From	High risk of bias
Depression—A 6-Month Follow-up of a Randomized Controlled Study	
of Manual-Based Phenomenological Art Therapy for Persons With	
Depression. Art Therapy. 2022;39(1):13-23. Available from:	
https://doi.org/10.1080/07421656.2021.1922328.	
Bogefeldt J, Grunnesjo MI, Svardsudd K, Blomberg S. Sick leave	High risk of bias
reductions from a comprehensive manual therapy programme for low	
back pain: the Gotland Low Back Pain Study. Clinical Rehabilitation,	
2008; 22 (6): 529-41. Available from:	
https://doi.org/https://dx.doi.org/10.1177/0269215507087294.	
Bolam KA, Mijwel S, Rundqvist H, Wengstrom Y. Two-year follow-up	High risk of bias
of the OptiTrain randomised controlled exercise trial. Breast Cancer	
Research & Treatment, 2019; 175 (3): 637-48. Available from:	
https://doi.org/https://dx.doi.org/10.1007/s10549-019-05204-0.	

Reference	Assessment
Feuerstein M, Huang GD, Ortiz JM, Shaw WS, Miller VI, Wood PM.	High risk of bias
Integrated case management for work-related upper-extremity	_
disorders: impact of patient satisfaction on health and work status.	
Journal of Occupational & Environmental Medicine, 2003; 45 (8): 803-	
12.	
Greidanus MA, de Rijk AE, de Boer A, Bos M, Plaisier PW, Smeenk RM,	High risk of bias
et al. A randomised feasibility trial of an employer-based intervention	
for enhancing successful return to work of cancer survivors (MiLES	
intervention). BMC Public Health, 2021; 21 (1): 1433. Available from:	
https://doi.org/https://dx.doi.org/10.1186/s12889-021-11357-9.	
Hagen EM, Eriksen HR, Ursin H. Does early intervention with a light	High risk of bias
mobilization program reduce long-term sick leave for low back pain?	
Spine (Phila Pa 1976), 2000; 25 (15): 1973-6.	
Haugli L, Steen E, Lærum E, Nygard R, Finset A. Learning to have less	High risk of bias
painis it possible? A one-year follow-up study of the effects of a	
personal construct group learning programme on patients with	
chronic musculoskeletal pain. Patient Education and Counseling,	
2001; 45 (2): 111-18. Available from: https://doi.org/10.1016/S0738-	
3991(00)00200-7.	
Hubbard G, Gray NM, Ayansina D, Evans JM, Kyle RG. Case	High risk of bias
management vocational rehabilitation for women with breast cancer	
after surgery: a feasibility study incorporating a pilot randomised	
controlled trial. Trials [Electronic Resource], 2013; 14175. Available	
from: https://doi.org/https://dx.doi.org/10.1186/1745-6215-14-175.	-
Hurley DA, McDonough SM, Dempster M, Moore AP, Baxter GD. A	High risk of bias
randomized clinical trial of manipulative therapy and interferential	
therapy for acute low back pain. Spine, 2004; 29 (20): 2207-16.	
Jong MC, Boers I, Schouten van der Velden AP, Meij Svd, Göker E,	High risk of bias
Timmer-Bonte ANJH, et al. A Randomized Study of Yoga for Fatigue	
and Quality of Life in Women with Breast Cancer Undergoing (Neo)	
Adjuvant Chemotherapy. Journal of Alternative & Complementary	
Medicine, 2018; 24 (9/10): 942-53. Available from:	
https://doi.org/10.1089/acm.2018.0191.	High wiels of his-
Jousset N, Fanello S, Bontoux L, Dubus V, Billabert C, Vielle B, et al.	High risk of bias
Effects of functional restoration versus 3 hours per week physical	
therapy: a randomized controlled study. Spine, 2004; 29 (5): 487-93;	
discussion 94. Available from:	
https://doi.org/10.1097/01.brs.0000102320.35490.43.	High rick of high
Lo Sasso AT, Rost K, Beck A. Modeling the impact of enhanced	High risk of bias
depression treatment on workplace functioning and costs: a cost-	
benefit approach. Med Care, 2006; 44 (4): 352-8. Available from:	
https://doi.org/10.1097/01.mlr.0000204049.30620.1e.	High risk of bias
Meijer EM, Sluiter JK, Heyma A, Sadiraj K, Frings-Dresen MH. Cost-	LIIBULIISK OL DIGZ
effectiveness of multidisciplinary treatment in sick-listed patients with	
upper extremity musculoskeletal disorders: a randomized, controlled trial with one-year follow-up. International Archives of Occupational	
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& Environmental Health, 2006; 79 (8): 654-64.	

Reference	Assessment
Meyer K, Fransen J, Huwiler H, Uebelhart D, Klipstein A. Feasibility and	High risk of bias
results of a randomised pilot-study of a work rehabilitation	
programme. Journal of back and musculoskeletal rehabilitation, 2005;	
18 (3-4): 67-78. Available from: https://doi.org/10.1016/S0901-	
5027(05)81137-3.	
Mijwel S, Jervaeus A, Bolam KA, Norrbom J, Bergh J, Rundqvist H, et	High risk of bias
al. High-intensity exercise during chemotherapy induces beneficial	
effects 12 months into breast cancer survivorship. Journal of Cancer	
Survivorship, 2019; 13 (2): 244-56. Available from:	
https://doi.org/https://dx.doi.org/10.1007/s11764-019-00747-z.	
Nguyen C, Boutron I, Rein C, Baron G, Sanchez K, Palazzo C, et al.	High risk of bias
Intensive spa and exercise therapy program for returning to work for	
low back pain patients: a randomized controlled trial. Scientific	
Reports, 2017; 7 (1): 17956. Available from:	
https://doi.org/https://dx.doi.org/10.1038/s41598-017-18311-z.	
Norbye AD, Omdal AV, Nygaard ME, Romild U, Eldoen G, Midgard R.	High risk of bias
Do Patients With Chronic Low Back Pain Benefit From Early	
Intervention Regarding Absence From Work?: A Randomized,	
Controlled, Single-Center Pilot Study. Spine, 2016; 41 (21): E1257-E64.	
Available from:	
https://doi.org/https://dx.doi.org/10.1097/BRS.000000000001878.	
Nystuen P, Hagen KB. Feasibility and effectiveness of offering a	High risk of bias
solution-focused follow-up to employees with psychological problems	
or muscle skeletal pain: a randomised controlled trial. BMC Public	
Health, 2003; 319.	
Roche-Leboucher G, Petit-Lemanac'h A, Bontoux L, Dubus-Bausiere V,	High risk of bias
Parot-Shinkel E, Fanello S, et al. Multidisciplinary intensive functional	
restoration versus outpatient active physiotherapy in chronic low	
back pain: a randomized controlled trial. Spine, 2011; 36 (26): 2235-42. Available from:	
https://doi.org/https://dx.doi.org/10.1097/BRS.0b013e3182191e13.	
Ronzi Y, Roche-Leboucher G, Begue C, Dubus V, Bontoux L,	High risk of bias
Roquelaure Y, et al. Efficiency of three treatment strategies on	HIGH HISK OF DIAS
occupational and quality of life impairments for chronic low back pain	
patients: is the multidisciplinary approach the key feature to success?	
Clinical Rehabilitation, 2017; 31 (10): 1364-73. Available from:	
https://doi.org/https://dx.doi.org/10.1177/0269215517691086.	
Rost K, Smith JL, Dickinson M. The effect of improving primary care	High risk of bias
depression management on employee absenteeism and productivity.	11101101101101
A randomized trial. Med Care, 2004; 42 (12): 1202-10. Available from:	
https://doi.org/10.1097/00005650-200412000-00007.	
Schene AH, Koeter MW, Kikkert MJ, Swinkels JA, McCrone P. Adjuvant	High risk of bias
occupational therapy for work-related major depression works:	
randomized trial including economic evaluation. Psychological	
Medicine, 2007; 37 (3): 351-62.	

Reference	Assessment
Schiltenwolf M, Buchner M, Heindl B, von Reumont J, Muller A, Eich	High risk of bias
W. Comparison of a biopsychosocial therapy (BT) with a conventional	
biomedical therapy (MT) of subacute low back pain in the first	
episode of sick leave: a randomized controlled trial. European Spine	
Journal, 2006; 15 (7): 1083-92. Available from:	
https://doi.org/10.1007/s00586-005-0008-5.	
Stenlund T, Ahlgren C, Lindahl B, Burell G, Steinholtz K, Edlund C, et al.	High risk of bias
Cognitively oriented behavioral rehabilitation in combination with	
Qigong for patients on long-term sick leave because of burnout:	
REST—A randomized clinical trial. International Journal of Behavioral	
Medicine, 2009; 16 (3): 294-303. Available from:	
https://doi.org/10.1007/s12529-008-9011-7.	
Stenlund T, Nordin M, Jarvholm LS. Effects of rehabilitation	High risk of bias
programmes for patients on long-term sick leave for burnout: a 3-year	
follow-up of the REST study. Journal of Rehabilitation Medicine, 2012;	
44 (8): 684-90. Available from:	
https://doi.org/https://dx.doi.org/10.2340/16501977-1003.	
Streibelt M, Bethge M. Effects of intensified work-related	High risk of bias
multidisciplinary rehabilitation on occupational participation: a	
randomized-controlled trial in patients with chronic musculoskeletal	
disorders. International Journal of Rehabilitation Research, 2014; 37	
(1): 61-6. Available from:	
https://doi.org/https://dx.doi.org/10.1097/MRR.000000000000031.	
van der Feltz-Cornelis CM, Hoedeman R, de Jong FJ, Meeuwissen JA,	High risk of bias
Drewes HW, van der Laan NC, et al. Faster return to work after	
psychiatric consultation for sicklisted employees with common mental	
disorders compared to care as usual. A randomized clinical trial.	
Neuropsychiatr Dis Treat, 2010; 6375-85. Available from:	
https://doi.org/10.2147/ndt.s11832.	
Wynne-Jones G, Artus M, Bishop A, Lawton SA, Lewis M, Jowett S, et	High risk of bias
al. Effectiveness and costs of a vocational advice service to improve	
work outcomes in patients with musculoskeletal pain in primary care:	
a cluster randomised trial (SWAP trial ISRCTN 52269669). Pain, 2018;	
159 (1): 128-38. Available from:	
https://doi.org/https://dx.doi.org/10.1097/j.pain.000000000001075.	

### Not relevant studies

Reference	Reason for
	exclusion
Champagne R, Ronzi Y, Roche-Leboucher G, Begue C, Dubus V, Bontoux L, et al. Effectiveness of an outpatient rehabilitation program with multidisciplinary approach on return to work for patients with non-specific chronic lombal pain. Annals of Physical and Rehabilitation Medicine. 2018;61. Available from:	Wrong study design
https://doi.org/10.1016/j.rehab.2018.05.034.	
Aasdahl L, Gismervik SO, Marchand GH, Vasseljen O, Johnsen R, Fimland MS. Changes in fear-avoidance beliefs and work participation after occupational rehabilitation for musculoskeletal- and common mental disorders: secondary outcomes of two randomized clinical trials. J Rehabil Med, 2019; 51 (3): 175-82. Available from: https://doi.org/https://dx.doi.org/10.2340/16501977-2520.	Wrong research question
Arends I, van der Klink JJL, Bultman U. Prevention of recurrent sickness absence among employees with common mental disorders.  BMC public health, 2010; 10132.	Wrong study design
Arends IA, Van Der K, Van R, De B, Bültmann. Prevention of recurrent sickness absence among workers with common mental disorders: Results of a cluster-randomised controlled trial. Occupational and Environmental Medicine, 2013; 70 (Suppl 1): A106.2-A06. Available from: https://doi.org/10.1136/oemed-2013-101717.311.	Wrong study design
Beiwinkel T, Eissing T, Telle NT, Siegmund-Schultze E, Rossler W. Effectiveness of a Web-Based Intervention in Reducing Depression and Sickness Absence: Randomized Controlled Trial. J Med Internet Res, 2017; 19 (6): e213. Available from: https://doi.org/10.2196/jmir.6546.	Wrong patient population
Bendix T, Bendix A, Labriola M, Haestrup C, Ebbehoj N. Functional restoration versus outpatient physical training in chronic low back pain: a randomized comparative study. Spine, 2000; 25 (19): 2494-500. Available from: https://doi.org/10.1097/00007632-200010010-00012.	Wrong patient population
Berglund E, Anderzen I, Andersen A, Carlsson L, Gustavsson C, Wallman T, et al. Multidisciplinary Intervention and Acceptance and Commitment Therapy for Return-to-Work and Increased Employability among Patients with Mental Illness and/or Chronic Pain: A Randomized Controlled Trial. Int J Environ Res Public Health, 2018; 15 (11): 31. Available from: https://doi.org/https://dx.doi.org/10.3390/ijerph15112424.	Wrong patient population
Bergman GJ, Winter JC, van Tulder MW, Meyboom-de Jong B, Postema K, van der Heijden GJ, et al. Manipulative therapy in addition to usual medical care accelerates recovery of shoulder complaints at higher costs: economic outcomes of a randomized trial. BMC Musculoskeletal Disorders, 2010; 11200-00. Available from: https://doi.org/10.1186/1471-2474-11-200.	Wrong patient population

Reference	Reason for
	exclusion
Bergstrom C, Jensen I, Hagberg J, Busch H, Bergstrom G. Effectiveness of different interventions using a psychosocial subgroup assignment in chronic neck and back pain patients: a 10-year follow-up. Disabil Rehabil, 2012; 34 (2): 110-8. Available from: https://doi.org/https://dx.doi.org/10.3109/09638288.2011.607218.	Wrong research question
Blomdahl C, Guregard S, Rusner M, Wijk H. A manual-based phenomenological art therapy for individuals diagnosed with moderate to severe depression (PATd): A randomized controlled study. Psychiatr Rehabil J, 2018; 41 (3): 169-82. Available from: https://doi.org/https://dx.doi.org/10.1037/prj0000300.	Wrong patient population
Bonde JP, Rasmussen MS, Hjollund H, Svendsen SW, Kolstad HA, Jensen LD, et al. Occupational disorders and return to work: a randomized controlled study. J Rehabil Med, 2005; 37 (4): 230-5. Available from: https://doi.org/10.1080/16501970410025487.	Wrong patient population
Brattberg G. Internet-based rehabilitation for individuals with chronic pain and burnout: a randomized trial. Int J Rehabil Res, 2006; 29 (3): 221-7.	Short follow-up time
Brendbekken R, Harris A, Ursin H, Eriksen H, Tangen T. Multidisciplinary Intervention in Patients with Musculoskeletal Pain: a Randomized Clinical Trial. International Journal of Behavioral Medicine, 2016; 23 (1): 1-11. Available from: https://doi.org/10.1007/s12529-015-9486-y.	Wrong outcomes
Brusco NK, Watts JJ, Shields N, Chan SP, Taylor NF. Does additional acute phase inpatient rehabilitation help people return to work? A subgroup analysis from a randomized controlled trial. Clin Rehabil, 2014; 28 (8): 754-61.	Wrong patient population
Böttcher HM, Steimann M, Rotsch M, Zurborn KH, Koch U, Bergelt C. Enhancing the return to work of cancer patients-an evaluation of an occupation-related rehabilitation program. Onkologie, 2012; 35242. Available from: https://doi.org/10.1159/000178474.	Wrong study design
Chanchai W, Siriwong W, Songkham W, Ketsomporn P, Sappakitchanchai P. Effects of participatory ergonomic intervention program (PEIP) on musculoskeletal and health outcomes among hospital orderlies. Occupational and Environmental Medicine, 2018; 75A274-A75. Available from: https://doi.org/10.1136/oemed-2018-ICOHabstracts.784.	Wrong study design
Cheng AS, Hung L. Randomized controlled trial of workplace-based rehabilitation for work-related rotator cuff disorder. Journal of Occupational Rehabilitation, 2007; 17 (3): 487-503. Available from: https://doi.org/10.1007/s10926-007-9085-0.	Short follow-up time
Choi KA, Lindert L, Schlomann L, Samel C, Hellmich M, Pfaff H. A Cross-Provider Healthcare Management Program for Musculoskeletal Disorders: results of a Randomized Controlled Trial in 22 German Companies. International journal of environmental research and public health, 2021; 18 (22). Available from: https://doi.org/10.3390/ijerph182211844.	Wrong patient population

Reference	Reason for
Reference	exclusion
Corazon SS, Nyed PK, Sidenius U, Poulsen DV, Stigsdotter UK. A Long-	Wrong patient population
Term Follow-Up of the Efficacy of Nature-Based Therapy for Adults	
Suffering from Stress-Related Illnesses on Levels of Healthcare	
Consumption and Sick-Leave Absence: A Randomized Controlled Trial. Int J Environ Res Public Health, 2018; 15 (1): 15. Available from:	
https://doi.org/https://dx.doi.org/10.3390/ijerph15010137.  Coudeyre E, Tubach F, Rannou F, Baron G, Coriat F, Brin S, et al. Effect	Chart fallow up time
	Short follow-up time
of a simple information booklet on pain persistence after an acute	
episode of low back pain: a non-randomized trial in a primary care	
setting. PLoS ONE, 2007; 2 (8): e706.	Maria de la
Dahl J, Wilson KG, Nilsson A. Acceptance and commitment therapy	Wrong patient population
and the treatment of persons at risk for long-term disability resulting	
from stress and pain symptoms: A preliminary randomized trial.	
Behavior Therapy, 2004; 35 (4): 785-801. Available from:	
https://doi.org/10.1016/S0005-7894(04)80020-0.	
Dalgaard VL, Andersen LPS, Andersen JH, Willert MV, Carstensen O,	Wrong outcomes
Glasscock DJ. Work-focused cognitive behavioral intervention for	
psychological complaints in patients on sick leave due to work-related	
stress: Results from a randomized controlled trial. J Negat Results	
Biomed, 2017; 16 (1): 13. Available from:	
https://doi.org/https://dx.doi.org/10.1186/s12952-017-0078-z.	
Danielsson L, Waern M, Hensing G, Holmgren K. Work-directed	Wrong patient population
rehabilitation or physical activity to support work ability and mental	
health in common mental disorders: a pilot randomized controlled	
trial. Clin Rehabil, 2020; 34 (2): 170-81. Available from:	
https://doi.org/https://dx.doi.org/10.1177/0269215519880230.	
De Bruijn C, Goossens M, de Bie R, Ament A, Geraets J, Dinant GJ.	Wrong patient population
Cost-effectiveness of an education and activation program for	
patients with acute and subacute shoulder complaints compared to	
usual care. Int J Technol Assess Health Care, 2007; 23 (1): 80-8.	
Dupeyron A, N'Guyen T, Azoury H, Grémeaux V, Coudeyre E. Sub	Wrong study design
acute low back pain: Effect of early information. Annals of Physical	
and Rehabilitation Medicine, 2013; 56e309. Available from:	
https://doi.org/10.1016/j.rehab.2013.07.820.	
Ejeby K, Savitskij R, Ost LG, Ekbom A, Brandt L, Ramnero J, et al.	Wrong patient population
Symptom reduction due to psychosocial interventions is not	
accompanied by a reduction in sick leave: results from a randomized	
controlled trial in primary care. Scand J Prim Health Care, 2014; 32 (2):	
67-72. Available from:	
https://doi.org/https://dx.doi.org/10.3109/02813432.2014.909163.	
Eriksson MCM, Kivi M, Hange D, Petersson E-L, Ariai N, Häggblad P, et	Wrong patient population
al. Long-term effects of Internet-delivered cognitive behavioral	
therapy for depression in primary care – the PRIM-NET controlled	
trial. Scandinavian Journal of Primary Health Care, 2017; 35 (2): 126-	
36. Available from: https://doi.org/10.1080/02813432.2017.1333299.	

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Deference	Passan for
Reference	Reason for
	exclusion
Ezzedine Angulo A, Domenech Fernández J, Cabanes Soriano F, Lisón	Wrong study design
Parraga JF, Segura Ortí E, Buj Pascual J. Influence of physicians' beliefs	
and attitudes on their treatment recommendations for low back pain. Controlled clinical trial. European Spine Journal, 2014; 23 (1): 249-50.	
Available from: https://doi.org/10.1007/s00586-013-3090-0.	
Fauser D, Wienert J, Beinert T, Schmielau J, Biester I, Kruger HU, et al.	Wrong patient population
Work-related medical rehabilitation in patients with cancer-	Wrong patient population
Postrehabilitation results from a cluster-randomized multicenter trial.	
Cancer, 2019; 125 (15): 2666-74. Available from:	
https://doi.org/https://dx.doi.org/10.1002/cncr.32131.	
Fauser D, Wienert J, Zomorodbakhsch B, Schmielau J, Biester I, Kruger	Wrong patient population
HU, et al. Work-Related Medical Rehabilitation in Cancer: A Cluster-	
Randomized Multicenter Study. Dtsch, 2019; 116 (35-36): 592-99.	
Available from:	
https://doi.org/https://dx.doi.org/10.3238/arztebl.2019.0592.	
Finnes A, Anderzen I, Pingel R, Dahl J, Molin L, Lytsy P. Comparing the	Wrong outcomes
Efficacy of Multidisciplinary Assessment and Treatment, or	
Acceptance and Commitment Therapy, with Treatment as Usual on	
Health Outcomes in Women on Long-Term Sick Leave-A Randomised	
Controlled Trial. Int J Environ Res Public Health, 2021; 18 (4): 11.	
Available from:	
https://doi.org/https://dx.doi.org/10.3390/ijerph18041754.	
Forsbrand MH, Turkiewicz A, Petersson IF, Sennehed CP, Stigmar K.	Wrong patient population
Long-term effects on function, health-related quality of life and work	
ability after structured physiotherapy including a workplace	
intervention. A secondary analysis of a randomised controlled trial (WorkUp) in primary care for patients with neck and/or. Scand J Prim	
Health Care, 2020; 38 (1): 92-100. Available from:	
https://doi.org/https://dx.doi.org/10.1080/02813432.2020.1717081.	
Frederiksen P, Indahl A, Andersen LL, Burton K, Hertzum-Larsen R,	Wrong patient population
Bendix T. Can group-based reassuring information alter low back pain	wrong patient population
behavior? A cluster-randomized controlled trial. PLoS ONE, 2017; 12	
(3): e0172003. Available from:	
https://doi.org/https://dx.doi.org/10.1371/journal.pone.0172003.	
Fritz JM, Delitto A, Erhard RE. Comparison of classification-based	Wrong patient population
physical therapy with therapy based on clinical practice guidelines for	
patients with acute low back pain: a randomized clinical trial. Spine,	
2003; 28 (13): 1363-71; discussion 72.	
Glomsrod B, Lonn JH, Soukup MG, Bo K, Larsen S. "Active back	Wrong patient population
school", prophylactic management for low back pain: three-year	
follow-up of a randomized, controlled trial. J Rehabil Med, 2001; 33	
(1): 26-30. Available from:	
https://doi.org/10.1080/165019701300006506.	
Granstam BH, Rosenblad A, Lindemalm C, Ojutkangas ML, Letocha H,	Wrong study design
Strang P, et al. A randomized controlled trial of support group	
intervention after breast cancer treatment: Results on sick leave,	
health care utilization and health economy. Cancer Research, 2012;	
72 (24). Available from: https://doi.org/10.1158/0008-5472.SABCS12-	
P2-12-09.	

Reference	Reason for
	exclusion
Grensman A, Acharya BD, Wandell P, Nilsson GH, Falkenberg T, Sundin	Wrong outcomes
O, et al. Effect of traditional yoga, mindfulness-based cognitive	
therapy, and cognitive behavioral therapy, on health related quality of	
life: a randomized controlled trial on patients on sick leave because of	
burnout. BMC Altern Med, 2018; 18 (1): 80. Available from:	
https://doi.org/https://dx.doi.org/10.1186/s12906-018-2141-9.	
Gross DP, Park J, Rayani F, Norris CM, Esmail S. Motivational	Wrong patient population
Interviewing Improves Sustainable Return to Work in Injured Workers	
After Rehabilitation: A Cluster Randomized Controlled Trial. Arch Phys	
Med Rehabil, 2017; 98 (12): 2355-63. Available from:	
https://doi.org/https://dx.doi.org/10.1016/j.apmr.2017.06.003.	
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Björneklett HG, Rosenblad A, Lindemalm C, Ojutkangas ML, Letocha H, Strang P, Bergkvist L. A randomized controlled trial of support group intervention after breast cancer treatment: results on sick leave, health care utilization and health economy. Acta Oncol. 2013 Jan;52(1):38-47. doi: 10.3109/0284186X.2012.734921. Epub 2012 Oct 29. PMID: 23106175.	Low methodological quality High transferability
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