Bilaga 3. Förteckning/referenslista över exkluderade studier och studier med låga bevisvärden

3.1 Multimodal rehabilitering

Studier som granskats men som inte uppfylde inklusionskriterierna


Bernaards CM, Ariens GA, Hildebrandt VH. The (cost-)effectiveness of a lifestyle physical activity intervention in addition to a work style intervention on the recovery from neck and upper limb symptoms in computer workers. BMC Musculoskeletal Disord 2006;7:80.


Cairns MC, Foster NE, Wright C. Randomized controlled trial of specific spinal stabilization exercises and conventional physiotherapy for recurrent low back pain. Spine 2006;31:E670-81.


Critchley DJ, Ratcliffe J, Noonan S, Jones RH, Hurley MV. Effectiveness and cost-effectiveness of three types of physiotherapy used to reduce chronic low back pain disability: a pragmatic random-
a randomized controlled trial. JAMA 2003;289:1396-404.


Harts CC, Helmhout PH, de Bie RA, Staal JB. A high-intensity lumbar extensor strengthening program is little better than a low-intensity program or a waiting list control group for chronic low back pain: a randomised clinical trial. Aust J Physiother 2008;54:23-31.

Hasson D, Arnetz B, Jelveus L, Edelstam B. A randomized clinical trial of the treatment effects of massage compared to relaxation tape recordings on diffuse long-


Underwood MR, Morton V, Farrin A. Do baseline characteristics predict response to treatment for low back pain?


3.2 Fysisk aktivitet/träning, manuella och fysikaliska metoder samt beteendemedicinska behandlingar

Studier som granskats men inte uppfyllde inklusionskriterierna eller kravet på minst medelhög kvalitet och relevans


Bernaards CM, Ariens GA, Hildebrandt VH. The (cost-)effectiveness of a lifestyle physical activity intervention in addition to a work style intervention on the recovery from neck and upper limb symptoms in computer workers. BMC Musculoskelet Disord 2006;7:80.


Brox JI, Sorensen R, Friis A, Nygaard O, Indahl A, Keller A, et al. Randomized clinical trial of lumbar instrumented fusion and cognitive intervention and


Harts CC, Helmhout PH, de Bie RA, Staal JB. A high-intensity lumbar extensor strengthening program is little better than a low-intensity program or a waiting list control group for chronic low back pain: a randomised clinical trial. Aust J Physiother 2008;54:23-31.


Johnson RE, Jones GT, Wiles NJ, Chaddock C, Potter RG, Roberts C,


Marshall P, Murphy B. Self-report measures best explain changes in disability


3.3 Psykologiska behandlingsmetoder givna av en behandlare

Studier som granskats men inte uppfyllde inklusionskriterierna


Chou R, Huffman LH. Nonpharmacologic therapies for acute and chronic low


Field T, Hernandez-Reif M, Diego M, Fraser M. Lower back pain and sleep disturbance are reduced following massage therapy. In: Journal of Bodywork and Movement Therapies; 2007. p 141-5.


Gardner-Nix J, Backman S, Barbati J, Grummitt J. Evaluating distance education of a mindfulness-based meditation


Linton SJ, Nordin E. A 5-year follow-up evaluation of the health and economic consequences of an early cognitive behavioral intervention for back pain: a ran-


Norman SA, Lumley MA, Dooley JA, Diamond MP. For whom does it work? Moderators of the effects of written


Smeets RJ, Beelen S, Goossens ME, Schouten EG, Knottnerus JA, Vlaeyen JW. Treatment expectancy and credibility are associated with the outcome of both physical and cognitive-behavioral treat-


van Tulder MW, Esmail R, Bombardier C, Koes BW. Back schools for non-specific


3.4 Akupunktur, TENS, triggerpunktsbehandling

Studier som granskats men inte uppfylle inkusionskriterierna eller kravet på minst medelhög kvalitet och relevans


Inoue M, Kitakoji H, Ishizaki N, Tawa M, Yano T, Katsumi Y, Kawakita K.


methods used to appraise and incorporate trial quality into data synthesis. Spine 2007;32:796-806.


