Introduction to PubMed

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Introduction to PubMed

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Default Tag: All Fields
Limit: Clinical Trial, Meta-Analysis, Practice Guideline, Randomized Controlled Trial, Review, Adult: 19-44 years, Middle Aged + Aged: 45+ years

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Patient expectations as predictors of outcome in patients with acute low back pain.
PMID: 18066631 [PubMed - indexed for MEDLINE]

2: Eisenberg DM, Post DE, Davis PE, Connelly MT, Legedza AT, Hrbek AL, Proser LA, Ewing JE, Inui TS, Cherkin DC.
Addition of choice of complementary therapies to usual care for acute low back pain: a randomized controlled trial.
PMID: 17224808 [PubMed - indexed for MEDLINE]

3: Suen LI, Wong TK, Chung JW, Yip VY.
Auriculotherapy for low back pain in the elderly.
PMID: 17210513 [PubMed - indexed for MEDLINE]
Items 1 - 13 of 13

1: Myers SS, Phillips RS, Davis PB, Cherkin DC, Legedza AT, Kapchuk TJ, Hrob A, Buring JE, Post D, Connelly MT, Eisenberg DM.
   Patient expectations as predictors of outcome in patients with acute low back pain.
   PMID: 18066631 [PubMed - indexed for MEDLINE]

2: Eisenberg DM, Post D, Davis PB, Connelly MT, Legedza AT, Hrob A, Proteau LA, Buring JE, Inui TS, Cherkin DC.
   Addition of choice of complementary therapies to usual care for acute low back pain: a randomized controlled trial.
   PMID: 17224803 [PubMed - indexed for MEDLINE]

3: Suen LK, Wong TK, Chung JW, Yip YY.
   Auriculotherapy on low back pain in the elderly.
   PMID: 17210513 [PubMed - indexed for MEDLINE]
Addition of choice of complementary therapies to usual care for acute low back pain: a randomized controlled trial.

Eisenberg DM, Post DE, Davis RB, Connelly MT, Legedza AT, Hrbek AL, Prosser LA, Buring JE, Inui TS, Cherkin DC

Division for Research and Education in Complementary and Integrative Medical Therapies, Osher Institute, Harvard Medical School, Boston, MA 02215, USA. david_eisenberg@hms.harvard.edu

STUDY DESIGN: A randomized controlled trial. OBJECTIVE: To investigate the effectiveness and cost of usual care plus patient choice of acupuncture, chiropractic, or massage therapy (choice) compared with usual care alone in patients with acute low back pain (LBP). SUMMARY OF BACKGROUND DATA: Few studies have evaluated care models with facilitated access to and financial coverage for adjunctive complementary and alternative medicine therapies. METHODS: A total of 444 patients with acute LBP (<21 days) were recruited from 4 clinical sites and randomized into 2 groups: usual care or choice. Outcomes included symptoms (bothersomeness), functional status (Roland), and satisfaction between baseline and 5 weeks, and cost of medical care in the 12 weeks after randomization. RESULTS: After 5 weeks, providing patients with a choice did not yield clinically important reductions in symptoms (median -4, [interquartile range -7, -2] for usual care, and -5 [-7, -3] for choice, P = 0.002) or improvements in functional status (-8 [-13, -2] for usual care, and -9 [-15, -4] for choice, P = 0.15). Although there was a significantly greater satisfaction with care in the choice group, this came at a net increase in costs of $244 dollars per patient. This consisted of a 99 dollars reduction in the average cost to the insurer for medical care but an additional cost of $343 dollars, for an average of 6.0 complementary and alternative medicine treatments per patient. CONCLUSIONS: A model of care that offered access to a choice of complementary and alternative medicine therapies for acute LBP did not result in clinically significant improvements in symptom relief or functional restoration. This model was associated with greater patient satisfaction but increased total costs. Future evaluations of this choice model should focus...
Eisenberg DM
Addition of choice of complementary therapies to usual care for acute low back pain: a randomized controlled trial.
Spine. 2007 Jan 15;32(2):151-8
PMID:17224808

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Please consult a librarian in your library for additional assistance.
Treatment of low back pain by acupressure and physical therapy: randomised controlled trial.

Hsieh LL, Kuo CH, Lee LH, Yen AM, Chien KL, Chen TH

Institute of Preventive Medicine, College of Public Health, National Taiwan University, Taipei, Taiwan.

OBJECTIVE: To evaluate the effectiveness of acupressure in terms of disability, pain scores, and functional status. DESIGN: Randomised controlled trial. SETTING: Orthopaedic clinic in Kaohsiung, Taiwan. PARTICIPANTS: 129 patients with chronic low back pain. INTERVENTION: Acupressure or physical therapy for one month. MAIN OUTCOME MEASURES: Self administered Chinese versions of standard outcome measures for low back pain (primary outcome: Roland and Morris disability questionnaire) at baseline, after treatment, and at six month follow-up. RESULTS: The mean total Roland and Morris disability questionnaire score after treatment was significantly lower in the acupressure group than in the physical therapy group regardless of the difference in absolute score (-3.8, 95% confidence interval -5.7 to -1.9) or mean change from the baseline (-4.64, -6.39 to -2.89). Acupressure conferred an 89% (95% confidence interval 61% to 97%) reduction in significant disability compared with physical therapy. The improvement in disability score in the acupressure group compared with the physical group remained at six month follow-up. Statistically significant differences also occurred between the two groups for all six domains of the core outcome, pain visual scale, and modified Oswestry disability questionnaire after treatment and at six month follow-up. CONCLUSIONS: Acupressure was effective in reducing low back pain in terms of disability, pain scores, and functional status. The benefit was sustained for six months.
Treatment of low back pain by acupressure and physical therapy: randomised controlled trial

Lisa Li-Chen Hsieh, Chung-Hung Kuo, Liang Hwei Lee, Amy Ming-Fang Yen, Kuo-Liong Chien, Tony Hsiu-Hsi Chen

Abstract
Objective To evaluate the effectiveness of acupressure in terms of disability, pain scores, and functional status.
Design Randomised controlled trial.
Setting Orthopaedic clinic in Kaohsiung, Taiwan.
Participants 129 patients with chronic low back pain.
Intervention Acupressure or physical therapy for one month.
Main outcome measures Self administered Chinese versions of standard outcome measures for low back pain (primary outcome: Roland and Morris disability questionnaire) at baseline, after treatment, and at six month follow-up.
Results The mean total Roland and Morris disability questionnaires after treatment was significantly lower in the acupressure group than in the physical therapy group. Repeated measures analysis of variance showed significant group by time interaction (F[4, 48] = 3.97; p < 0.01). This indicates that the type of outcome measurement has varied from study to study. To establish a standard instrument for comparisons across studies, a standardised "core" set of questions and questionnaires (referred to here as standard outcome measures) has been proposed by an international programme on primary care management of low back pain since 1996.

We aimed to do a randomised controlled trial using validated Chinese versions of the standard outcome measures to compare the efficacy of acupressure with that of physical therapy in alleviating low back pain and to provide a base for comparison across international studies.
Hands-on Exercises

- Select a research topic that interests you
- Use search strategy worksheet
- Start your search in PubMed