**Table E21. Data abstraction of systematic reviews of multidisciplinary rehabilitation**

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| **Author, Year** | **Comparison** | **Data Sources and****Dates** | **Number and Type of Studies (sample sizes), Duration of followup, duration of low back pain** | **Interventions and Number of****Patients** | **Techniques Evaluated, Duration and Number of Sessions** |
| Kamper, 2014 | MBR1. MBR (A) vs. usual care (B)2. MBR vs. physical treatment (C)3. MBR vs. surgery (D)4. MBR vs. wait list (E) | CENTRAL, MEDLINE,EMBASE, PsycINFO andCINAHL databases, hand searches of the reference lists of included and related studies, forward citation tracking of included studies andscreening of studies excluded in the previous version of this reviewDates: 1998 - January and March 2014, no language restriction | 41 RCTs of adultchronicmechanical or non- specific low back pain (≥12 weeksof pain)Short-term outcomes=up to3 months Med-term outcomes ≥3 mo to <12 moLong-term outcomes ≥12 or more | Total participants=6858A vs. B (n=16 trials) A vs. C (n=19 trials) A vs. D (n=2 trials)A vs. E (n=4 trials)See results section for number of trials and participants | MBR (defined as a physicaltreatment + at least one element from biopsychosocial model, delivered by different providers but in an integrated fashion involving communication among providers). Clinicians included physicians, psychologists, physiotherapists, social workers, occupational workers and exercise therapists)15 studies = high intervention intensity (>100 hrs contact delivered on daily basis)15 studies = low intervention intensity (<30 hrs on non-daily basis)11 studies = neither high nor low intensity |

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| **Author, Year** | **Methods for Rating Methodological Quality of Primary Studies** | **Methods for Synthesizing****Results of Primary Studies** | **Results** | **Adverse Events** | **Quality** |
| Kamper, 2014 | GRADE and Cochrane BackReview Group (2009) | Meta-analysis using randomeffects models | A vs. BPainShort-term outcome (n=9 studies; 879 pts): SMD -0.55 (95% CI -0.83 to -0.28)Medium Term Outcome (n=6 studies; 740 pts): SMD -0.60 (95% CI -0.85 to -0.34) Long term outcome (n=7; 821 pts): SMD-0.21 (95% CI -0.37 to -0.04)Back specific disabilityShort Term Outcome (n=9 studies, 939 pts) SMD -0.41 (95% CI -0.62 to -0.19)Medium Term Outcome (n=6 studies; 786 pts) SMD -0.43 (95% CI -0.66 to -0.19)Long Term Outcome (n= 6; 722 pts) SMD-0.23 (95% CI -0.40 to -0.06)Work statusShort Term Outcome (n=2; 373 pts) OR 1.07 (95% CI 0.60 to 1.90)Medium Term Outcome (n=3; 457 pts) OR1.60 (95% CI 0.52 to 4.91)Long Term Outcome (n=7, 1360 pts) OR 1.04 (95% CI 0.73 to 1.47)A vs. C PainShort-term outcome (n=12 studies; 1661 pts): SMD -0.30 (95% CI -0.54 to -0.06)Medium Term Outcome (n=9 studies, 531 pts) SMD -0.28 (95% CI -0.54 to -0.02)Long-term outcome (n= 9 studies, 872 pts) SMD -0.51 (95% CI -1.04 to 0.01) | Only reported in one studywith no adverse events, otherwise not reported | Good |

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| **Author, Year** | **Methods for Rating Methodological Quality of Primary Studies** | **Methods for Synthesizing****Results of Primary Studies** | **Results** | **Adverse Events** | **Quality** |
| Kamper, 2014(Continued) |  |  | Back specific disabilityShort-term outcome (n=13 studies, 1878 pts) SMD -0.39 (95% CI -0.68 to -0.10)Moderate-term outcome (n=9 studies, 511 pts) SMD -0.21 (95% CI -0.48 to 0.06)Long-term outcome (n=10 studies, 1169 pts) SMD -0.68 (95% CI -1.19 to -0.16)Work statusShort-term outcome (n=3 studies, 379 pts) pooled OR 1.60 (95% CI 0.92 to 2.78) Moderate-term outcome (n=3 studies, 221 pts) OR 2.14 (95% CI 1.12 to 4.10)Long-term outcome (n=8 studies, 1006 pts) OR1.87 (95% CI 1.39 to 2.53)A vs. D - not included in the reviewPainShort-term outcome NR Moderate-term outcome NRLong-term outcome (n=2 studies; 385 pts): SMD -0.25 (95% CI -0.53 to 0.04)Back specific disability Short-term outcome NR Moderate-term outcome NRLong-term outcome (n=2 studies, 423 pts) SMD 0.25 (95% CI -0.08 to 0.57)Work statusShort-term outcome NR Moderate-term outcome NRLong-term outcome(n=1 studies, 133 pts) OR0.67 (95% CI 0.31 to 1.45) |  |  |

A vs D not included in the review

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| **Author, Year** | **Methods for Rating Methodological Quality of Primary Studies** | **Methods for Synthesizing****Results of Primary Studies** | **Results** | **Adverse Events** | **Quality** |
| Kamper, 2014(Continued) |  |  | A vs. EPainShort-term outcome (n=3 studies, 213 pts) SMD -0.73 (95% CI -1.22 to -0.24) Moderate-term outcome not estimable Long-term outcome not estimableBack specific disabilityShort-term outcome (n=3 studies, 213 pts) pooled SMD -0.49 (95% CI -0.76 to -0.22) Moderate-term outcome not estimableLong-term outcome not estimableWork status NR |  |  |

**Please see Appendix C. Included Studies for full study references.**