

A BLINDED RANDOMIZED CLINICAL TRIAL OF MANUAL THERAPY AND PHYSIOTHERAPY FOR CHRONIC BACK AND NECK COMPLAINTS: PHYSICAL OUTCOME MEASURES

To the Editor:

B. W. Koes et al.'s trial on manual therapy (Koes BW et al. A Blinded Randomized Clinical Trial of Manual Therapy and Physiotherapy for Chronic Back and Neck Complaints: Physical Outcome Measures. *J Manipulative Physiol Ther* 1992; 15(1):16-23) seems to suffer from "double vision." This study has appeared in two forms (1, 2). In the *Spine* version, there was no advantage to manual therapy over physical therapy at 3 wk. However, in the *JMPT* version, manual therapy results were statistically better than the physical therapy results at 3 wk. If one looks at the tables published in the two articles, it is obvious that the data are different (Table 5 in *Spine* vs. Table 6 in *JMPT*), although all other aspects of the reports are identical.

How do the authors account for these differences? Which set of results should we believe? In the *Spine* version, the effects of manual therapy and physical therapy are explained by the effect of referral and giving the patient extra attention. In the *JMPT* version, manual therapy is extolled as a treatment that shows a faster and larger improvement than the other therapies.

In addition, the authors of this study have failed to differentiate between manipulation and mobilization. Previous trials comparing these two treatments have shown that they are not equivalent (3). This means that the treatment applied in their trial was some mix of manipulation and mobilization as defined by the Dutch Society for Manual Therapy. Future trials should differentiate between these two different types of manual therapy.

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In Reply:

We hereby enclose a copy of our reply with respect to the letter of D. Cassidy.

Although Cassidy has identified two publications of our study (1, 2), he has failed to notice that in each article we report different outcome measures, and consequently, it is not strange at all that the data differ. In the article published in *Spine*, we have reported the results of our principal outcome measures (severity of the complaint and perceived benefit) (1), whereas in the one published in the *JMPT*, we have reported the results of the physical outcome measures (physical functioning and spinal mobility), as is mentioned in the subtitle of the article (2). We believe that the results of our principal outcome measure (severity of the complaint and perceived benefit) have more relevance for evaluating the treatment effect in patients with back and neck complaints. Readers who are interested in the long-term results (12 mo follow-up) of our study are referred to a recent publication in the *British Medical Journal* (3).

The scientific evidence that manipulation and mobilization have different effects (with respect to relevant outcome measures) is not convincing (4). We agree with Cassidy that to resolve this issue, future trials are needed to separate their effect in specific subgroups of patients with back and neck complaints.

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