

## **Multidisciplinary intensive functional restoration versus outpatient active physiotherapy in chronic low back pain: a randomized controlled trial.**

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Auteur	Roche-Leboucher, Ghislaine [1], Petit, Audrey [2], Bontoux, Luc [3], Dubus-Bausi�re, Val�rie [4], Parot-Schinkel, Elsa [5], Fanello, Serge [6], Penneau-Fontbonne, Dominique [7], Fouquet, Natacha [8], Legrand, Erick [9], Roquelaure, Yves [10], Richard, Isabelle [11]
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**STUDY DESIGN:** Randomized parallel group comparative trial with a 1-year follow-up period.

**OBJECTIVE:** To compare in a population of patients with chronic low back pain, the effectiveness of a functional restoration program (FRP), including intensive physical training and a multidisciplinary approach, with an outpatient active physiotherapy program at 1-year follow-up.

**SUMMARY OF BACKGROUND DATA:** Controlled studies conducted in the United States and in Northern Europe showed a benefit of FRPs, especially on return to work. Randomized studies have compared these programs with standard care. A previously reported study presented the effectiveness at 6 months of both functional restoration and active physiotherapy, with a significantly greater reduction of sick-leave days for functional restoration.

**METHODS:** A total of 132 patients with low back pain were randomized to either FRP (68 patients) or active individual therapy (64 patients). One patient did not complete the FRP; 19 patients were lost to follow-up (4 in the FRP group and 15 in the active individual treatment group). The number of sick-leave days in 2 years before the program was similar in both groups ( $180 \pm 135.1$  days in active individual treatment vs.  $185 \pm 149.8$  days in FRP,  $P = 0.847$ ).

**RESULTS:** In both groups, at 1-year follow-up, intensity of pain, flexibility, trunk muscle endurance, Dallas daily activities and work and leisure scores, and number of sick-leave days were significantly improved compared with baseline. The number of sick-leave days was significantly lower in the FRP group.

**CONCLUSION:** Both programs are efficient in reducing disability and sick-leave days. The FRP is significantly more effective in reducing sick-leave days. Further analysis is required to determine if this outweighs the difference in costs of both programs.

Résumé en anglais

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