Letters to the Editor

More recent reviews show that the content and method of exercise program delivery influence treatment outcomes

We read with interest the systematic review by Smidt and colleagues on the effectiveness of exercise therapy for patients with disorders of the musculoskeletal, nervous, respiratory, and cardiovascular systems (Smidt et al 2005). Although we applaud and support efforts at providing syntheses of best available evidence to support evidencebased practice in physiotherapy (and rehabilitation more widely), we thought it important to bring to the attention of readers that this 'best evidence synthesis' does not incorporate the most up-to-date evidence, as the review in the paper is somewhat dated. Indeed, it would appear that the most recent work reviewed as part of this article was published in 2002. In particular, within the field of exercise and low back pain, we would draw your attention to the findings of our review (Liddle et al 2004), and similar findings reported more recently by Hayden et al (2005).

Whilst we would agree with the conclusions of Smidt and colleagues that exercise therapy is effective for the management of subacute (6–12 weeks) and chronic (≥ 12 weeks) low back pain, the more recent reviews indicated above provide evidence that both the content and the method of exercise program delivery have an important influence on treatment outcomes. Strengthening and flexibility exercises appear to be key components of exercise therapy; however, equally importantly, we would also suggest that the degree of supervision and the significance of encouraging exercise adherence are key factors mediating the success of exercise programs. We feel that the clinical relevance of these additional components of exercise program design and implementation should be highlighted as being essential components of any evidence-based approach to physiotherapeutic management of low back pain.

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Systemic reviews are inevitably out of date

We greatly appreciate that Liddle and colleagues have drawn attention to new evidence regarding the effectiveness of different exercise programs and the importance of the degree of supervision and encouragement of exercise adherence for patients with low back pain (Liddle et al 2004).

We realise that our review is somewhat dated. This often happens when carrying out a systematic review, especially a review of systematic reviews. Conducting reviews of systematic reviews is like looking ahead in the rear view mirror; such a comprehensive overview provides perspectives for future research. Our overview will support care providers' choices concerning the most appropriate treatment options, and it will help policymakers making decisions concerning health care and research agencies setting priorities in the field of physiotherapy. Based on the work of the Exercise Therapy Group, exercise therapy is now a research priority of one of the major research agencies of the Netherlands, The Netherlands Organisation for Health Research and Development (ZonMw).

As we mentioned in the discussion of our article (Smidt et al 2005), the optimal degree of supervision and the specific types of exercise therapy that are most effective still remain to be determined for those disorders for which exercise therapy was effective. We are happy to see that Liddle et al (2004) and Hayden et al (2005) both drew attention to these aspects in their reviews on low back pain. Stretching and muscle-strengthening exercises seemed to be the best types of exercises for improving pain and function in patients with chronic low back pain, and supervised programs that were individually tailored seemed to be more effective than other delivery modes. As for other disorders, types of exercises and mode of delivery need to be examined.

It is good to recognise that systematic reviews are literally out of date at the moment they are published. This underlines both the importance of online publishing of the Cochrane Library and of the rigour of updating reviews.

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