

The centralization phenomenon and stability in patients with low back pain.

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Ethische beoordeling	Positief advies
Status	Werving nog niet gestart
Type aandoening	-
Onderzoekstype	Observationeel onderzoek, zonder invasieve metingen

Samenvatting

ID

NL-OMON24740

Bron

NTR

Aandoening

centralization phenomenon
low back pain
stability tests
centralisatiefenomeen
lage rugpijn
stabiliteitstesten

Ondersteuning

Primaire sponsor: EMGO+, VUmc, Amsterdam

Overige ondersteuning: International Mechanical Diagnosis and Therapy Research Foundation
www.imdtrf.org

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

The proportion of positive instability tests measured before and after the MDT session will be calculated for all patients as will their classification as a centralizer or non-centralizer. The differences between instability results pre and post-MDT will be reported as a percentage and investigated with X2 tests between the two groups.

Toelichting onderzoek

Achtergrond van het onderzoek

For clinicians, positive clinical tests for identification of lumbar spine instability are indicators for the use of stabilization exercises. However, in our clinical experience these tests frequently become negative after the patient has demonstrated a centralization response assessed with Mechanical Diagnosis & Therapy (MDT). Given that this response is commonly elicited during MDT assessment, it may be that instability tests should be preceded by a MDT assessment to ensure appropriate interpretation. The aim of this study will be to assess the influence of the centralization response on the outcome of instability tests in patients with low back pain.

Design: Observational study

Methods:

Patients will be recruited from a private physical therapy clinic. Each patient will be assessed by two examiners on the same day. The first examiner will conduct a standardized set of tests to identify signs of lumbar spine instability before and directly after a MDT session which is conducted by the second examiner. This second examiner will classify each patient as a centralizer or non-centralizer. The assessments of instability tests and the MDT assessment will be conducted independently and the examiners will be blinded to each other's results. At least 100 patients will be included. The differences between pre-test and post-test results on the instability test will be described in percentages and via X2 tests for the two groups (centralizers and non-centralizers). Analyses will be performed to investigate whether selected baseline characteristics have an influence on the outcomes.

The present study will contribute to our knowledge about the influence of MDT, and more specifically the centralization response, on clinical lumbar spine stabilization measures in patients with low back pain.

Doel van het onderzoek

For clinicians, positive clinical tests for identification of lumbar spine instability are indicators for the use of stabilization exercises. However, it is our clinical experience that these tests frequently become negative after the patient has demonstrated a centralization response

assessed with Mechanical Diagnosis & Therapy (MDT). Given that this response is commonly elicited during MDT assessment, it may be that instability tests should be preceded by a MDT assessment to ensure appropriate interpretation. The aim of this study will be to assess the influence of the centralization response on the outcome of instability tests in patients with low back pain. We hypothesize that the number of positive tests will reduce in patients whose pain centralizes, but that this will not be the case for patients who do not centralize.

Onderzoeksopzet

NA

Onderzoeksproduct en/of interventie

Patients will be recruited from a private physical therapy clinic. Each patient will be assessed by two examiners on the same day. The first examiner will conduct a standardized set of tests to identify signs of lumbar spine instability before and directly after a MDT session which is conducted by the second examiner. This second examiner will classify each patient as a centralizer or non-centralizer. The assessments of instability tests and the MDT assessment will be conducted independently and the examiners will be blinded to each other's results. At least 100 patients will be included.

Contactpersonen

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Wetenschappelijk

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

Low back pain (LBP) as primary complaint, with or without associated leg pain, age over 17 years, and able to read and write Dutch

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

known or suspected specific LBP (e.g., cauda equina compression, fractures), severe radiculopathy, spondylolisthesis (grade 2 or more), serious co-morbidity (e.g., metastases, AIDS, cerebrovascular accident), psychopathology, currently pregnant or given birth in the past three months, lumbar spinal surgery in the previous 6 months, increase of pain due to clinical instability tests by the first examiner or inability to demonstrate any LBP symptoms during mechanical examination

Onderzoeksopzet

Opzet

Type:	Observationeel onderzoek, zonder invasieve metingen
Onderzoeksmodel:	Anders
Toewijzing:	N.v.t. / één studie arm
Blindering:	Enkelblind
Controle:	N.v.t. / onbekend

Deelname

Nederland	
Status:	Werving nog niet gestart
(Verwachte) startdatum:	01-01-2013
Aantal proefpersonen:	100
Type:	Verwachte startdatum

Ethische beoordeling

Positief advies

Datum: 03-11-2013

Soort: Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL4100
NTR-old	NTR4246
Ander register	: METC VUmc 2013/16, WC2013-025
ISRCTN	ISRCTN wordt niet meer aangevraagd.

Resultaten

Samenvatting resultaten

N/A