

**Licciardone et al. Osteopathic Manipulative Treatment for Chronic Low Back Pain. Spine. 2003;28:1355-1362.**

**Study Design:** RCT

**Objective:** To determine the efficacy of OMT as a complementary treatment for chronic nonspecific low back pain.

**Summary of Background Data:** OMT may be useful for acute or subacute low back pain. However, its role in chronic low back is unclear.

**Methods:** This trial was conducted in a university-based clinic from 2000 through 2001. Of the 199 subjects who responded to recruitment procedures, 91 met the eligibility criteria. They were randomized, with 82 patients completing the 1-month follow-up evaluation, 71 completing the 3-month evaluation, and 66 completing the 6-month evaluation. The subjects were randomized to OMT, sham manipulation, or a no-intervention control group, and they were allowed to continue their usual care for low back pain. The main outcomes included the SF-36 Health Survey, a 10-cm visual analog scale for overall back pain, the Roland-Morris Disability Questionnaire, lost work or school days because of back pain, and satisfaction with back care.

**Results:** As compared with the no-intervention control subjects, the patients who received OMT reported greater improvements in back pain, greater satisfaction with back care throughout the trial, better physical functioning and mental health at one month, and fewer co-treatments at 6 months. The subjects who received sham manipulations also reported greater improvements in back pain and physical functioning and greater satisfaction than the no-intervention control subjects. There were no significant benefits with OMT, as compared with sham manipulation.

**Conclusion:** Osteopathic Manipulative Treatment (OMT) and sham manipulation, both appear to provide some benefits when used in addition to usual care for the treatment of chronic nonspecific LBP. It remains unclear whether the benefits of OMT can be attributed to the manipulative techniques themselves or whether they are related to other aspects of OMT, such as range of motion activities or time spent interacting with the patient, which may represent placebo effects.