Neurodynamic treatment improves leg pain, back pain, function and global perceived effect at 4 weeks in patients with chronic nerve-related leg pain

We are concerned about the reporting of the trial ‘Neurodynamic treatment did not improve pain and disability at two weeks in patients with chronic nerve-related leg pain’. There is a tendency to simplify the findings of clinical trials into binary conclusions (either positive or negative) based on the analysis of the primary outcomes. Often, a more nuanced interpretation is required by thoroughly examining the totality of the evidence, not just the primary outcomes. In our opinion, this nuance is lacking in the study by Ferreira et al. If we follow their conclusions, we risk discarding valuable interventions, as is evident from their own and other studies.

In line with their protocol paper, the authors prioritised immediate treatment effects (ie, immediately after a 2-week intervention) over intermediate follow-up (4 weeks after baseline, or 2 weeks after the last treatment session). This is unconventional. Intermediate and long-term effects should have priority over immediate effects. The choice of primary outcomes was, in our view, suboptimal and unfortunate, and greatly impacted the study’s conclusions. A different and probably more logical view, suboptimal and unfortunate, and greatly impacted the study’s conclusions. Another concern is the choice of Oswestry Disability Index as a primary outcome over the Patient Specific Functional Scale, which was secondary. Maughan and Lewis revealed that the Patient-Specific Functional Scale was more responsive than the Oswestry Disability Index and Roland-Morris Disability Index in people with back pain. In the study by Ferreira et al, the Patient-Specific Functional Scale results favoured neurodynamic treatment at both timepoints.

We are concerned about the reporting of the trial ‘Neurodynamic treatment versus wait-and-see on leg pain, disability, back pain, function, global perceived effect in favour of neurodynamic treatment at 4 weeks (as well as function and global perceived effect immediately after treatment). We believe that these are valuable outcomes.

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References


http://dx.doi.org/10.1016/j.jphys.2016.09.001