Reviewer’s report

Title: Osteopathic Manipulative Treatment for Low Back Pain: A Systematic Review and Meta-Analysis of Randomized Controlled Trials

Version: 1 Date: 4 January 2005

Reviewer: Dave D Baxter

Reviewer’s report:

General

1. This is an interesting and timely study, which contributes to our developing knowledge of the effectiveness of manipulation in the management of low back pain.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

2. The case for the current review needs to be more clearly articulated, and the relevance of its findings more fully discussed. What is ‘distinctive’ about osteopathic manipulation (apart from the clinical or practice context as outlined in the review), and how is this different from that performed by chiropractors, physical therapists etc? This is particularly pertinent in the light of the recent publication of the UK BEAM trial (in BMJ) which suggested no difference between manipulation performed by these three groups.

3. The outcome measure used for the current review was pain. Particularly in the primary care setting (the focus of the current review), this would appear less important than some of the other outcomes recommended by Bombardier. What were reported findings for alternative outcome measures in the six studies reviewed and were these as consistently positive?

4. What defined osteopathic manipulation: e.g. manipulation reported as performed by an osteopath? Was any detailed consideration given to the relevance or appropriateness of the OMT performed in trials? This is relevant for a several reasons, not least including potential bias in inclusion/exclusion and potential under-reporting of negative trials.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

5. Some comment on where the most of articles were sourced would be useful (i.e. Medline?).

Discretionary Revisions (which the author can choose to ignore)

6. The differences between osteopathic training and practice between the UK and the USA is worthy of some discussion. E.g. If there is no difference between findings (effectiveness) in the two countries, does this not suggest that osteopaths need not be trained as physicians to successfully treat low back pain with OMT?
What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests.