Reviewer's report

Title: A randomised controlled trial to assess the effectiveness of massage for chronic pain

Version: 2 Date: 29 February 2008

Reviewer: Andrea D Furlan

Reviewer's report:

Major Compulsory Revisions

Analysis: A true intention-to-treat analysis has to fulfill two criteria: 1) all patients randomized are included in the analysis and 2) the patients are analyzed according to the groups they were randomized. This study do not analyze all patients randomized, therefore it cannot be regarded as doing ITT.

Minor Essential Revisions

1. The question posed by the authors is not well defined. I suggest the authors modify the title, abstract and text accordingly, showing that the aim of this RCT was to assess the effectiveness of a single-session of massage, for chronic non-malignant back pain. Please clarify if there was a mix of neck and lower back pain.

2. The methods are poorly described:
   a. There is no description of the method used for concealment of allocation.
   b. There is mention of inpatients as well as outpatients, please explain these two settings in more details
   c. There is no explanation for reasons the patients were admitted to an inpatient unit or the reasons for seeking medical care in the outpatient setting
   d. The scale of severity of pain is described in terms of 4-point verbal rating, please explain the scale, add references, and comment on reliability and validity of this scale.
   e. The authors report that they measured a 4-point distress scale and also the McGill Pain Questionnaire, but they do not report any of these results. Since there is no limitation of space in this manuscript, I suggest the authors add a table with these results and report the results.
   f. Were the patients informed about the 2 possible groups? Did they know that they were in the placebo group? If the answer is yes, then the patients could be bias towards the massage treatment. Since the main outcome measure is a subjective assessment of pain by the patients, I don't think that the presence of a blinded outcome assessor makes the outcome assessment less biased.

Discretionary Revisions
- Page 13, at the end of 2nd paragraph: delete the results about the 2-hour post-treatment because in the methods the authors mentioned that they were not going to analyze this data due to the high drop-out rates

Table 1:
- In order to be intention-to-treat, the number in the massage group should be 52.
- Add minimum and maximum possible values in the scales of Pain VAS (for ex: 0 to 100), McGill Pain score and Spielberger STAI.
- Add other data to the table such as: pain location, type of pain, use of opioids, use of NSAIDs, previous massage treatment, in or outpatients.

Table 3:
- Baseline: N= 49 for massage and 47= for control group?
- Delete the data regarding 2 hours post treatment

Table 4:
Delete the data regarding 2 hours post treatment

Table 5:
- Delete the data regarding 2 hours post treatment
- The values for â##change from baselineâ## should have a negative sign
- Please check the values for mean change in the control group:
  - in the â##immediately post## the difference between 12.2 and 12.0 is 0.2. The value shown is 0.00.
  - in the â##1-hour post## the difference between 12.8 and 12.0 is 0.8. The value shown is 0.28.

Figure 3:
- Delete the values for 2 hours post treatment

End of report

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests:

I declare that I have no competing interests.