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Background:Clinical guidelines recommend research on sub-groups of low back pain (LBP), but only few studies have been published. One sub-group of LBP is movement control impairment (MCI) and clinical tests to identify this sub-group have been developed. As a whole, general exercise seems to be bene cial for management of chronic LBP (CLBP), but very little known about the management of a sub-acute LBP.

Methods: A randomized controlled trial (RCT) was conducted to compare the e ects of general exercise versus speci c movement control exercise (SMCE) on disability and function in patients with MCI within recurrent sub-acute LBP. Participants attended for up to ve treatment sessions of manual therapy and either speci c or general exercise. e primary outcome was disability assessed by the Roland-Morris Disability Questionnaire (RMDQ). e measurements were taken at baseline, immediately a er three months intervention and at twelve months follow-up.

Results:Seventy patients met the inclusion criteria and were eligible for the trial. Measurements of 61 patients (SMCE n=30 and general exercises n=31) were completed by twelve months (drop-out rate: 12.9%). Both groups signi cantly improved with their respective therapeutic interventions. Mean changes of groups in the RMDQ from baseline to twelve months measuremen showed signi cantly superior improvement for SMCE group -1.7 points (-3.9 to -0.5) 95% (CI).

Conclusion: Combination of manual therapy and SMCE is likely to be superior to manual therapy and general exercise following the intervention and twelve moths follow-up for subjects with non-speci c recurrent sub-acute LBP with movement control impairment.

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