



CORRIGENDUM

Corrigendum to ‘Randomized cohort trial was shown to be feasible for evaluating treatments in low back pain’ Journal of Clinical Epidemiology Volume 67, Issue 8, August 2014, Pages 940-946

Vivienne Dascanio^a, Yvonne Birks^b, Laura Clark^c, Caroline Fairhurst^c, Hugh MacPherson^a, David J. Torgerson^{c,*}

^aDepartment of Health Sciences, University of York, York YO10 5DD

^bSocial Policy Research Unit, University of York, York YO10 5DD

^cYork Trials Unit, Department of Health Sciences, University of York, York YO10 5DD

During a recent re-analysis of the data included in our original manuscript, a database error was uncovered which had resulted in data at the 3 months post-randomisation time point being incorrect for over half the participants. This error was corrected and the analysis rerun. Results of the exploratory analysis for the Roland Morris Disability Questionnaire and the Modified Oswestry Disability Index were impacted. A corrected Table 2 is presented below. This indicates that the manual therapy group, rather than the combined group as previously reported, produced the largest benefit over usual care at 3 months (reduction in RMDQ of 1.4 points, 95% CI: -1.0, 3.8). As before, however, none of the differences were statistically significant. Patients in the combined intervention group experienced on average a 1.4-point (95% CI: -1.5, 4.4; $P = 0.31$) increase in Roland Morris score than the manual therapy group but a 0.9-point (95% CI: -2.9, 4.7; $P = 0.63$) greater

improvement than the acupuncture group adjusting for screening score. A revised Fig. 2 is provided here which plots the screening RMDQ scores against the scores 3 months later, with regression lines for the cohort-only group and then for each of the four trial arms.

Similarly with the modified Oswestry score, the largest benefit was observed between manual therapy and usual care, rather than with the combined therapy group as previously reported (reduction in Oswestry score of 5.02 points, 95% CI: -3.3, 13.3) although, as before, statistical significance was not reached in any comparison (Table 2). Patients in the combined group experienced on average a 2.2-point (95% CI: -4.8, 9.3; $P = 0.52$) increase in Oswestry score than the manual therapy group and a 0.5-point (95% CI: -7.7, 8.7; $P = 0.90$) increase than the acupuncture group adjusting for screening score (both differences favour the individual intervention rather than the combined group).

Table 2

CORRECTED results of regression analysis of treatments for low back pain at 3 months postrandomization

| Outcome measure | Usual care (UC) | Acupuncture | Additional difference attributed to acupuncture over UC ^a (95% CI) | Manual therapy | Additional difference attributed to manual therapy over UC (95% CI) | Acupuncture and manual therapy | Additional difference attributed to acupuncture and manual therapy combined over UC (95% CI) |
|--|-------------------------|-------------------------|---|-------------------------|---|--------------------------------|--|
| Roland Morris Questionnaire (0-24, 0 = best) | 9.5 (6.3) $n = 14$ | 6.8 (4.5) $n = 13$ | 0.3 (-2.9, 3.5) $P = 0.85$ | 4.6 (4.0) $n = 15$ | -1.4 (-3.8, 1.0) $P = 0.24$ | 5.4 (4.8) $n = 11$ | -0.01 (-4.3, 4.3) $P = 1.00$ |
| Modified Oswestry Score (0-50, 0 = best) | 29.2 (21.0) $n = 13$ | 25.4 (12.0) $n = 13$ | -1.9 (-9.9, 6.1) ^b $P = 0.63$ | 18.3 (11.1) $n = 15$ | -5.0 (-13.3, 3.3) $P = 0.23$ | 16.7 (10.9) $n = 11$ | 2.1 (-6.5, 10.6) $P = 0.62$ |

Abbreviation: CI, confidence interval.

^a Estimated by analysis of covariance with adjustment for screening score.

^b Negative differences represent a favorable outcome for the relevant intervention over usual care.

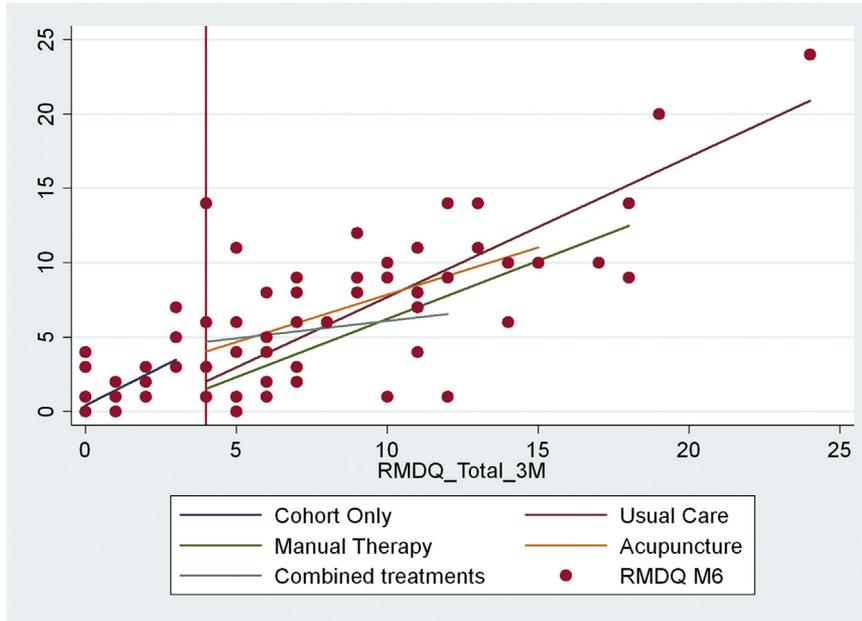


Fig. 2. CORRECTED pre and post test correlation of RMDQ.

These amendments do not impact on the conclusions drawn from the study.

The authors would like to apologise for any inconvenience caused.