

<b>Project Title:</b>	Alexander Technique and Supervised Physiotherapy Exercises in back pain (ASPEN) feasibility study
<b>Project Ref:</b>	09/160/23
<b>Cost:</b>	£237,537
<b>Lead Applicant &amp; Institution:</b>	Professor Paul Little University of Southampton
<b>Start Date:</b>	1 September 2011
<b>Plain English Summary:</b>	<p>Alexander Technique (AT) involves a teacher using both gentle hand contact and verbal instruction to help patients become aware of and avoid harmful habits of muscle use which may cause and maintain pain. Preliminary evidence suggests it is likely to be effective for back pain. It is not a form of back exercise but is applied in everyday tasks such as standing, sitting at a desk, or playing a musical instrument.</p> <p>The study will compare AT with an optimal set of conventional exercises based on the best evidence and will assess if AT has additive benefits to exercise that are likely to work through different mechanisms. This study will also allow a significantly improved estimation of the 'dose-response' relationship for AT. We currently only have information on the effect of 6 and 24 lessons (6 provides half the benefit of 24 lessons).</p> <p>We propose investigating the effect of weekly AT over 10 lessons where the steepest rate of improvement is likely. In terms of mechanisms and markers of change our study will assess whether trunk muscle strength, back flexibility, patterns of muscle use and recovery of deep postural muscle function are related to both intervention and outcome. This should both clarify key processes and potentially allow better monitoring and targeting of treatment in the future.</p> <p>This application is for a feasibility study prior to the main trial to assess recruitment methods and rates, the feasibility of the mechanistic and outcome measurement, referral rates in each group, group contamination, and allow a preliminary exploration of the relationship between intervention, mechanistic measures and outcome.</p>
<b>Abstract:</b>	<p>This is a feasibility study among approximately 80 patients for a factorial 'dose ranging' randomised trial of Alexander Technique lessons and trunk exercises with biomechanical/physiological measures. Patients with chronic or recurrent back pain in primary care randomised to:</p> <ol style="list-style-type: none"> <li>1) Alexander Technique: 10 lessons or control (normal care).</li> <li>2) Physiotherapy group exercises.</li> </ol>

	<p>Half of each of the above groups will be randomised to supervised, tailored exercises in a group setting.</p> <p>Patients including the normal care group can contact their GP, who will be provided with NICE guidance and will be free to prescribe or refer (this group was stable in a previous trial).</p> <p>This creates 4 groups:  1) Normal care  2) AT lessons  3) Exercises  4) AT lessons plus exercises.</p> <p>The key clinical outcomes are function (Roland Morris Disability questionnaire (RMDQ)) and days in pain, with secondary outcomes of 'troublesomeness', fear of activity, and enablement.</p> <p>Outcomes are measured at 2 and 6 months.</p> <p>Biomechanical and physiological measures will include trunk torque/flexibility, trunk strength, spine length and curvature, abdominal and posterior paraspinal muscle thickness measurement and proprioception of the lumbar spine and neck. 20-25 patients per group will provide feasibility information to assess recruitment methods and rates, the feasibility of mechanistic and outcome measurement, referral rates in each group, group contamination, and preliminary exploration of the relationship between intervention, mechanistic measures and outcome.</p>
<b>ISRCTN: (if applicable)</b>	To follow
<b>Project Protocol:</b>	<a href="http://www.eme.ac.uk/projectfiles/0916023protocol.pdf">www.eme.ac.uk/projectfiles/0916023protocol.pdf</a>
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