

analogue scale (VAS), and b) changes in the activities of daily living (ADL) as measured with the Oswestry Pain Questionnaire (OPQ).

Results: Mean between group differences of longitudinal changes of pain intensity as well as of the OPQ were statistically significant (-45.7, 95% CI=-33.8 to -57.6, $p < 0.001$, and -17.7, 95% CI=-11.6 to -23.8, $p < 0.001$). In the treatment group the intensity of the pain measured on the VAS decreased from 68.3 to 20.6, which corresponds to an improvement of 70% (95% CI=-36.5 to -58.8, $p < 0.001$). No changes were observed in the control group (2.0, 95% CI=-6.6 to 2.7, $p = 0.383$). Similar results were observed for ADL. In the intervention group, the OPQ improved on average by 17.4 points, which corresponds to 62% (95% CI=-11.8 to -23.0, $p < 0.001$) as opposed to no changes in the control group (0.4 points, 95% CI=-2.5 to 3.1, $p=0.808$). A sensitivity analysis did not reveal any tested external factor to have a noticeable impact on these findings. In the follow-up 6 weeks after the end of treatment, a further improvement of the symptoms was noted in the treatment group.

Conclusion: In this study a series of test-dependent osteopathic treatments for women with persistent, non-specific backache post partum resulted in a clinically relevant improvement of pain symptoms, and a reduction of ADL impairments. If these findings are confirmed, serial osteopathic treatments may mean new hope to women suffering from severe pain.

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Do osteopathic treatments improve the symptoms of headache and/or sinus pressure in patients with chronic rhino sinusitis (CRS)? A randomized controlled trial

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Objective: To investigate whether osteopathic treatments improve the symptoms of headache and/or sinus pressure in patients with chronic rhino-sinusitis (CRS).

Design: Randomized controlled trial with an “untreated” control group (waiting list design)

Material and methods: Out of a total of 61 patients with an established diagnosis of CRS complaining of symptoms of headache and/or sinus pressure, thirty-one were randomized to the intervention group and received five osteopathic treatments at intervals of two weeks. Thirty patients served as controls and were not treated for 10 weeks. Consecutively they received 5 osteopathic treatments at two week intervals. A follow-up was conducted four months after completion of treatment. Main outcome measures were headache and/or sinus pressure as rated on a numeric rating scale (NRS). Overall symptomatology was assessed using the Sinonasal Assessment Questionnaire (SNAQ-11). Treatment was given based on actual individual findings.

Results: A direct comparison between the osteopathic and control groups using the primary parameter of “intensity of headache and/or sinus pressure” produced a statistical significance in favour of the osteopathic group. The inter-group differences of changes were 1.7 for the NRS (95% CI=-0.1 to -3.2, $p=0.039$) and 1.8 (95% CI=-0.3 to -3.3, $p=0.002$) respectively. During the course of the study headache severity dropped from 3.2 to 1.7 on the NRS (95% CI=-0.37 to -2.60, $p=0.011$), in the intervention group, equivalent to a reduction of 47%. Sinus pressure improved from 3.7 to 2.1 (95% CI=-0.61 to -2.55; $p=0.002$) equivalent to a reduction of 43%. In the control group symptoms remained unchanged. Similar inter-group and within-group changes were observed for the SNAQ-11. A sensitivity analysis did not reveal any tested external factor to have a noticeable impact on these findings. A follow-up of 51 patients four months after completion of the last patient’s treatment confirmed the sustainability of the treatment method with an additional slight improvement in the results.

Conclusion: The positive evidence for the effectiveness of osteopathic treatments for patients with CRS found by this study is promising. Five osteopathic treatments within an eight-week period seem to have caused a clinically relevant relieve of the overall symptomatology and of pain in CRS. If these results can be replicated by other RCTs, a series of osteopathic treatments may prove to be an effective intervention producing sustainable results in patients with CRS.

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