Guide to responding to questions / concerns regarding the recent Cochrane Review on McKenzie and (sub)acute LBP.

- We need to acknowledge that this Cochrane Review was of high quality, with an extensive search for trials and a rigorous analysis of studies collected. We appreciate the concern expressed to include papers where the interventions were carried out by McKenzie trained clinicians.

- We need to keep in mind that every trial has the potential to clarify and fine tune the system. This is what been happening for the last 20 years, and as a result we now have an updated and contemporary system.

- However, It is important to note that this review ultimately included only 5 trials in total. Two of these were 25 years old, one was 20 years old, and none were within the last 10 years. Essentially, it was drawing on **old studies** reflecting the system as it once was. Including studies from 15 - 25 years ago does **not reflect contemporary MDT practice**.

- The reality is that we do not have sufficient quality evidence for this population: as the study stated there is "very low to low certainty evidence" for MDT in (sub)acute LBP. Therefore, **no strong conclusions** can be drawn on this low level of evidence.

  As the authors note: "*We are not confident in the evidence because there weren't enough studies, the studies were small, and we have concerns about how some of the studies were conducted*."

- One of the most supportive MDT studies: Long et al 2004, was excluded with the reason given: "The study did not use the principles of the original McKenzie therapy". Two points to consider here: (1) In what way did the Long study not comply with McKenzie principles? (2) We have a review that intends to reflect "original McKenzie therapy" and not contemporary MDT practice

- 3 out of the 5 studies had a **small number of participants** (25, 31 and 40 total patients). None of these 3 studies performed a sample size calculation to detect how many participants were required to determine a clinically relevant effect.

- When reflecting on the study results, it is a fair question to ask: Does any approach have proven efficacy for patients with acute / subacute LBP?

- What this study does do, is to keep us humble. The McKenzie Method is just one approach that can be used for MSK conditions, clinicians have a choice: If a clinician prioritises self-management for their patients, likes to work within a logical framework that gives them guidance to determine which exercise/strategy is appropriate for which patient, sees the advantage of incorporating psychosocial aspects of care, prefers an active, exercise-based approach that avoids a need for early imaging, then MDT may be a good

option for them. This is how we can justify teaching a system that currently has no empirical evidence to support its benefit over other interventions in the (sub)acute LBP population.