

**Article:** Castro J, Correia L, Donato BS, Arruda B, Agulhari F, Pellegrini MJ, Belache FTC, de Souza CP, Fernandez J, Nogueira LAC, Reis FJJ, Ferreira AS, Meziat-Filho N. Cognitive functional therapy compared with core exercise and manual therapy in patients with chronic low back pain: randomised controlled trial. *Pain*. 2022 Apr 4. ([Hyperlink](#))

**Study Design:** Randomized Controlled Trial

**Abstract:** Cognitive functional therapy (CFT) is a physiotherapy-led intervention that has evolved from an integration of foundational behavioral psychology and neuroscience within the physiotherapist practice directed at the multidimensional nature of chronic low back pain (CLBP). The current evidence about the comparative effectiveness of CFT for CLBP is still scarce. We aimed to investigate whether CFT is more effective than core training exercise and manual therapy (CORE-MT) in pain and disability in patients with CLBP. A total of 148 adults with CLBP were randomly assigned to receive 5 one-hour individualized sessions of either CFT (n = 74) or CORE-MT (n = 74) within a period of 8 weeks. Primary outcomes were pain intensity (numeric pain rating scale, 0-10) and disability (Oswestry Disability Index, 0-100) at 8 weeks. Patients were assessed preintervention, at 8 weeks and 6 and 12 months after the first treatment session. Altogether, 97.3% (n = 72) of patients in each intervention group completed the 8 weeks of the trial. Cognitive functional therapy was more effective than CORE-MT in disability at 8 weeks (MD = -4.75; 95% CI -8.38 to -1.11; P = 0.011, effect size= 0.55) but not in pain intensity (MD = -0.04; 95% CI -0.79 to 0.71; P = 0.916). Treatment with CFT reduced disability, but the difference was not clinically important compared with CORE-MT postintervention (short term) in patients with CLBP. There was no difference in pain intensity between interventions, and the treatment effect was not maintained in the mid-term and long-term follow-ups.

**NIH Risk of Bias Score:** 12/14 (Low Risk of Bias)

#### **Key Findings of the Study:**

1. CFT reduced disability, but the difference was not clinically important compared with CORE-MT post-intervention (short term) in patients with CLBP.
2. There was no difference in pain intensity between interventions, and the treatment effect was not maintained in the mid-term and long-term follow-ups.

**Reviewer Summary:** While reading this, I thought it best to combine both programs and take components from both CFT and CORE-MT. Using both treatments to me would be the best use of applying the biopsychosocial model here to ensure that biological and psychological aspects are addressed in treatment. Although, from my understanding it seemed that the CFT treatment group wasn't performing strengthening exercises. So, I may have misunderstood the type of exercises being performed by that group. Another thought is that treatments such as CFT might work best with the chronic pain population. It would be interesting to see this study replicated with a population of patients with acute injuries.