
Design: Randomized trial

Population/sample size/setting:
- 421 patients (median age 39, 174 men, 247 women) from general practices in UK with (1) new onset LBP of at least 6 weeks duration, or (2) recurrent LBP with pain for at least 6 weeks out of the past 6 months
- Block randomized to plain XR of L-spine (n=210) or to “usual care” (n=211)

Main outcome measures:
- 93.6% of subjects completed trial 9 months after randomization
- Groups similar demographically and clinically at baseline
- At 3 months, both groups had improved functionally and symptomatically, more pts in XR group (74%) than usual care group (65%) still had LBP, and XR patients reported worse overall health status, with (borderline) higher Roland disability scores than usual care group
- At 9 months, group differences had decreased; 65% of XR and 57% of usual care group reported continued back pain, with borderline higher Roland scores
- Only 31% of XR group’s images reported as normal; most common abnormality was discovertebral degeneration (69%) and deformity (31%); Roland scores of “abnormal” XR did not differ from those of “normal” XR
- Use of health care resources (prescription drugs, OTC drugs, PT, chiropractic, osteopathy, acupuncture) did not differ between groups
- XR group reported higher satisfaction with care at 9 months; both groups would have chosen XR group if choice had been available

Authors’ conclusions:
- XR of L-spine associated with greater proportion of ongoing LBP at3 months, with worse overall health scores, and no better functional scores
- Guidelines for LBP should not recommend XR for LBP of 6 weeks duration in absence of evidence of severe spinal disease

Comments:
- Table 2 shows weakness at baseline in 13% of usual care and only 6% of XR group; this would be expected to lead to worse Roland scores in usual care, further supporting authors’ observations about lack of advantage of XR