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**A RANDOMISED CONTROLLED PILOT STUDY OF NEURO EMOTIONAL  
TECHNIQUE FOR CHRONIC LOW-BACK PAIN**

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**INTRODUCTION:** Chronic low-back pain (CLBP) is a complex, multi-factorial phenomenon with physical and biopsychosocial components. The biopsychosocial model of pain acknowledges the biological, psychological, and social dimensions of the pain experience. Chiropractors have begun to embrace the concept of “mind–body” treatments and attempt to integrate the function of the mind with the body in both assessment and therapy. Very few “mind–body” treatments have been scrutinized under controlled conditions. The objective of this study is to investigate if Neuro Emotional Technique (NET) can alter the status of LBP in a group of chronic LBP patients, in a randomized controlled trial setting.

**METHODS:** 17 CLBP participants with 3 months pain duration were randomised into NET treatment or NET sham protocol groups. Both groups were prescribed a frequency of 2 sessions/wk for 1 month. Outcome measures included the McGill pain questionnaire (MPQ), a numerical pain rating scale (VAS) and the Oswestry disability questionnaire (obtained at baseline and at 1 month). This study received ethics approval: HE26SEPT2003-RO2600, and is registered with the ANZCTR Registration number: ACTRN12607000650493

**RESULTS:** A strongly significant difference was detected between the two time profiles for Oswestry scores (Exp: 1.9 SE 1.0, Control: 0.05, SE: 0.7); a significant difference was detected between the two time profiles for the VAS Q1 (Exp: 2.6 SE 0.25, Control: 1.0, SE:0.3), and between the two time profiles for the MSPQ scores (Exp: 3.4 SE 7.8, Control: 2.0., SE: 6.6); and a significant difference was almost detected between the two time profiles for the SF-MPQ Q1 scores (Exp: 20 SE 26.5, Control: 2, SE: 0.36). Due to the small numbers, this study was generally a low power study (30% for all measures except the Oswestry which was 81%). The disability score especially demonstrated a large effect size and provides evidence for a larger scale RCT.

**CONCLUSION:** The disability score demonstrated a large effect size due to NET treatment and provides evidence for a larger scale RCT for chronic low back pain.