# Facet-joint injections for non-specific low back pain: a feasibility RCT

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## **Plain English summary**

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### **Plain English summary**

Lumbar facet-joints are small, paired joints in the lower back that provide stability, integrity and flexibility of movement of the spine. Diseased facet-joints may cause persistent low back pain. The current treatment options available in the UK include so-called lumbar facet-joint injections, when a needle is inserted into the joint and a therapeutic substance is injected. However, there is insufficient high-quality evidence to support their use and for this reason they were not approved in the latest national guidelines on the management of persistent low back pain.

This study aimed to see whether a large-scale study to assess lumbar facet-joint injections with steroid compared with a dummy or 'sham' procedure (a needle is inserted near the facet-joint but no therapeutic substance is injected) was possible.

We recruited patients with persistent low back pain from the pain clinics at Barts Health NHS Trust; those suitable to take part were randomly allocated to receive either lumbar facet-joint injections or a sham procedure. All participants were also invited to attend a combined physical and psychological programme consisting of six sessions of a psychologically informed group-based intervention of education and training, each lasting for 90 minutes, recommended as a strategy to reduce pain and its impact on a person's day-to-day life. Participants completed questionnaires about their pain and disability up until 6 months after their injections. Eight participants (the target estimate was 48 participants) completed the study before it was terminated by the funder.

We were unable to recruit the anticipated number of patients to the study as those attending the hospital pain clinics were not suitable for reasons such as they had received previous facet-joint injections or they were experiencing severe pain elsewhere other than the back. We therefore could not tell whether or not facet-joint injections are able to reduce low back pain or whether or not they are cost-effective. We were otherwise able to deliver the study as planned and without any significant problems.

We believe that it may be feasible to progress to a large-scale trial comparing facet-joint injections against a sham procedure by recruiting patients from other sources such as general practitioner surgeries.

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