

# Neurogenic claudication physiotherapy trial

<b>Submission date</b> 01/04/2008	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
<b>Registration date</b> 26/06/2008	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
<b>Last Edited</b> 08/10/2013	<b>Condition category</b> Musculoskeletal Diseases	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

Not provided at time of registration

## Contact information

### Type(s)

Scientific

### Contact name

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### Contact details

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## Additional identifiers

### Protocol serial number

18183

## Study information

### Scientific Title

Physiotherapy for neurogenic claudication: a randomised trial of older adults in a primary care-based physiotherapy service

### Study objectives

Condition-specific physiotherapy rehabilitation is more effective than advice and education alone in the treatment of neurogenic claudication.

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

Ethics approval received from the Leeds Central Ethics Committee on the 22nd February 2008 (ref: 08/H1313/1).

### **Study design**

Randomised controlled trial

### **Primary study design**

Interventional

### **Study type(s)**

Treatment

### **Health condition(s) or problem(s) studied**

Degenerative lumbar spinal stenosis

### **Interventions**

Advice/education-only arm:

Receive a one-off treatment session consisting of advice and education about lumbar spinal stenosis (pathology, diagnosis, prognosis, management) based on patient information provided by the American Rheumatology Society. Telephone access to a physiotherapist for advice will be available if needed over subsequent 6 weeks.

Advice/education plus physiotherapy rehabilitation:

As above plus between 4 and 6 sessions with a physiotherapist over subsequent 6 week period. Treatment consisting of exercise programme (lumbar flexion, core stability, fitness exercises) to be carried out daily, monitored and adjusted by treating physiotherapist.

### **Intervention Type**

Other

### **Phase**

Not Specified

### **Primary outcome(s)**

Swiss Spinal Stenosis Score (Zurich Claudication Score) symptom severity scale at eight weeks.

### **Key secondary outcome(s)**

At twelve months follow-up:

1. Oswestry Disability Index
2. Visual Analogue Pain Scale (VAS)
3. General Well-Being Index

### **Completion date**

31/03/2011

# Eligibility

## Key inclusion criteria

1. Patients aged 50 or over, either sex
2. Symptoms of neurogenic claudication (walking-induced lower limb symptoms which are relieved in sitting/flexion)
3. Limitation of normal walking tolerance due to symptoms of neurogenic claudication

## Participant type(s)

Patient

## Healthy volunteers allowed

No

## Age group

Adult

## Sex

All

## Key exclusion criteria

1. Clearly defined radicular symptoms (sciatica)
2. Cognitive impairment or medical conditions preventing understanding or participation in trial
3. Symptoms requiring urgent surgical or other intervention (red flags, such as acute equina syndrome)

## Date of first enrolment

02/04/2008

## Date of final enrolment

31/03/2011

# Locations

## Countries of recruitment

United Kingdom

England

## Study participating centre

Academic Unit of Musculoskeletal Disease

Leeds

United Kingdom

LS7 4SA

# Sponsor information

## Organisation

University of Leeds (UK)

## ROR

<https://ror.org/024mrxd33>

# Funder(s)

## Funder type

Charity

## Funder Name

Arthritis Research Campaign (ARC) (UK) (grant ref: 18183)

# Results and Publications

## Individual participant data (IPD) sharing plan

## IPD sharing plan summary

Not provided at time of registration

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	30/09/2013		Yes	No
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes