

Can tailored exercises in pregnancy prevent low back and pelvic girdle pain?

Submission date 25/04/2010	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
Registration date 30/06/2010	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
Last Edited 31/07/2017	Condition category Pregnancy and Childbirth	<input type="checkbox"/> Individual participant data

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers
N/A

Study information

Scientific Title

Can tailored exercises in pregnancy prevent low back and pelvic girdle pain? A randomised controlled trial

Acronym

BeST

Study objectives

Supervised exercises adapted to pregnant women can reduce the proportion reporting low back- or pelvic girdle pain.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Regional Committee for Medical and Health Research Ethics South East (REK), 21/12/2007, ref: 1.2007.2296

Study design

Randomised controlled parallel-group trial

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Other

Study type(s)

Prevention

Participant information sheet

Not available in web format, please use contact details to request a patient information sheet

Health condition(s) or problem(s) studied

Maternity care

Interventions

The participants in the intervention group were referred to one of two special trained physical therapists and received tailored supervised exercise in groups once a week and advice to do daily home exercise.

Attention was paid to body awareness and ergonomic advice in specific in real-life situations. The main focus, however was on specific training of the transversely oriented abdominal muscles with coactivation of the lumbar multifidus at the lumbosacral region and stretching the hip abductors

The control group did not receive any special treatment (treatment as usual).

The total intervention was carried out between gestation weeks 20 to 36. A maximum of 16 weeks. There was no further follow-up beyond gestation week 36.

Intervention Type

Other

Phase

Not Applicable

Primary outcome measure

The proportion of women experiencing pain in the pelvic girdle or lumbar spine, measured at gestation weeks 24, 28, 32 and 36

Secondary outcome measures

1. Functional status, measured with the modified Roland Morris Disability Questionnaire (0-24 scale)
 2. Low back- and lumbopelvic pain, measured using the VAS score (0-10 scale)
 3. Health-related quality of life, measured with the SF-8 Health Survey
- Outcomes were measured at gestation weeks 24, 28, 32 and 36

Overall study start date

01/03/2008

Completion date

31/12/2009

Eligibility

Key inclusion criteria

The Norwegian public health system offers all women free health care in maternity care units (MCU) during pregnancy. Healthy Norwegian speaking women aged 18-40 were included from two MCUs.

Participant type(s)

Patient

Age group

Adult

Lower age limit

18 Years

Upper age limit

40 Years

Sex

Female

Target number of participants

260

Key exclusion criteria

1. Pregnant women carrying twins
2. Inflammatory rheumatic disorders
3. Risk factors for miscarriage

Date of first enrolment

01/03/2008

Date of final enrolment

31/12/2009

Locations**Countries of recruitment**

Norway

Study participating centre

Diakonhjemmet Hospital

Oslo

Norway

0319

Sponsor information**Organisation**

Norwegian Fund for Postgraduate Training in Physiotherapy (Norway)

Sponsor details

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Sponsor type

Government

Funder(s)**Funder type**

Research organisation

Funder Name

Norwegian Fund for Postgraduate Training in Physiotherapy (Norway)

Results and Publications

Publication and dissemination plan

Not provided at time of registration

Intention to publish date**Individual participant data (IPD) sharing plan**

The datasets generated during and/or analysed during the current study are not expected to be made available due to ethical or legal restrictions.

IPD sharing plan summary

Not expected to be made available

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/06/2012		Yes	No