

## Amended eligibility criteria

	Inclusion	Exclusion
Population	Adult patients with musculoskeletal low back- or neck pain	<ul style="list-style-type: none"> <li>- Peripheral or central nerve damage</li> <li>- Vestibular disease</li> <li>- Osteo-articular diseases (e.g. rheumatoid arthritis)</li> <li>- Prostheses</li> <li>- Fractures</li> <li>- Carcinogenic pain</li> <li>- Ankle instability alone</li> <li>- Osteoporosis</li> <li>- Complex Regional Pain Syndrome</li> <li>- Head ache alone</li> <li>- Mandibular pain/Myofascial pain</li> <li>- Fibromyalgia</li> <li>- Patellofemoral pain syndrome.</li> <li>- Shoulder pain alone</li> <li>- Pelvic pain alone</li> </ul>
Intervention	<p>Proprioceptive Training: Training methods must meet ALL the following features:</p> <ul style="list-style-type: none"> <li>- Slow <b>closed-loop</b> control of movement involving efferent as well as afferent information processing (e.g. single leg stance or walking on uneven surface)</li> <li>- <b>Changing task</b> goals (adjustable difficulty)</li> <li>- <b>Dual task</b> to overcome limited attentional capacity</li> </ul> <p>(as defined by Kim D, Van Ryssegem G, Hong J: <b>Overcoming the Myth of Proprioceptive Training</b>. <i>Clinical Kinesiology (Spring)</i> 2011, <b>65</b>(1):18-28.</p>	<ul style="list-style-type: none"> <li>- No intervention</li> <li>- Manual therapy alone</li> <li>- Passive therapy alone (e.g. massage, thermal, fango, taping, bracing, whole body vibration, chiropractice)</li> <li>- Drug intervention</li> <li>- work related exercises (added</li> <li>- PNF: proprioceptive neuromuscular facilitation</li> <li>- Yoga</li> <li>- Psychological treatment alone</li> <li>- Educational treatment alone (e.g. back school without exercise)</li> <li>- Global Postural Re-Education</li> <li>- Pilates</li> </ul>
Outcome	Pain OR/AND functional status	No pain/no functional status
Study Design	Randomized Control Trial	Comparative, cross-sectional studies uncontrolled studies case-control studies Qualitative studies