Appendix 1: Inclusion and exclusion criteria, compliance with randomisation, and drop outs [posted as supplied by author]

The inclusion criteria were as follows: age between 25 and 55 years, low back pain as the main symptom for at least 1 year, structured physiotherapy or chiropractic treatment for at least 6 months without (significant) effect, ODI score of 30% points or more, and degenerative changes in the intervertebral disc in one or both of the lower lumbar levels (L4/L5 and/or L5/S1).

The exclusion criteria were as follows: degeneration established in more than two levels; symptoms of spinal stenosis; generalized chronic pain; disc protrusion or recess stenosis with involvement of nerve roots; spondylolysis with or without spondylolisthesis; arthritis; former fracture of L1-S1; ongoing psychiatric or somatic disease that excluded either one or both treatment alternatives; not able to understand Norwegian language, spoken or written; drug abuse; osteoporosis; and congenital or acquired deformity. To be classified as normal, disc height had to be more than 60% of normal and all other criteria of degenerative disc disease absent. Degeneration of the facet joints was registered according to Fujiwara et al., but was not an exclusion criterion.[1] Discography testing for pain provocation or imaging or facet injections was not used as a tool for inclusion or exclusion.

A total of 16 patients did not receive treatment. Of the nine who had been randomized to undergo surgery, three patients had social reasons for not receiving treatment, one had work-related economic reasons, and five wanted guaranteed success. Of the seven randomized to rehabilitation, one patient had missing baseline data, two patients did not receive treatment for work-related economic reasons, one was treated elsewhere with surgery for lumbar disc herniation, one had social reasons, and two patients needed to travel long distance/could not stay at a hotel.

Of the six patients who dropped out during treatment, one did not find the rehabilitation program good enough, one had lumbar disc herniation during treatment and underwent microdiscectomi, one did not manage to go through the training program, one developed diabetes during or just before treatment, one had psychosocial reasons, and one had hypertension and the family doctor did not recommend training.

A total of 12 patients dropped out after treatment. Of the four randomized to surgery, one patient had serious complications with a vascular injury and leg amputation, two patients did not want to attend the follow-up and one patient could not be contacted. Of the eight randomized to rehabilitation, one patient took part in another study, one patient did not

complete the questionnaire, one patient moved, one patient died of cancer, three patients not want to attend the follow-up, and one patient dropped out for an unknown reason.

1. Fujiwara A, Tamai K, Yamato M, An HS, Yoshida H, Saotome K, et al. The relationship between facet joint osteoarthritis and disc degeneration of the lumbar spine: an MRI study. *Eur Spine J* 1999;8:396-401.