

# STATEMENTS BELONGING TO THE DISSERTATION

## MINIMALLY INVASIVE TREATMENT FOR LUMBAR SPINE RELATED PAIN DISORDERS

1

The hypothesis that radiofrequency treatment at the sacroiliac joint using a device with three active poles is equally effective in terms of pain relief as a sham treatment cannot be rejected.

2

The hypothesis that radiofrequency treatment at the medial branch of the primary dorsal ramus is equally effective in terms of pain relief as a sham treatment cannot be rejected.

3

The hypothesis that radiofrequency treatment at the ramus communicans is equally effective in terms of pain relief as a sham treatment cannot be rejected.

4

The poor reliability of the diagnostic parameters of the physical examination seriously limits their predictive validity.

5

The predictive validity of lumbar X-ray imaging and MRIs to distinguish between low back pain subtypes in patients with chronic low back pain is questionable.

6

The prevalence of chronic pain in The Netherlands as well as in Europa is approximately 1 out of 5 people. Amongst the people with chronic pain, low back pain is one of the most frequently reported complaints.

7

Percutaneous vertebral augmentation procedures should again be reimbursed in The Netherlands.

8

Multidisciplinary consultation in chronic (low back) pain patients seems to deliver better treatment results than does monodisciplinary consultation.

9

Spinal analgesic drug delivery can provide a way for effective and long-term (low back) pain relief.

10

Non-invasive (external) stimulation of the nerve can result in effective pain relief without the need for invasive treatment and without side effects.

11

Flicking against the skin where the needle will go in a fraction of a second later distracts the patient from registering the prick of the needle.