Acute lower back pain is one of the most common reasons people visit their doctor's office. Eighty-percent of the population will seek medical care for the treatment and management of lower back pain in their life time.

Because primary care physicians (PCP) are often the first point of contact for patients with low-back pain, we encourage you to partner with the Center for Rehabilitation and Sports Medicine to gain direct access to evidence-based treatments that could help alleviate your patient's back issue. Research supports that early physical therapy treatment improves patient outcomes and results in lower total cost of care than other approaches to treating low back.

Our multidisciplinary team of therapists performs a comprehensive evaluation to accurately assess a patient's condition. The team then develops an individualized plan that advances your patient's care while decreasing their back pain, increasing their function, and providing them with a maintenance program to prevent reoccurring back problems.

For more information about partnering with the Center for Rehabilitation and Sports Medicine, please call 978.816.2671.

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Manipulation/Mobilization Category FAQs

How Can Physical Therapy Help My Patient?

Patients who experience acute lower back pain may benefit from lower back manipulation techniques. In a randomized controlled trial, Childs et al. demonstrated a 50% improvement in Oswestry Disability Questionnaire scores in 92% of patients¹ who met the Clinical Prediction Rule (CPR) and who were manipulated in two physical therapy sessions². The Clinical Prediction Rule for spinal Manipulation has the following criteria:

1. Duration of current episode of lower back pain in less than 16 days
2. No symptoms distal to the knee
3. Fear Avoidance Belief Questionnaire (FABQ) score < 19 points
4. Segmental Mobility testing indicates at least one hypomobile segment in the lumbar spine
5. Hip internal rotation greater than or equal to 35 degrees

Manipulation of the spine includes a high velocity thrust intended to increase lumbar segmental mobility, relax surrounding musculature and reduce pain. Spinal mobilization utilizes specific lower velocity pressure to the spinal segments with similar results. A recent study has demonstrated that the spinal manipulation and spinal mobilization are equally effective in achieving positive outcomes for these patients.³

What should I expect if I refer my patient for physical therapy?

Physical therapists at the Center for Rehabilitation and Sports Medicine have advanced training in spinal manipulation and mobilization. Each patient will undergo a comprehensive evaluation and a treatment plan tailored to that patient will be developed.

Patients who fit the criteria above will undergo 2–6 sessions of spinal manipulation or mobilization. Each patient will be educated on his/her individual condition, appropriate body mechanics and self-management. Each patient will also be given a specific home exercise program that will improve daily function and prevent reoccurrence of the condition⁴.

References:
Overview of Effective Treatments for Lower Back Pain

Recent research reveals that early referral to physical therapy in the acute phase can be an effective treatment for this condition.

- Early PT referral has also been shown to decrease the need for subsequent physician visits, advanced imaging, surgery, injections and use of opioid medication resulting in more effective and less costly care¹.
- Recent research from physical therapists has shown that by classifying a low back condition into a subgroup during the PT evaluation, the correct treatment can be better directed to that particular subgroup resulting in a better outcome².
- Physical therapists can utilize clinical prediction rules in conjunction with their skilled training to help classify the patients into the correct subgroup³.

The 4 subgroup that have been identified are as follows:

1. Spinal Stabilization Category
2. Specific exercise or Directional Preference Category
3. Lumbar spine mobilization/manipulation Category
4. Traction Category

At the Centers for Rehabilitation and Sports Medicine (at Danvers, Addison Gilbert and Beverly) all of our therapists have been trained in the evidenced-based classifications and treatments.

The patient will receive a combination of manual therapy, exercise and patient education. The therapists also have begun using FOTO, an electronic outcome measure to help guide the course of care. With FOTO, the patient data is entered into a national data base and recommendations are made for predicted outcome with number of visits and total points of improvement. FOTO will also begin to measure the effectiveness of our care and compare our outcomes to other clinics across the country.

The therapist will work with your patient to determine goals of therapy that are centered on their particular situation. Your patient will receive education and instruction in a home program, body mechanics, and management of the condition. Plans of care and discharge status will be communicated regularly to your office.

References:

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Specific Exercise and Directional Preference Category FAQs

How Can Physical Therapy Help My Patient?

Research has shown that with spinal movement with directionally specific exercise¹, patients can achieve a better outcome than a generalized spinal exercise program².

A New Zealand physical therapist, Robin McKenzie developed the system of treatment in physical therapy utilizing directionally specific exercises. He utilized repeated movements in a specific direction based upon the response of the patient’s symptoms. He utilized the term “centralization” of symptoms from the extremity to the midline of the spine. McKenzie taught patients to avoid movements causing symptoms that radiated away from the back to the extremity and the use of movements that caused centralization.

What is the evidence to support specific exercises for a preferred direction?

Long et al.¹ (Spine 2004) noted that significant improvements were noted in groups of spinal pain patients that were “directionally matched” vs. a control group and a third group that was given exercises opposite of their directional preference.

A 2007 study by Browder et al.² randomly assigned patients to an extension based exercise program and a program of mobilization. The results demonstrated significant improvement on the patient’s Oswestry Disability Questionnaire at 1 week and 6 months compared to the group that was given a generalizes low back strengthening exercises.

What should I expect if I refer my patient for physical therapy?

Physical therapists are specifically trained to evaluate patients with lower back pain. Through detailed evaluation, a therapist can identify and educate patients that fit the specific exercise category. Your patient will be educated about his/her lower back condition, activities to avoid that may exacerbate the condition, and a home program to prevent reoccurring back problems.

References:
Spinal Stabilization Category FAQs

How can Physical Therapy help my patient?

Lumbar segmental instability is a condition in which there is a loss of stiffness between spinal vertebrae. The decreased stability of the vertebrae can result in the spinal segments being unable to tolerate external loads and can result in pain, degenerative changes and can put the neurological structures at risk. Radiographic imaging can be unreliable for diagnosis. Recent research has shown that clinical signs of instability are a better diagnostic tool. In 2005, Hicks, et al., published research on their development of a clinical prediction rule (CPR) to determine the likelihood of a positive response to a spinal stabilization program¹.

Criteria set for the Clinical Prediction Rule is as follows:

1. Age (<40 years)
2. Average straight leg raise (SLR)>91 degrees
3. Aberrant movements present (catch, hitch or uncoordinated muscle contraction)
4. Positive prone instability test

Hicks, et al., demonstrated in their research a positive likelihood ratio of 4.0 for patients who participated in a spinal stabilization program over an eight week period and met three of the four variables in CPR.

What should I expect if I refer my patient for Physical Therapy?

The physical therapists at the Centers for Rehabilitation and Sports Medicine are trained not only to improve the patient’s current episode of pain but to prevent a recurrence of this pain. A study by Hides, et al., demonstrated fewer recurrence of lower back pain with patients that participated in a lumbar stabilization program (34%) vs. a control group (84%) ².

Based upon the patient’s severity, you can expect treatment over a 4-8 week period with an extensive home exercise program tailored to the individual patient’s needs. Patients are taught how to activate the core stabilizers. Emphasis is on the transverse abdominus, obliques, multifidus and gluteals. Once your patient is able to engage these muscles, then the motor control exercises are progressed to include larger muscles and in functional movement patterns required for activities of daily living.

References: