AHRQ Guidelines for LBP Management

The Agency for Healthcare Research and Quality (AHRQ) published an update on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines for low back disorders last year. The full text of these Guidelines can be downloaded at www.guideline.gov.

Here are some of their major recommendations:

1. In the absence of red flags, primary care and occupational physicians or other health care professionals can effectively manage low back problems conservatively.
2. At the first visit, the physician should assure the patient that low back pain (LBP) is normal, has an excellent prognosis and, in most cases, is not debilitating on a long-term basis. Patients with elevated fear avoidance beliefs may require additional instructions and interventions to be reassured of this prognosis. Theoretically, this reassurance has the potential to avoid increasing the probability of the patient developing chronic pain syndrome.
3. All patients should be encouraged to return to work as soon as possible as evidence suggests this leads to the best outcomes. This process may be facilitated with modified duty particularly if job demands exceed patient capabilities. Full-duty work is a reasonable option for patients with low physiologic job demands and the ability to control such demands (e.g., alternate their posture) as well as for those with less severe presentations.
4. Non-physical factors should be investigated and addressed in cases of delayed recovery or delayed return to work.
5. Physicians should be aware that "abnormal" findings on x-rays, magnetic resonance images, and other diagnostic tests are so common they are normal by age 40. Bulging discs continue to increase after age 40, and by age 60 will be encountered in 80% of patients. This requires that a careful history and physical examination be conducted by a skilled physician in order to correlate historical, clinical, and imaging findings prior to assigning the finding on imaging to a patient's complaints. It is recommended that physicians unable to make those correlations, and thus properly educate patients about these complex issues, should defer ordering imaging studies to a qualified consultant in musculoskeletal disorders. Without proper education on prevalence, treatment, and prognosis, patients may become fixated on "fixing" their abnormality (which may in fact be a completely normal condition) and thus iatrogenically increase their risk of developing chronic pain. (AMEN!)
6. Significant abnormalities in hip range-of-motion may increase the probability of back disorders. (See Compass Pub November 2007 on our website)
7. There is evidence of efficacy for manipulation for treatment of non-specific LBP, particularly for those patients who test positive for the Clinical Prediction Rule. (See Compass Pub October 2007 on our Website)

NOTEWORTHY

PT & Knee Pain: Interesting physiological facts

Though physical therapy cannot "cure" osteoarthritis of the knee, it can significantly affect the degenerative process and impact the physiology of the knee.

1. Isometric contraction of the quadriceps muscle in non-weight-bearing positions increases the molecular weight of synovial fluid. This change in the synovial fluid improves lubrication and load protection in the joint.
2. Certain exercises that employ low to moderate compressive loads can increase the strength of the cartilage, which effectively slows the progression of the disease.
3. Altering the biochemistry of the joint can assist us in strengthening muscle; without this alteration, arthrogenous inhibition will prevent strength gains.

Returning Staff Enhance Best Results, Least Visits™

We are pleased to welcome back two employees. Linsey S. Wolfe, PTA is returning to the PT Clinic, Inc. after 6 months with family in Ohio. Linsey was employed during our 2008 "vision quest" and will add to our momentum in our dedication to Best Results, Least Visits™.

Candace Leggett, PT worked with us from 1999 to 2002 until the military relocated her family to the West coast. She will resume employment in September. She brings with her a proven dedication to patients, to the people of Onslow county, and to the profession of physical therapy.

Leanne L. Burns, PT, MPT  Brian C. Tantilla, PT, DPT  Candace D. Leggett, PT  Linsey S. Wolfe, PTA