

PHYSICAL THERAPY FOR LOWER BACK PAIN

Decreased
Healthcare Costs/
Better Patient
Outcomes
Better Patient
Experience

Early treatment by a physical therapist for low back pain (LBP), as compared to delayed treatment, was associated with reduced risk of subsequent health care utilization and lower overall health care costs.

Using a national database of employer-sponsored health plans, researchers examined a sample of 32,070 patients who were newly consulting a primary care physician for low back pain.

Patients were identified and categorized based on their use of physical therapist services within 90 days of the consultation.

Those who were referred to a physical therapist early (within 14 days of the consultation) showed a reduced risk of subsequent health care utilization and experienced

lower overall health care costs than did those patients with delayed treatment by a physical therapist (within 15-90 days of consultation).

During an 18-month follow-up period, researchers found that early treatment by a physical therapist was associated with:

Reduced risk of subsequent:

- Surgery
- Injections
- Physician visits
- Opioid use
- Advanced imaging

along with a corresponding reduction in overall LBP-related medical costs relative to delayed treatment by a physical therapist.

TOTAL HEALTH CARE COSTS

for patients receiving early care from a physical therapist were an average of
\$2,736.23 lower.

Contrary to studies showing positive associations between early physical therapy and subsequent health care utilization, early use of MRI or opioids have demonstrated opposite relationships, increasing risks of future utilization. Use of these strategies early in the course of care may have detrimental effects of decreasing patients' optimism for recovery or sense of control over symptoms. Several studies have found that providing information on MRI results to patients with acute LBP diminishes patients' sense of well-being. The value of early physical therapy may be partly attributable to providing an alternative, or counter-balance, to management strategies that foster a sense of dependency in the patient. Additional research evaluating the factors underlying these observations is needed. However, it is increasingly evident that initial management decisions following a new LBP consultation can have profound implications for outcomes and downstream costs.

Primary Care Referral of Patients with Low Back Pain to Physical Therapy: Impact on Future Healthcare Utilization and Costs by Julie M. Fritz, PT, PhD, ATC; John D. Childs, PT, PhD; Robert S. Wainner, PT, PhD; and Timothy W. Flynn, PT.
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