

# WHEN TO OFFER PT FOR LOW BACK PAIN

## Primary Care Physicians

Main first-contact providers for patients with acute and chronic low back pain in the U.S.

## Concept of Subgroup & Targeting for Primary Care Low Back Pain

Many studies have demonstrated that the minority of patients who develop chronic back pain are responsible for the large majority of health care and social costs (i.e. lost wages and decreased productivity).<sup>1-5</sup>

A British tool known as the **STarT** Back Screening Tool has been used in assessing patients with complaining of low back pain (LBP) and facilitating their categorization into low, medium or high risk for developing chronic LBP. Once the key assessment is made, a medium or high-risk patient can be referred to a PT for effective treatment.<sup>8</sup>

### TARGETED TREATMENTS

Psychological obstacles to recovery  
Enhanced package of care (complex)

Physical obstacles to recovery  
Face to face 'conservative' treatment

Low risk of chronicity  
Advice, reassurance & medication

High Risk

Medium Risk

Low Risk

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**STRATIFIED APPROACH**  
allocates patients to  
treatment pathways  
based on prognosis

Medium & high risk patients are referred for targeted physical therapy

- Medium risk patients receive physical therapy that focuses on restoring function, targeting physical signs/symptoms, and using exercise and manual therapy
- High risk patients receive psychologically informed physical therapy which uses elements of cognitive-behavioral therapy and incorporates patients' beliefs, attitudes, and emotional responses into patient management

**NEW STUDY** Physical Therapy for Low Back Pain: What Is It, and When Do We Offer It to Patients? Timothy S. Carey, MD, MPH and Janet Freburger, PT, PhD, *Annals of Family Medicine*, March/Paril 2014: vol. 12, no.2, pp. 99-101

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## The Keele Start Back Tool Scoring System

Name \_\_\_\_\_ Date \_\_\_\_\_

Thinking about the last 2 weeks, tick your response to the following questions:

	Disagree	Agree
	0	1
1 My back pain has spread down my leg(s) at some time in the last 2 weeks.	<input type="checkbox"/>	<input type="checkbox"/>
2 I have had pain in the shoulder or neck at some time in the last 2 weeks.	<input type="checkbox"/>	<input type="checkbox"/>
3 I have only walked short distances because of my back pain.	<input type="checkbox"/>	<input type="checkbox"/>
4 In the last 2 weeks, I have dressed more slowly than usual due to back pain.	<input type="checkbox"/>	<input type="checkbox"/>
5 It's not really safe for a person with a condition like mine to be physically active.	<input type="checkbox"/>	<input type="checkbox"/>
6 Worrying thoughts have been going through my mind a lot of the time.	<input type="checkbox"/>	<input type="checkbox"/>
7 I feel that my back pain is terrible and it's never going to get any better.	<input type="checkbox"/>	<input type="checkbox"/>
8 In general, I have not enjoyed all the things I used to enjoy.	<input type="checkbox"/>	<input type="checkbox"/>
9 Overall, how bothersome has your back pain been in the last 2 weeks?	<input type="checkbox"/>	<input type="checkbox"/>

Not at all   Slightly   Moderately   Very much   Extremely  
              
 0   0   0   1   1

Total Score (all 9) \_\_\_\_\_ Sub Score (Q5-9): \_\_\_\_\_

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graph TD
    TotalScore[Total Score] --> ThreeOrLess[3 or less]
    TotalScore --> FourOrMore[4 or more]
    ThreeOrLess --> LowRisk[Low Risk]
    FourOrMore --> SubScore[Sub score: Q5 - Q9]
    SubScore --> ThreeOrLessSub[3 or less]
    SubScore --> FourOrMoreSub[4 or more]
    ThreeOrLessSub --> MediumRisk[Medium Risk]
    FourOrMoreSub --> HighRisk[High Risk]
    
```

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### Promising Results

Reduction in the number of days off work

Most impressive was the reduction in the number of days off work, most prominent in the intermediate-risk group. Modest cost savings were present in direct medical costs, with much greater cost savings to society through reduction in time off work. The lag between referral and seeing a physical therapist was long in the United Kingdom, averaging 4 to 6 weeks, which would likely not be acceptable in the United States. In addition, some data suggests that receipt of physical therapy within 2 to 4 weeks following a new primary care consultation reduces the risk of subsequent health care utilization, including the use of advanced imaging, and injections.<sup>6,7</sup>

<sup>1</sup>Deyo RA, Gray DT, Kreuter W, Mizra S, Martin BI. United States trends in lumbar fusion surgery for degenerative conditions. *Spine (Phila Pa 1976)*. 2005;30(12):1441-1445, discussion 1446-1447.

<sup>2</sup>Friedly J, Chan L, Deyo R. Increases in lumbosacral injections in the Medicare population: 1994 to 2001. *Spine (phila Pa 1976)*. 2007;32(16):1754-1760.

<sup>3</sup>Gray DT, Deyo RA, Kreuter W, et. al. Population-based trends in volumes and rates of ambulatory lumbar spine surgery. *Spine (phila Pa 1976)*. 2006;31(17):1957-1963; discussion 64.

<sup>4</sup>Luo X, Pietrobon R, Hey L. Patterns and trends in opioid use among individuals with back pain in the United States. *Spine (phila Pa 1976)* 2004;29(8):884-890, discussion 891.

<sup>5</sup>Weiner DK, Kim YS, Bonino P, Wang T. Low back pain in older adults: are we utilizing healthcare resources wisely? *Pain Med*. 2006;7(2):143-150.

<sup>6</sup>Fritz JM, Childs JD, Wainner RS, Flynn TW. Primary care referral of patients with low back pain to physical therapy: impact on future health care utilization and costs. *Spine (Phila Pa 1976)*. 2012;37(25):2114-2121.

<sup>7</sup>Gellhorn AC, Chan L, Martin B, Friedly J. Management patterns in acute low back pain: the role of physical therapy. *Spine (Phila Pa 1976)*. 2012;37(9):775-782.

<sup>8</sup>Editorial Suggests Physician Screening Tool, PT Referral for LBP. *PT in Motion News Now*, March 14, 2014.

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