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Low Back Pain

Excerpt from Delta Physical Therapy PIER Document

PROBLEM: LOW BACK PAIN

INTERVENTION: **Classification:** An evidence-based approach that identifies subgroups of patients based on response to a specific intervention rather than labeling based on pathoanatomic findings.⁴

- **MANUAL PHYSICAL THERAPY & EXERCISE**
- **DIRECTIONAL PREFERENCE EXERCISE**
- **NEUROMUSCULAR RE-EDUCATION & STABILIZATION EXERCISE**

EVIDENCE: Oxford Evidence Grade= A (Level 1a studies)

Patients managed with this treatment-based classification system experience significant decreases in pain, disability, and work restrictions compared to traditional care.⁴ Therapists can use predictive clinical examination findings to match patients to a specific treatment. This may include: manual physical therapy and exercise,^{5, 6} specific exercises in a particular direction,⁷⁻⁹ core stabilization exercise,^{10, 11} and traction.⁴

REFER:

Acute LBP: Patients with the following findings are likely to experience a 50% reduction in disability and pain within 1 week 90% of the time when treated with manual physical therapy and exercise^{5, 6}: 1) Current episode of symptoms is < 2-3 weeks; 2) Minimal fear of movement; and 3) Symptoms don't extend below the knee.

Chronic LBP: Patients who have 3 or more of the following findings can achieve a 50% reduction in disability within 8 weeks 67% of the time when treated with a core stabilization and neuromuscular re-education program:¹⁰ 1) Straight Leg Raise test >91°; 2) Aberrant movements during lumbar flexion; 3) Positive prone instability test and 4) Age < 40 years.

Based on a trial of 1334 patients with acute LBP, manual therapy and exercise is now recommended over a "wait and see" approach and has been adopted and subsidized in Great Britain as part of a preferred practice pattern.^{14,15}

Patients who demonstrate a directional preference (i.e. symptoms centralize and/or reduce) on movement examination are more likely to have a significant reduction (50%) in pain and disability.^{8,9} We can help determine if your patient has a directional preference.

*References noted can be found on original PIER document.