



# Self-Care for Low Back Pain

*Are the Results Large Enough to Matter?*

Nonspecific low back pain (LBP) ranks as one of the most common and costly musculoskeletal disorders, and the expense of LBP continues to rise. The majority of costs related to LBP can be attributed to recurrence and chronicity. A potential explanation of the large treatment costs is that health care providers, including physical therapists, often provide largely passive interventions focusing on immediate relief.<sup>1-4</sup> Patients return for further treatment, initiating what some qualify as a process of dependence.<sup>5</sup>

One often-recommended solution for this problem is the teaching of self-care at the doctor's office. While high-powered evidence supporting this approach has been lacking, the American College of Physicians and the American Pain Society have recommended self-care as an approach in the management of LBP.<sup>6</sup> This begs a question. Since activity and exercise are a big component of what prevents LBP recurrence, should good self-care programs be the first line approach before recommending physical therapy - potentially preventing healthcare spending on LBP?

Vinicius Oliveira and colleagues recently addressed this question in a systematic review and meta-analysis published in *Arthritis Care & Research*.<sup>5</sup> They included 13 randomized controlled trials covering 3,063 participants evaluating different applications of self-care for LBP. In keeping with the idea of reducing LBP recurrence at a minimal healthcare cost, the concept of self-care in this context is for the patient to manage his/her own condition with minimal oversight or active involvement of the health care provider. Introduction of the self-care techniques in the trials involved discussions, demonstra-



tions, booklets, videos, and websites. In final analysis, self-care did produce a statistically significant effect. However, the long-term effect was to reduce pain an average of 4.8 points on a 100 point scale. The authors describe the effect as "small" and "trivial," and state that the small effect of self-care on pain and disability challenges the endorsement of self-management in treatment guidelines.

The evidence suggests that self-care is not a replacement for assessment and treatment by a physical therapist. Patients who receive physical therapy within 14 days of the primary care consult for LBP experience numerous advantages:<sup>1,2</sup>

- Medical costs reduced by \$2,736 per patient
- Use of advanced imaging reduced by 74%
- Need for surgery reduced by 55%
- Need for injections reduced by 58%
- Use of opioids reduced by 22%

## On-Time Appointments for Your Patients

When you refer a patient to Western Mass Physical Therapy, it is highly important to us that your patient have a positive experience in every regard. In addition to striving for efficient outcomes, we organize our practice so that your patients do not waste their time waiting in our lobby. We run 100% on-time appointments so your patients who arrive on time are seen on time.



**Please offer Western Mass Physical Therapy to your patients.**

**Treatments Within  
24 Hours of Your  
Referral**  
-Often Same Day-

Phone: 413.443.4246  
Fax: 413.443.0737

290 First Street  
Pittsfield, MA 01201

WMPT.com

*2,500 sq. foot Facility*

*Our Therapists Average  
18 Years with WMPT  
Each*

Danielle Vittone, PT, DSc,  
MSPA, OCS  
Carrie Minahan, PT, DPT,  
NCS  
Robert Paduano, MSPT  
Danielle Helms, PTA

*APTA Board Certified  
Clinicians Specialized in  
Orthopedic Rehab  
& Neurologic Rehab*

Refer to WMPT for:  
Orthopedic Rehab  
Vestibular Rehab  
Aquatic Therapy  
Balance for Life Program  
Neurologic Rehab  
Post Surgical Rehab  
Work Injuries  
Sports Injuries  
Auto Accidents  
Headaches  
TMJ Symptoms  
Repetitive Stress Disorders

*We Take All Insurance*

Member  
**APTA**  
American Physical Therapy Association.

Only Practice in Berkshire  
County Credentialed by



## REFERENCES

1. Fritz J, Childs J, Wainner R, Flynn T. Primary care referral of patients with low back pain to physical therapy: impact on future health care utilization and costs. *Spine*. 2012; 37 (25): 2114-21.
2. Gelhorn A, Chan L, Martin B, Friedly J. Management patterns in acute low back pain: the role of physical therapy. *Spine*. 2012; 37 (9): 775-782.
3. Machado L, Kamper S, Herbert R, et al. Analgesic effects of treatments for non-specific low back pain: a meta-analysis of placebo-controlled randomized trials. *Rheumatology (Oxford)*. 2009; 48: 520-7.
4. Costa L, Maher C, McAuley J, et al. Prognosis for patients with chronic low back pain: inception cohort study. *BMJ*. 2009; 339: b3829.
5. Oliveira V, Ferreira P, Maher C, et al. Effectiveness of self-management of low back pain: systematic review with meta-analysis. *Arthritis Care & Research*. 2012; 64 (11): 1739-1748.
6. Chou R, Qaseem A, Snow V, et al. Diagnosis and treatment of low back pain: a joint clinical practice guideline from the American College of Physicians and the American Pain Society. *Ann Intern Med*. 2007; 147: 478-91.