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Physical Therapy Better than Advice for Low Back Pain

While authors often describe low back pain as benign and self-limiting, the medical complaint proves costly and a major cause of disability, with up to 71% of people with acute low back disorders experiencing persistent symptoms at 12 months.¹⁻³ The majority of health care costs related to low back pain stem from chronicity and reuse of the system, so long-term effects of treatment interventions must be assessed.³ One method for cost reduction in use today is to simply provide patients with advice and instruction, both as a first-line treatment and as the treatment for back pain lasting longer than six weeks.⁴⁻⁵ Advice as treatment for back pain persists despite the fact that a 2012 systematic review finds self-care alone unable to achieve clinically important results.⁶ More recently, Dr. Jon Ford and colleagues published the first randomized, controlled trial to directly compare advice for low back pain to individualized physical therapy.⁷



This trial randomized 300 participants to sixteen different physical therapy practices and nineteen different treating therapists. All patients had back pain lasting six weeks to six months, a pain intensity of two or greater on a zero-to-ten scale, and greater than minimal activity limitation. All participants received two sessions of guideline-based advice, and 156 participants additionally received an average of eight, 30-minute physical therapy sessions over ten weeks. The authors defined clinically significant improvement as greater than 50% change in each scale. While all patients showed some level of improvement over time, the patients receiving physical therapy got better faster and achieved a greater level of improvement. Statistically significant differences in favor of physical therapy persisted at the 52-week follow-up. For instance, at ten weeks, patients receiving physical therapy proved 1.8 times more likely to demonstrate clinically significant improvement in back pain ratings. At 52 weeks, participants receiving physical therapy prove 1.5 times more likely to have clinically significant improvement in the Oswestry Disability Index. On a one-to-four scale, median patient satisfaction in the physical therapy group was a four compared to a two in the advice group.

Interestingly, the two sessions of advice in the current study proved much more effective than more involved self-care programs included in the 2012 systematic review, where self-care only created an average reduction in pain of 4.8 on a 100-point scale.⁶ Nevertheless, the advice group lagged significantly behind the physical therapy group in improvement. Additionally, an important aspect of the treatment in this study likely blunted the results available through physical therapy. In the present study, physical therapy began only after back pain had become chronic - with symptom durations ranging from six weeks to six months. However, two important studies show that the sooner physical therapy begins, the better the results.^{7,8} Fritz and colleagues examined the billing records of 32,070 workers with low back pain. Compared to later referrals, patients who received physical therapy within 14 days of their primary care consult realized numerous advantages:

- 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%



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