



Low Back Pain & Faster Return to Work

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Your Therapy Team

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Kevin Sadowski, DC, Cert MDT
Jennifer Cavanaugh, PTA

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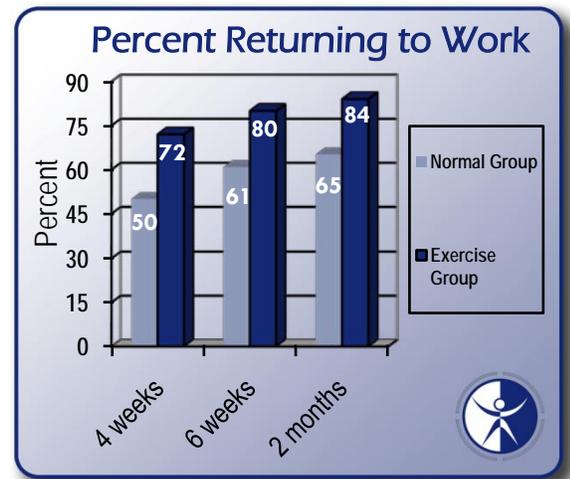
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A randomized, controlled trial published recently in *Spine* demonstrates that prompt intervention including manipulation, an individualized exercise program, and guided exercises produces **faster and more cost effective results** than “normal medical care” in cases of **acute and sub-acute** simple low back pain (LBP).¹

The trial compared 111 cases of simple LBP, treated primarily in the **acute or sub-acute phase**. Group 1 received what Wright et al. defined as “the normal route of care as directed by the general practitioner” plus advice and The Back Book. Group 2 received the same access to general practitioners, education, and literature as Group 1 plus joint and soft tissue mobilization, steroid injection (as indicated by physician assessment), a specific home exercise program (as indicated by PT evaluation), and six sessions of guided exercises over two weeks.

Participants in the guided exercise group spent 35% less time off work (an average of 7 days) and showed significantly better results on pain assessments and health status assessments at one month and two months.

Even though patients in Group 2 received injections and physical therapy and returned to work better prepared for the rigors of their jobs, participants in Group 2 reduced overall costs by \$367 to \$850 per patient. The financial costs to both the individual and employer were totaled. **This cost saving result directly contradicts the 1980s belief that it is more cost-efficient to withhold restorative treatments until the LBP has existed for 90 days.**



Since researchers could not reliably measure compliance in Group 1, patients in the guided exercise group who missed appointments were NOT excluded from the data pool. Furthermore, Wright et al did not exclude participants who sought healthcare outside of that provided by the study. In general, individuals in Group 1 proved four times more likely to seek non-study intervention than those in the exercise group.

Wright et al did not perform a follow-up after two months, but noted that Pengel et al quoted an **acute LBP recurrence risk of 26% within 3 months and 66 to 84% within 12 months.**² An individually designed physical therapy plan and guided exercises, such as those available at **Enfield Health & Wellness Center**, may be considered a reasonable part of any LBP strategy when part of the goal is to reduce the typically high rates of reutilization. Indeed, multiple studies have demonstrated how physical therapy approaches can prevent future LBP episodes and minimize reutilization.³⁻⁹

With their scientifically based, proactive LBP protocol, you will find **Enfield Health & Wellness Center** to be efficient and cost-effective (especially in the long-term) for most of your cases of acute, sub-acute, and chronic low back pain. In cases of work injuries, you will also find that we return your patients to work quickly and better prepared for the job’s physical demands. To help patients achieve the most efficient results, refer back pain patients during the acute or subacute phase.



McKenzie Certified Care

Literally hundreds of peer reviewed research papers now support the use of McKenzie Method. McKenzie Method is a therapy approach proven to produce faster, longer lasting, and less expensive results.¹⁰⁻¹² This has been demonstrated repeatedly in journals such as *Spine*, the *Journal of Neurology*, *JMPT*, *Physiotherapy*, and the *New England Journal of Medicine*. McKenzie Certified care is one of the many therapy options available at Enfield Health & Wellness Center.

Please refer your patients to Enfield Health & Wellness Center

References

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