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Prognostic Indicators of Chronic Low Back Pain

Prognostic studies in physical therapy are a current research priority as healthcare providers attempt to determine the most efficient care paths for individual patients.¹ Researchers hope that clinicians will be able to use prognostic indicators to differentiate patients who are likely to spontaneously resolve their complaints versus patients who would benefit from greater intervention in the disease process. To this end, *The Journal of Pain* recently published a study evaluating prognostic indicators of chronic low back pain (LBP) in primary care with the longest follow-up to date.² Analysis was conducted on 488 patients who presented to a primary care practitioner complaining of low back pain. Follow-up was conducted at six months and at five years. Patients were considered to have no chronic low back pain if they scored a 0 or 1 on the Chronic Pain Grade³ scale (that's pain free or low disability / low pain intensity respectively). The scale ranges from Grade 0 to Grade 4.



In the current study, Campbell et al. analyzed a wide range of possible predictors divided into four domains: demographic, physical, psychological, and occupational. Interestingly, in singular analysis, most previously cited variables did predict LBP outcomes. However, in multivariate analysis, only a select few predictors within each domain emerged as independent causal variables. These are the most robust predictors of LBP chronicity for each domain:

1. **Demographic:** low income, no education past age 16, and female
2. **Physical:** level of disability and pain intensity
3. **Psychological:** stronger perception that pain will last a long time, weaker perception that they will get on despite the pain, passive coping methods.
4. **Occupational:** Unemployment predicts worse outcomes.

When the strongest predictors in each domain were pitted against one another in multivariate analysis, only two emerged as independent, causal variables. One was **pain intensity**. As the pain intensity progressed from baseline, the likelihood of ongoing pain and disability increased. Baseline was a 3.9 on a 0-10 scale. A pain intensity of 5.2 predicted a 33% greater likelihood of poor outcome at five years. The second predictor emerging from the final multivariate model was **patient belief in how long the pain would last**. The longer the patient believed the pain would last, the longer it did.

While the presence of each of these predictors should provide encouragement for doctors considering greater intervention for an LBP patient, another observation in this study calls into question the practice of wait-and-see for any LBP patient presenting in primary care. At six months, 47.7% of patients had Grade 2 or higher LBP. At five years, it was still 36.9%. Keep in mind that this study considered "low disability plus low pain intensity" to be a positive outcome. **This study adds to a large body of evidence encouraging the healthcare community to discard the old notion that LBP serious enough to result in a primary care consultation is usually self-limiting.**⁴⁻⁷



McKenzie Certified Care

McKenzie Method is a therapy approach proven to produce faster, longer lasting, and less expensive results. 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 we have available.

One of the things that primary care practitioners can do to improve the odds for LBP patients is to make a physical therapy referral that can be scheduled promptly. Patients who receive physical therapy within 14 days of the primary care consult experience numerous advantages:^{8,9}

- **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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