



Predictors of Outcomes following Multidisciplinary Rehabilitation

A recent paper in Spine by Douglas Gross and Michele Battie (1) investigates predicting timely recovery and recurrence following multidisciplinary rehabilitation in patients with compensated low back pain using an historical cohort study.

The authors report that the most robust predictor of all recovery outcomes in the investigation was the number of health care visits for the compensable condition occurring before admission. For every 10 preadmission medical, physiotherapy, or chiropractic visits, subjects were 22% more likely to experience a recurrent back related problem. Increasing healthcare utilization, modeled as a time-dependent variable, was also consistently associated with delayed claim closure.

They further state that while the association between a higher number of preadmission health visits and poorer outcome was consistent across outcomes, it is unknown whether relationships are causal. These data may represent evidence of iatrogenesis; however, the healthcare variable may also be acting as a surrogate for severity of the condition or other variables. For example, claimants with diminished ability to cope with a painful condition or exhibiting pathological coping strategies both seek more care for their problem and are at risk of worse outcomes. Previously researchers have reported that subjects reporting intense or disabling back pain are more likely to seek care for their condition.

In addition, authors of a qualitative investigation of why some subjects undertake repeated medical visits have interpreted subject responses as a search for validation of suffering, which has potentially important implications when pain is indemnified under a compensation or insurance system.

The authors comment that it is likely to be a combination of factors that is responsible for associations observed in the study.

The only other factors the authors found consistently predictive of delayed recovery judged through time to claim closure was a longer duration of time between injury and admission to a rehabilitation program. This has also been reported by other investigators. Also consistent with other investigations, neither the physical performance nor self reported pain or functional measures completed by subjects before program admission entered final models, confirming the lack of enhanced predictability obtained from physical performance measures reported by Hildebrandt et al and Jordan et al.

Performance on such tests before admission for rehabilitation does not

seem to be predictive of outcome following multidisciplinary intervention.

(1) Gross DP, Battie MC.

Predicting Timely Recovery and recurrence following Multidisciplinary Rehabilitation in Patients with compensated low back pain.

Spine (2005) 30 (2) 235-240.

Pauline Rist

Exercise for Psychological Problems Associated with Back Pain

It is not news to anyone that patients presenting with back pain also often present with complex psychosocial issues.

A recent article in "The Back Letter" (1) states that physical exercise, particularly aerobic exercise, is reported to be a valuable add on treatment for individuals whose back pain is complicated by depression, anxiety and other psychosocial issues.

Noted exercise scientist D M Landers, PhD is quoted as saying that "exercise is not only related to a relief in symptoms of depression and anxiety, but it also seems to be beneficial in enhancing self esteem, producing more restful sleep and helping people recover more quickly from psychosocial stressors".

This conclusion is reported to be based on meta-analyses of hundreds of studies involving hundreds of thousands of patients. Landers states that it is difficult to recommend a precise dose of exercise but the therapeutic impact on anxiety appears to be maximized with at least 10 weeks of aerobic exercise. The greatest benefits are reported to occur in individuals with low baseline fitness and high levels of anxiety.

For depression, it is reported that optimal results occur with regular vigorous exercise. Several studies suggest that the antidepressant effect of exercise begins with the first exercise session and persists beyond the exercise program.

The article noted that the literature on exercise and mental health is complicated and difficult to interpret and that the relationships between exercise and improved mental health may not be causal but probably are. It is further noted that although the therapeutic effects of exercise are generally modest, the benefits appear similar to those for other treatments.

In spinal rehabilitation units for benign back pain the challenge is to increase individuals activity levels to a point where they increase their heart rate in a group that is often fearful of activity. Fear of re-injury, fear of being seen to be active and losing compensation benefits, fear of causing further damage or wearing out faster, are commonly reported.

Motivating individuals to maintain an exercise program once outside a structured setting is also problematic.

All the information that remaining active is the best option for back pain can be undone by an exacerbation of symptoms, the exhortations of the well meaning to avoid activity or the inability to maintain commitment to exercise.

(1) The Back Letter Vol 20 (1) 2005. Lippincott Williams and Wilkins

Pauline Rist

The Role Of Adult Attachment Theory In Multidisciplinary Pain Rehabilitation

This brief report outlines a research project currently being conducted at Gregory Terrace Rehabilitation as part of the author's doctoral studies. Empirical evidence regarding this issue will emerge over the next six months.

Although attachment theory has been touted as the metaperspective for counselling psychology, its application in the field of chronic pain has received sparse attention. In the context of chronic pain, recent research has linked adult attachment patterns to coping strategies, pain intensity, disability, distress, depression, catastrophizing, and the use of health care services. Nevertheless, attachment security has not previously been explored as a predictor of the outcome of participation in a multidisciplinary rehabilitation program. Further, the mechanisms through which adult attachment security might impact on treatment have received little attention.

This longitudinal study explores the implications of attachment security for a range of outcome measures, including depression, anxiety, coping, pain intensity, disability, perceptions of social support, pain appraisal, self-efficacy, and satisfaction with treatment.

A sample of 99 clients of Gregory Terrace Rehabilitation have volunteered to participate, and have completed questionnaires before, after, and three months following involvement in the two week treatment program. Results of a sample from a second metropolitan multidisciplinary pain clinic are also currently undergoing analysis.

The main aim of this research is to identify guidelines to refine current treatment based on the results. Findings are expected to impact aspects of the multidisciplinary assessment and treatment approach, patient readiness for therapy and suitability for group work, patient capacity to engage in treatment, reflect, and implement change, the therapeutic relationship, return to work, neurobiological links between attachment and pain, and the aetiology of chronic pain.

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Conference Calendar

32nd Annual Meeting of the International Society for the Study of the Lumbar Spine

**10 - 14 May 2005
New York**

Dr Scott Boden / Shirley Fitzgerald
Phone: 416 480 4833
Fax: 416 480 6055
Email: shirley.fitzgerald@sw.ca

**Official Satellite Symposia
of 11th World Congress on Pain**

Pain, Mind and Movement

17 - 19 August 2005 - Cairns
Email: M.Simmonds@soton.ac.uk

Expanding Vistas in Neuropathic Pain

17 - 20 August 2005 - Uluru
Email: npp@dcconferences.com.au
www.dcconferences.com.au/
npp2005

Partners in Pain : Patients, Clinicians and Pain Management

18 - 19 August 2005 - Sydney
Email: pinp@dcconferences.com.au
www.dcconferences.com.au/
npp2005

Occupational & Post-traumatic Pain Syndromes

18 - 19 August 2005 - Melbourne
Prof George Mendelson
Phone: 0398664278 Fax: 0398200843
george.mendelson@med.monash.edu.au
www.med.monash.edu.au/
psychmed/staff/george.htm

11th World Congress on Pain International Association for the Study of Pain

21 - 26 August 2005 - Sydney

Phone: 206 547 6409
Fax: 206 547 1703
Email: iaspdesk@iasp-pain.org
www.iasp-pain.org

Research Update

Efficacy of the transcutaneous electrical nerve stimulation (tens) and percutaneous electrical nerve stimulation (PENS) in the treatment of chronic low back pain. Topuz, O; Ozfidan, E; Sarhus, M; Ardic, F. International Journal of Rehabilitation Research 2004 VO: 27 SUPP/1 168 CHAPMAN AND HALL IS: 0342-5282

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A fair and balanced view of spine fusion surgery. Errico, TJ; Gatchel, RJ; Schofferman, J; Benzel, EC; Faciszewski, T; EskayAuerbach, M; Wang, JC. Spine Journal 2004 4 5 S129-S138. Elsevier Science B.V., Amsterdam. IS: 1529-9430

The newest and psychometrically strongest measure of functional status: the pain disability questionnaire. Anagnostis, C; Gatchel, R; Mayer, T. Spine Journal 2004 4 5 S67. Elsevier Science B.V., Amsterdam. IS: 1529-9430

Are MMPI profiles being misused to deny surgical treatment? Kidner, C; Mayer, T; Gatchel, R. Spine Journal 2004 4 5 S19. Elsevier Science B.V., Amsterdam. IS: 1529-9430

Extreme pain ratings predict treatment failure in chronic occupational spinal disorders. Mayer, T; Mcgeary, D; Gatchel, R. Spine Journal 2004 4 5 S14-S15. Elsevier Science B.V., Amsterdam. IS: 1529-9430

Longitudinal validation of the Fear-Avoidance Beliefs Questionnaire (FABQ) in a Swiss-German sample of low back pain patients. Staerkle, R; Mannion, AF; Elfering, A; Junge, A; Semmer, NK; Jacobshagen, N; Grob, D; Dvorak, J; Boos, N. European Spine Journal 2004 13 4 332-340. Springer International. IS: 0940-6719

Risk factors for new-onset low back pain amongst cohorts of newly employed workers. E.F. Harkness; G.J. Macfarlane; E.S. Nahit; A.J. Silman; J. McBeth. Rheumatology August 2003 42 8 959-968(10). Oxford University Press. IS: 1462-0324

Reliability and stability of the Roland Morris Disability Questionnaire: intra class correlation and limits of agreement. S Brouwer; W Kuijer; PU Dijkstra; LNH Goeken; JW Groothoff; JHB Geertzen. Disability and Rehabilitation February 2004 26 3 162-165(4). Taylor & Francis Health Sciences. IS: 0963-8288

Did you know ?

That Rehabilitation Case Managers and Workplace Rehabilitation Co-ordinators are welcome to attend our weekly Friday Team Meeting at 8 am.

It's a great opportunity to meet with our professional team and discuss your worker's progress at Gregory Terrace Rehabilitation. Please call Narelle Nolan on 38315538 to arrange attendance.

Gregory Terrace Rehabilitation will be closed from Good Friday and will re-open on 04 April 2005

**Date for your Diary
Tuesday 12 April 2005
6 pm**

*Pinot by the Pool
Wine Tasting hosted
by Bill Ryan*

Guest Speaker

Professor Michael Schuetz

Chair of Traumatology
Queensland University of Technology

Princess Alexandra Hospital

**"Treatment of the
Multiple Injured Patient "**

**Don't forget to have a look at
our new website**

www.gregorytcerehab.com.au

**- we would welcome your
feedback.**

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