



Barriers to More-Effective Treatments for Chronic Back Pain

In a recent article of The Back Letter the authors discuss the need for patients disabled with back pain to have access to "state of the art rehabilitation programs that can help them return to productive lives".

They quote three randomized controlled trials that have concluded that intensive exercise with a cognitive behavioural approach can lead to roughly the same improvements in pain and function as spinal fusion with fewer side effects and lower cost. (See Brox et al. (a), 2003; Brox et al. (b), 2003; Fairbank et al., 2005.)

They note that recent international evidence-based guidelines recommends that all patients complete an intensive rehabilitation program with a cognitive behavioural approach prior to considering surgery. (See van Tulder et al., 2004.)

They advise that there remains widespread misunderstanding about the nature of modern back pain rehabilitation with some spine care professionals resistant to the underlying biopsychosocial philosophy of these programs.

They quote Rainville et al., 2000 stating many spine care professionals still adhere to the injury model of low back pain and therefore are reluctant to recommend normal exercise activity and work until the underlying "injury" heals.

They comment that some spine care providers fear that aggressive exercise will harm the backs of their patients and Rainville states that this fear is misplaced. He states that aggressive exercise is safe.

The article concludes by the authors quoting Rainville suggesting that financial issues may be significant barriers to providers setting up rehabilitation programs.

Rainville notes that particularly spinal fusion surgery in the US has become an important revenue producer for US hospitals and these medical centres are loading up on surgeons, not rehabilitation professionals.

Brox JI et al. (a). Randomized clinical trial of lumbar instrumented fusion and cognitive intervention and exercises for the post-laminectomy syndrome. *Annals of the Rheumatic Diseases*, 2003;62 (suppl):229.

Brox JI et al. (b). Randomized clinical trial of lumbar instrumented fusion and cognitive intervention and exercises in patients with chronic low back pain

and disc degeneration, *Spine*, 2003; 28:1913-21.

Fairbank J et al., Randomized controlled trial to compare surgical stabilisation of the lumbar spine with an intensive rehabilitation programme for patients with chronic low back pain: The MRC Spine Stabilisations Trial, *BMJ*, 2005; 330:1233-9.

van Tulder M et al., European guidelines for the management of chronic non-specific low back pain, European Commission Research Directorate General Cost Action B 13 Low Back Pain: Guideline for Its Management.

Rainville J et al., Exploration of physicians' recommendations for activities in chronic low back pain, *Spine*, 2000; 25:2210-20

Melissa Walter

Patient Satisfaction With Spinal Treatments: The Paradox of Back Care

Since its inception, Gregory Terrace Rehabilitation has sought feedback regarding patient satisfaction from all patients that have attended our Back Rehabilitation Program.

While most people would agree that patient satisfaction with treatment outcomes is a key measure of quality in spine care, it does not necessarily correlate in terms of objective treatment outcomes.

In an article written by the Editors of The Back Letter, the paradox of whereby patients who receive mediocre outcomes from spine care / spinal treatment often report high levels of satisfaction in both surgical and non-surgical settings.

They cite a recently published FDA - regulated randomized controlled trial evaluation of the Charite' Artificial Disc.

In the trial 69.9% of patients who received an artificial disc expressed satisfaction with their treatment at 24 months. Yet only 57.1% of the patients who received disc replacement had a successful result by the study's criteria.

The authors state that the study found that many of the patients deemed as treatment failures expressed that they would have this procedure again.

The authors note that "influences on patient satisfaction may be remarkably complex".

"Issues such as personal definitions of illness and wellness, the position of the patient in society and the socioeconomic system, and the relationship between injury and the sense of self" were mentioned as issues that have an impact on patient satisfaction levels.

This paradox should stand as a reminder to all spine care providers that they are treating complex patients with back problems and not just the anatomic defects *per se*.

Melissa Walter

Did you know ?

That Rehabilitation Case Managers and Workplace Rehabilitation Coordinators 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 GTR. Please call Narelle Nolan on 38315538 to arrange attendance.

That previous editions of The Back Page are available from our website www.gregorytcerehab.com.au

Don't Forget Date for your Diary

08 March 2006 @ 6 pm

*Pinot by the Pool
Wine Tasting*

hosted by Bill Ryan

Our Guest Speakers will be

Dr Sarah Angel

&

Ms Ronita Neal

Psychology Advisors
WorkCover Queensland

"Factors affecting outcomes

of psychological injury claims

in a

worker's compensation system"

Conference Calendar

Risk Assessment and Management of Occupational Stress Syndromes

30 March 2006
Brisbane Novotel

Beyond Pain Managing Chronic Pain to Drive Productivity and Occupational Functioning

29 March 2006
Vibe Hotel Sydney

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Australian Rehabilitation Providers Association National Injury Management & Prevention Conference

Transition and Change

27 to 28 April 2006
Hyatt Regency Adelaide Hotel

Consec - Conference Management

Ph: 02 62510675
Fax: 02 62510672
Email: arpa06@consec.com.au
Website: www.arpa.com.au

25th Annual Scientific Meeting of the American Pain Society (IASP Chapter)

03 - 06 May 2006
San Antonio, Texas USA

Email: info@ampainsoc.org
Website: www.ampainsoc.org

The International Society for the Study of the Lumbar Spine 33rd Annual Meeting

13 to 17 June 2006
Bergen Norway

Website: www.ISSLS.org

European Federation of IASP Chapters (EFIC)

Pain in Europe

13 - 16 September 2006
Istanbul, Turkey

Email: efic@internet.gr
Website: www.efic.org

Research Update

Reliability of rating low back pain with a visual analogue scale and a semantic differential scale. Olaogun, Matthew; Adedoyin, Rufus; Ikem, Innocent; Anifaloba, Olubusayo. *Physiotherapy Theory and Practice* June 2004 20 (2) 135-142(8)

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Predictors of return to work in patients sick listed for sub-acute low back pain: A 12-month follow-up study. Storheim, K; Brox, JI; Holm, I; Bo, K. *Journal of Rehabilitation Medicine* 2005 37 (6) 365-371

The Effect of Opioids on Driving and Psychomotor Performance in Patients With Chronic Pain.

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Back Schools for Nonspecific Low Back Pain: A Systematic Review Within the Framework of the Cochrane Collaboration Back Review Group.

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Is lumbar spinal surgery more effective than intensive rehabilitation for management of low back pain? Pither, C. *Nature Clinical Practice Rheumatology* 2005 1 (1) 20-21

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