

CHRONIC LOW BACK PAIN (CLBP):

The benefits of early intervention

It makes sense that “The earlier the intervention the better the patient outcome” – but what does the evidence for prevention and treatment of chronic low back pain tell us?

The 3 key findings are:

1) Manual therapy has been shown in the early stages to assist with pain relief for CLBP and facilitate a rapid return to work and normal activities.

- Evidence shows that manual therapy, in conjunction with exercise, provides by far the best outcome for reducing pain and disability in the early stages of treatment and really should be included in the initial consultation for CLBP (Salate et al. 2011).

2) Early exercise intervention and education reduces the fear of movement which prevents further disability and de-conditioning.

A study by Liddle (2007) investigated patient perceptions surrounding personal experiences, opinions and treatment expectations of those with CLBP and found that the most effective approach involved:

- Early treatment,
- Individually tailored advice,
- Exercise programs with supervision and follow-up support
- Education to allow understanding of the physical and emotional impact of CLBP

3) Improving patient’s movement patterns improves their outcomes.

A recent study published in Brain Magazine revealed interesting findings surrounding changes in the brain as patients move from a sub-acute to a chronic state (Javeria et al. 2013).

The study highlighted that brain activity for back pain in the early, acute/sub-acute stages is limited to regions involved in acute pain. Whereas, in the chronic pain group, activity is confined to the emotion related circuitry. This more emotional perception of pain and the lack of understanding as to why the pain still exists, negatively reinforces to the patient to avoid all painful movements. Ultimately this leads to inactivity, depression and anxiety.

Improved movement patterns promotes cortical reorganization of the neural network pathways, helping prevent chronicity (Javeria et al. 2013). This operant conditioning type approach teaches the patient to be able to move without fear which ultimately allows the patient to exercise sooner (Bunzli et al. 2011).

In Summary,

The literature suggests the keys to a good outcome are:

- ✓ Refer for treatment early as manual therapy may help (see Low Back Fact Sheet over page)
- ✓ Ensure both acute and chronic patients are undergoing a supervised active rehabilitation program, including rapid return to work and normal activity
- ✓ Retraining of optimal movement patterns, education and reassurance.

LOW BACK PAIN – Fact Sheet

Physio can help if:

- ✓ The pain is thought to be mechanical i.e. Exacerbated by joint and muscle tests.
- ✓ The pain is aggravated by poor movement patterns or postures.
- ✓ The pain persists for more than four weeks.
- ✓ The chronic pain has not had an active rehabilitation program before.



What we do:

- Thorough musculoskeletal assessment and analysis of faulty movement patterns and postures.
- Manual Therapy: To reduce pain, allowing quicker return to work and normal activities.
- Home Stretching programs: 'as above' puts the patient in control.
- Core Stabilisation training: Helps to reduce pain and prevent recurrences.
- Postural and ergonomic advice: Enables a faster pain-free return to normal activities.
- Graded Activity and Return to work plans: Step by step plans to help guide patients back to their normal activities as soon as possible.
- Reassurance: Encouragement, advice to stay active, limit fear-avoidance behaviour etc.