

Treating Symptomatic LBP: Show us the evidence!

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Low Back Pain

- 60-80% will have > 1 disabling episode
- 85% - cause unknown



He couldn't find a thing wrong with me -
must be a quack!

Low Back Pain

- Costs > \$12B in WC alone
- 10% of cases – 85% total costs
- Cyclic popularity of new & unproven technologies

LBP - treatment?

- Guidelines – hundreds available
- Few address those with prolonged difficulties
- 3 key controversial areas:
Physical modalities
Functional restoration
Medications

Some of the ways that health care affects disability...

- Rx ® functional improvement ® re-employment, more productivity
- Patient education ® fear or eager RTW
- Medicalization and referrals
- Certification of disability

Disease vs. Disability

- Treating **disease** – medical, pharmacy, rehabilitation
- Treating **disability** – accommodations, job modification, activity restriction, retrain, assistive device

Where is the cutting edge?



Physical therapies

- Functional, RTW outcomes similar to chiropractic treatment
- PT = 22% of total WC medical costs
- In WC, about 60% appear to clearly exceed published guidelines
- Do some providers have more success with these treatments?
- What is the appropriate role for various physical modalities?

Medical care that targets disability issues

- **Low back pain**
 - CBI - adverse effect (Sinclair, Spine, 1996)
 - Functional restoration
 - » PRIDE program as example
- **Indahl Study - subacute LBP**
(Spine, 1995)
 - Medical issues thoroughly resolved
 - Uniform advice: avoid back fibrosis
 - 2X RTW at 1-yr f/u

Restoring Function – what works best?

- **Recent studies** (ex: Skoven, Spine, 2002)
 - Resolve medical issues
 - Address fear-avoidance
 - Encourage activity
 - Graded individualized exercise

Opioids and LBP

(Fanciullo, G., *Spine*, 2002)



- **Recent - in usage and dose**
 - 35% acute LBP in one study
 - Oxycontin rise & fall
- **Typical pain reduction only 30% in chronic RX** (Turk, *Clin J Pain*, 2002)
- **National Spine Network: only 3.4%**
- **Oxycontin: >10% iatrogenic addiction**

- **Bob Keller, MD**
Mid Maine Medical Center
Associate Professor, Dartmouth Medical School
"the Maine Osteopathic Outcomes"
- **Jim Rainville, MD**
Chief, Physical Medicine and Rehab,
NE Baptist Hospital
"Exercise for LBP: what it can and can't do for your patients"
- **Gerald Aronoff, MD**
Chair, Dept. Of Pain Medicine, Presbyterian
Orthopedic Hospital "Effective Pharmacologic
Management of LBP - preventing disability"