

2011



WWW.TEXTPTS.COM

PHONE: 888-658-8483

# Low Back Pain

## Meet Claire

Claire is a 32 year-old female who complained of low back pain after lifting some heavy items at home last week. Before physical therapy Claire had the following:

- Constant low back pain rated as a 7/10
- Painful forward bending
- Unable to partake in recreational activities

### Intervention:

After her initial evaluation, Claire's physical therapist began treatment using a clinical prediction rule for the lumbar spine. This treatment was based on Claire's physical examination findings matching her to a high likelihood of success from receiving a combination of **spinal manipulative treatment & exercise**. She was seen for a total of **4 visits over 3 weeks**.

### Results:

- Claire's pain has completely resolved (0/10)
- She is able to perform forward bending motions without pain
- Claire has resumed her family and recreational activities without limitations



*Claire's name has been changed to protect patient privacy.*

At Texas Physical Therapy Specialists, we use an evidence-based approach to help people with low back pain get back to where they once belonged.

Locations near you: New Braunfels, Selma, San Marcos, Bulverde/Spring Branch, StoneOak, Balcones Woods, Bee Caves, Central Park, Pflugerville, Westgate, Tyler

Visit our website or call for more information. We welcome any questions you may have.

### What Works

- **Manipulation + exercise** results in a 50% reduction in disability and pain within 1 week 90% of the time.<sup>1,2</sup>

- **A Treatment-Based Classification Approach** that identifies subgroups of patients based on response to specific intervention rather than labeling based on pathoanatomical findings.<sup>3</sup>

### What Doesn't Work

- **Medication** (NSAIDs & muscle relaxants) have only a short-term effect for reducing acute low back pain.<sup>4,5</sup>

- **Passive interventions and modalities** have not been shown to be effective for significantly reducing LBP symptoms and disability.

## Learn How a Physical Therapist Can Help You

Your physical therapist is an expert in the non-surgical treatment of musculoskeletal conditions and can help you recover the use of joints and muscles through manual physical therapy, active supervised exercise, and education. The physical therapist will help reduce your pain, promote healing, and restore strength, function and movement so you can return to normal activity as quickly as possible!

Don't settle for imitations! Only a licensed physical therapist can provide effective physical therapy care. A physical therapist is a licensed healthcare professional who has successfully completed years of rigorous medical training and has been licensed by the state. Board-certified physical therapists are designated as Orthopedic Clinical Specialists (OCS).

Newest Research — Fewer Visits — Best Results™

2011



WWW.TEXTPTS.COM

PHONE: 888-658-8483

# Low Back Pain

## We Can Help Claire

**Low back pain is common, disabling, and the most costly pain to treat in the US affecting up to 90% of the population.<sup>6,7</sup>**

**Specific pathoanatomic diagnoses can rarely be made with abnormal MRI and X-Ray findings noted in individuals without low back pain.** This means that usually no specific cause for lower back pain can be identified.<sup>8,9,10,11</sup>

**A combination of manipulation and exercise directed at the lumbar region has been found to be 92% effective** when applied to appropriate patients.<sup>1</sup> Further research has suggested patients are 8 times more likely to experience a worsening of symptoms when meeting the clinical prediction rule but not receiving the appropriate treatment.<sup>1,12</sup>

**Fact:** Patients who received manipulation and exercise for LBP had superior improvements in disability and pain at 3 and 12 months than those who received advice and a back care booklet.<sup>13</sup>



*Claire's name has been changed to protect patient privacy.*

**National Leaders:**  
Member of the EIM Clinical Education Network and Host site of EIM Orthopaedic Residency and Orthopaedic Manual Physical Therapy Fellowship programs.



**Proven success:** Impressively low average of patient visits keep costs low

**Convincingly clear evidence:** a combination of manual physical therapy and exercise is the most effective approach for treating your low back pain.

**Spinal manipulation** is a cost effective addition to “best care” for back pain in general practice.<sup>13</sup>

**Texas Physical Therapy Specialists** requires our therapists to have the highest level of training available in the US. (Including Fellows in Manual Therapy or Board Certified in Orthopedics, which only 2% of Physical Therapists have obtained).

**We ensure your patients receive the highest level of care possible for your patients and unsurpassed **AmaZing!** Customer Service.**

## Rely On The Newest Research and Evidence

1. Childs, J. D., Fritz, J. M., Flynn, T. W., Irrgang, J. J., Johnson, K. K., Majkowski, G. R., et al. (2004). A clinical prediction rule to identify patients with low back pain most likely to benefit from spinal manipulation: a validation study. *Ann Intern Med*, 141(12), 920-928.
2. Flynn, T., Fritz, J., Whitman, J., Wainner, R., Magel, J., Rendeiro, D., et al. (2002). A clinical prediction rule for classifying patients with low back pain who demonstrate short-term improvement with spinal manipulation. *Spine*, 27(24), 2835-2843.
3. Fritz, J. M., Cleland, J. A., & Childs, J. D. (2007). Subgrouping patients with low back pain: evolution of a classification approach to physical therapy. *J OrthopSports Phys Ther*, 37(6), 290-302.
4. Van Tulder, M. W., Scholten, R. J., Koes, B. W., & Deyo, R. A. (2000). Nonsteroidal anti-inflammatory drugs for low back pain: a systematic review within the framework of the Cochrane Collaboration Back Review Group. *Spine*, 25(19), 2501-2513.
5. Van Tulder, M. W., Touray, T., Furlan, A. D., Solway, S., & Bouter, L. M. (2003). Muscle relaxants for nonspecific low back pain: a systematic review within the framework of the cochrane collaboration. *Spine*, 28(17), 1978-1992.
6. Deyo, R. A., Mirza, S. K., & Martin, B. I. (2006). Back pain prevalence and visit rates: estimates from U.S. national surveys, 2002. *Spine*, 31(23), 2724-2727.
7. Stewart, W. F., Ricci, J. A., Chee, E., Morganstein, D., & Lipton, R. (2003). Lost productive time and cost due to common pain conditions in the US workforce. *Jama*, 290(18), 2443-2454.
8. Deyo, R. A., & Phillips, W. R. (1996). Low back pain. A primary care challenge. *Spine*, 21(24), 2826-2832.
9. Burton, A. K., & Waddell, G. (1998). Clinical guidelines in the management of low back pain. *Baillieres Clin Rheumatol*, 12(1), 17-35.
10. Boden, S. D., McCowin, P. R., Davis, D. O., Dina, T. S., Mark, A. S., & Wiesel, S. (1990). Abnormal magnetic-resonance scans of the cervical spine in asymptomatic subjects. A prospective investigation. *J Bone Joint Surg Am*, 72(8), 1178-1184.
11. Witt, I., Vestergaard, A., & Rosenklint, A. (1984). A comparative analysis of x-ray findings of the lumbar spine in patients with and without lumbar pain. *Spine*, 9(3), 298-300.
12. Childs, J. D., Flynn, T. W., & Fritz, J. M. (2006). A perspective for considering the risks and benefits of spinal manipulation in patients with low back pain. *ManTher*, 11(4), 316-320.
13. United Kingdom back pain exercise and manipulation (UK BEAM) randomised trial: cost effectiveness of physical treatments for back pain in primary care. (2004). *Bmj*, 329(7479), 1381.