

2004

International low back pain guidelines: A comparison of two research based models of care for the management of acute low back pain.

Benedict Wand

University of Notre Dame Australia, benedict.wand@nd.edu.au

C Bird

James H. McAuley

Maureen MacDowell

Lorraine H. De Souza

Follow this and additional works at: https://researchonline.nd.edu.au/health_conference



Part of the [Medicine and Health Sciences Commons](#)

This conference paper was originally published as:

Wand, B., Bird, C., McAuley, J. H., MacDowell, M., & De Souza, L. H. (2004). International low back pain guidelines: A comparison of two research based models of care for the management of acute low back pain.. *Australian Physiotherapy Association 8th International Physiotherapy Congress*.

This conference paper is posted on ResearchOnline@ND at https://researchonline.nd.edu.au/health_conference/12. For more information, please contact researchonline@nd.edu.au.



International low back pain guidelines: a comparison of two research based models of care for the management of acute low back pain.

Wand BM¹, Bird C², McAuley JH³, Doré CJ⁴, MacDowell M², and De Souza LH³

¹The University of Notre Dame, Fremantle, ²Central Middlesex Hospital, London UK, ³Brunel University, London UK, ⁴MRC Clinical Trials Unit, London UK.

Evidence based guidelines for the management of acute low back pain (ALBP) have been formulated by numerous countries. There are discrepancies between guidelines regarding physiotherapy treatment. The aim of this study was to compare two research based models derived from international LBP guidelines. A single-blind randomised controlled trial was undertaken in a physiotherapy outpatients department. Subjects with ALBP were randomly allocated to an 'assess/advise/treat' group (n = 50) or an 'assess/advise/wait' group (n = 52). The primary outcome measure was the Roland and Morris Disability Questionnaire (RMDQ). Secondary outcome measures of pain (VAS, usual pain intensity) depressive symptoms (MZSRDS) somatic distress (MSPQ) anxiety (STAI) quality of life (SF36) and general health (EuroQol) were also obtained. Outcomes were assessed at 6-weeks, 3-months and 6-months. At 6-weeks subjects in the assess/advise/treat group demonstrated less LBP related disability ($p = 0.02$) and depressive symptoms ($p = 0.01$), as well as better general health ($p = 0.006$, $p = 0.05$), vitality ($p < 0.001$), social functioning ($p = 0.004$) and mental health ($p = 0.002$). At long-term assessment (3 and 6 months) subjects in the assess/advise/treat group were less distressed ($p = 0.004$), anxious ($p = 0.01$) and had fewer depressive symptoms ($p = 0.001$), as well as reporting better general health ($p = 0.009$, $p = 0.05$), emotional role ($p = 0.03$) and mental health ($p = 0.04$). Active physiotherapy produces better short-term outcomes than advice. Delaying treatment has no long-term consequences on pain or disability, but affects the development of psychosocial features.

Word Count = 250

Abstract to be peer reviewed

Oral presentation

Musculoskeletal physiotherapy

I wish to be considered for:

- Award for excellence in research ✓
- Research in rehabilitation
- Research in acute management
- New researchers award ✓