

Benefit of early physical therapy for low-back pain appears modest

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Early physical therapy for recent-onset low back pain resulted in statistically significant improvement in disability compared to usual care, but the improvement was modest and did not achieve a difference considered clinically important at the individual patient level, according to a study in the Oct. 13 issue of *JAMA*.

Lifetime prevalence of [low back pain](#) (LBP) is about 70 percent and accounts for 2 percent to 5 percent of all physician visits. The effect of early [physical therapy](#) for LBP is unclear. Guidelines advise delaying referral to physical therapy or other specialists for a few weeks to permit spontaneous recovery. Findings from recent observational studies suggest that some patients may benefit from early physical therapy.

Julie M. Fritz, Ph.D., P.T., of the University of Utah, Salt Lake City, and colleagues randomly assigned 220 patients with recent-onset LBP to early physical therapy (n = 108; consisted of 4 physical therapy sessions [manipulation and exercise]), or usual care (n = 112; no additional interventions during the first 4 weeks). All participants received back pain related education. One-year follow-up was completed by 207 participants (94 percent).

For the primary study outcome, early physical therapy showed improvement compared to usual care on a measure of disability after 3 months. A significant difference was not found for disability between groups at 1-year follow-up. There was no improvement in pain intensity at 4-week, 3-month, or 1-year follow-up. Most differences between

groups were modest. There were no differences in health care utilization at any point.

"We found that patients in both groups improved rapidly. Rapid and substantial improvement by most patients with acute LBP limits treatment effects in early intervention studies. We detected a modest difference favoring early physical therapy that was better than the natural history of acute LBP for the primary outcome at 3-month follow-up. However, the between-group difference did not achieve the threshold for minimum clinically important difference. Furthermore, differences were mostly undetectable by 1 year," the authors write.

More information: [DOI: 10.1001/jama.2015.11648](https://doi.org/10.1001/jama.2015.11648)

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