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Fysiotherapie
2006

FysioExpo
10/11 november RAI Amsterdam

CSP Clinical guidelines for the management of persistent LBP: exercise therapy & manual therapy

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Purpose

Develop clinical guidelines that:

- give detail for physiotherapists
- are based on high quality research evidence
- use expert consensus where the research evidence is incomplete



Relevance

- Priority for CSP members
- Persistent LBP is prevalent & costly
- Lifetime prevalence is up to 84%
(European GLs)



These guidelines include

People between 18 and 65 years with:

- non-specific LBP
- pain for 6 weeks or more

people may also have:

- leg pain
- pain in other spinal areas



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Participants: the guideline development group (GDG)

- Clinical specialists – McKenzie, manual therapy, hydrotherapy
- Researchers
- Managers & a policy maker
- Patient representation
- Guidelines experts
- UK wide representatives



De fysiotherapeut



Specialist in beweging

Participants: the nominal consensus group included

- 12 GDG members
- 11 other experts in persistent LBP



Methods: 2003 - 2004

- The scope
- Establishing the GDG
- The systematic review



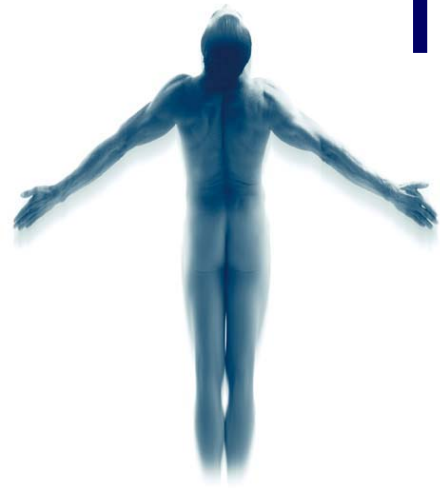
The Systematic review

Sought evidence from:

- **Large trials** (≥ 40 people / group)
- **Quality trials** (≥ 5 on adapted
van Tulder scale)
- **Robust statistical analysis**
(differences between groups)



Guidelines for all modalities impractical to develop!



2005: pragmatic decision - **part 1**
exercise & **part 2** manual therapy

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Part 1: exercise



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The clinical questions

Exercise

- Is **exercise** more effective in terms of improving **health status** of people with persistent LBP than no active intervention?
- 24 component questions



8 types of exercise considered

- Mobilising
- Strengthening
- Supervise aerobic
- Unsupervised walking
- General
- Core stability
- Hydrotherapy
- McKenzie



3 areas of health status

- Reduced pain
- Improved function
- Improved psychological status



E.g. of a component question

Is **mobilising** exercise more effective than no active intervention in **reducing pain** for people with persistent LBP?



24 clinical questions for exercise

- 7 answered by the research evidence
⇒ grade **A** recommendations
- 17 considered by the expert nominal consensus group



Nominal consensus

- 1st round questionnaire by email
3-point Likert scale
Consensus - 75% - removed
- Electronic conference
- 2nd round questionnaire



Of the 17 consensus questions

- 5 were agreed by the 1st round
- 9 were agreed by the 2nd round

These led to grade **C** recommendations

- 3 were not agreed

No recommendations made



Exercise: key recommendation

People with persistent LBP should be given the opportunity to participate in an exercise programme, in a form appropriate and acceptable to each individual, after physiotherapy assessment

A



Supervised exercise

To reduce pain one or more of the following should be considered:

- Strengthening exercises **A**
- Organised aerobic exercises **A**
- General exercises **A**
- McKenzie exercises **A**
- Mobilising exercises **C**
- Hydrotherapy exercises **C**



Application of exercise

- **Individual health status** should be considered when choosing the type and pace of an exercise intervention

D

- **Psychosocial assessment** of people's beliefs and willingness to participate in an exercise programme should be carried out

D



Key research recommendation

Are there identifiable **sub-groups** of people with persistent LBP who respond best to particular types of exercise?



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Part 2: manual therapy



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Manual therapy includes

- Massage
- Mobilisation & manipulation i.e.
Mobilisation – low-through-high amplitude passive movements
Manipulation – high velocity low amplitude passive movements



6 clinical questions for manual therapy

- 2 answered by the research evidence
⇒ grade **A** recommendations
- 4 considered by the nominal consensus group: no recommendations



Key recommendation for MT

Manual therapy, if used, should be part of a package of interventions that includes exercise and self-management to reduce pain, improve function and improve psychological status for people with persistent LBP

A



Dissemination

The guidelines pack will include:

- Part 1: exercise
- Part 2: manual therapy
- Quick reference guide (QRG)
- Audit tool

(QRG and audit tool \Rightarrow implementation)



Reflection on the processes

- Size of the project
- Reliance on consensus
- Decisions – include 6 wks LBP?
- Including RCTs only?
- Electronic communication
- Patient representation



Conclusion

The guidelines outline the most effective use of exercise and manual therapy for people with persistent LBP. Gaps in the evidence emphasise areas for future research.



The future

- CSP's guidelines programmes has run for 7 years
- Spring 2006 – guidelines review presented by Ralph Hammond at 14.00



Acknowledgements

- The back pain GDG
- The nominal consensus group
- CSP colleagues, librarians, administrators etc.
- The Guidelines endorsement panel
- The reviewers of the documents
- Many experts that we consulted



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All feedback welcomed

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Thank you!



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