



## **Early Physical Therapy Treatment More Beneficial Than Wait and See Approach for Patients with Acute Low Back and Neck Pain**

In *Spine Journal* two randomized controlled trials have demonstrated that early Physical Therapy intervention leads to improved outcomes in patients with acute neck and low back pain.

Current guidelines for primary management of acute low back pain advocates advice on staying active and appropriate drug therapy are preferable over bed rest and general back exercises. It has been a long standing belief that most patients with low back pain will recover without treatment in 4-6 weeks, recent evidence has shown this to not be true.<sup>2, 5</sup> An article in 2004 by Wand<sup>7</sup> demonstrated that early PT intervention lead to better outcomes in at both short and long-term follow-up for patients with acute low back pain. Patients were randomly assigned to treatment group, each group was assessed at baseline and advised to stay active, one group was immediately sent to begin PT treatment while the other group received PT 6 weeks from baseline. At six weeks patients assigned to the treatment group reported significantly lower disability and fewer symptoms of depression and anxiety and had better quality of life, vitality, social functioning, and mental health. At six months patients in the treatment group maintained significantly improved outcomes in symptoms of depression, somatic distress, and anxiety, had better quality of life and mental health, and reported less interference of emotional problems in everyday activity. Similarly, in a randomized controlled trial performed by Fritz<sup>1</sup> comparing patients with acute low back pain who received Physical Therapy utilizing a treatment based classification system against patients receiving treatment corresponding with practice guidelines of advice to remain active, general exercise, and assurance that most low back pain will resolve itself. Results demonstrated a significant difference favoring the classification group in terms of Oswestry Score, SF-36, patient satisfaction, and return to work at 4 weeks. At one year Oswestry score still favored the PT group and medical costs for 1 year after injury were \$1003.68 for the guidelines group and \$774.00 for the PT group.

In the treatment of acute neck pain literature shows greater benefit in a multimodal physical therapy treatment approach utilizing both manual therapy and exercise is both more effective, and more cost effective, than a minimal approach. In a recent article by Walker<sup>6</sup> patients with neck pain were randomly assigned to receive physical therapy including manual treatments and exercise or advice to remain active, ROM exercise, sub-therapeutic ultrasound, and instruction for continued prescription medication usage. Both groups were treated for three weeks. Follow-up at 3 weeks, six weeks, and one year favored the

manual physical therapy approach over the minimalistic approach for outcomes in neck disability, neck pain, upper extremity pain, and patient perceived improvement. This study supports earlier studies by Hoving<sup>3</sup> and Korthals-de Bos<sup>4</sup> which demonstrated improved outcomes and cost effectiveness for patients with neck pain who received physical therapy treatments over standard care.

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