PHYSICAL THERAPY
MANAGEMENT OF THE LUMBAR SPINE

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The Shift

- What do I have?
- Can it be fixed?
The Shift

- What is the problem?
- Will it improve?
- How long will it take to improve?
Classification Systems for treating the lumbar spine

- Robin McKenzie Posture, Dysfunction, Derangement
Food for Thought
Julie Fritz, PhD, PT & Anthony Delitto, PhD, PT

- Treatment Based Classification Approach to Low Back Pain.
TBC

- Appropriateness
- Staging the Patient based on severity/acuity
- Treatment approaches
Appropriateness

- Pain diagram
- NPRS
- Red Flags
- Non-organic pain indicators
- Modified Oswestry
Appropriateness

- Level 1 - can be treated by physical therapist
- Level 2 - can be treated with collaborative effort of specialist
- Level 3 - referral to specialist
Red Flag Questions

- Do you have any ongoing disease processes?
- Have you experienced recent weight loss of more than 10 pounds in last 6 months?
- Do you have any irregular bowel or bladder issues?
- Do you have any irregular menstrual issues?
- Have you experienced any rectal bleeding?
- Have you experienced any pain that wakes you at night or night sweats?
- Have you experienced any numbness in the buttocks or genital area?
- Have you had any visits to the ER due to pain
- Have you had any long-termed cortisone use?
Non-Organic Questions

- Has ALL treatment for this condition made you worse?
- Do you get pain at the tip of your tailbone?
- Does your ENTIRE leg ever become painful?
- Does your ENTIRE leg ever become numb?
- Does your leg ever give way?
- Have you had any periods of little to no pain in the past year or during this episode?
Staging the Patient

- ODI score 40% + pain modulation
- ODI score 20-39% restoration of movement
- ODI score below 20% restoration of function
Treatment approaches

- Manipulation
- Stabilization
- Specific exercises
- Traction
Manipulation

- Recent onset of symptoms
- Localized low back pain
- Hypomobility of lumbar spinal segment
- Low FABQ
Flynn et al 2002

- Onset less than 16 days
- No pain below the knee
- Hypomobility of lumbar segment
- One hip IR greater than 35 degrees
- FABQ less than 19

- 4/5 95% success rate
- 3/5 68% success rate
Specific Exercises

- Flexion biased
- Extension biased
Traction

- + crossed SLR
- Peripheralization of symptoms with extension
- Pain radiating into lower extremity
Stabilization exercises

- Younger in age
- + prone instability test
- Aberrant motions
- SLR greater than 90 degrees
- Recurrent episodes
Results

- $774 per episode of care for TBC vs $1,004 for APTA guide
- 4 weeks significant increase in RTW
- 4 weeks significant decrease in ODI
Case #1

- 27 y/o male, Firefighter working on light duty with restrictions
- c/o R LBP, R buttock pain to posterior thigh
- Onset of 10 days
- Agg: bending, sitting +20 min., coughing & sneezing
- Easing: standing, walking, lying down with in 5 min
- FF 25 degrees increase LBP and leg pain, EXT 28 degrees with LBP, slight left lateral shift, central PA @ L4, L5 increased LBP, + R SLR at 40 degrees, -L SLR up to 70 degrees, unremarkable clinical neurological assessment, FABQ low, ODI 48%, NPRS 5/10
Results

- 5 visits
- RTW without restrictions
- ODI 6%
- PPI 95%
- NPRS 1/10
What’s the Point?
Expectations of your PT

- Use of Classification system
- Determination of appropriateness of treatment
- Treatment based on severity/acuteity
- Appropriate/concise/effective communication with referral source/employer/insurance company/patient
- Learning environment
Questions