

Wickizeer TM, Franklin G, Plaeger-Brockway R, Mootz R, Drylie D. Improving the quality of occupational healthcare in Washington State: new approaches to designing community-base health care systems. *J Ambulatory care Manage* 2002;25:43-52

Washington State has tried managed care as a method to treat injured workers, however: "The cost savings achieved through managed care came at the price of reduced patient satisfaction." But there may be other methods, rather than managed care, to reduce costs and of course hopefully preserve patient satisfaction.

Data on injured workers showed that missing work for 3 to 6 months due to on the job injury caused a great reduction of the chance that this worker would ever return to work. The authors note that for musculoskeletal and back injuries a group of 5 to 10% of the injured workers account for 75 to 80% of the total cost of compensation.

But is there anything that can be done. Well one key is to perform an "assessment for impediments to return to work." The authors felt that performing a formal assessment of impediments to return to work four weeks after the injury, "may have a significant effect on reducing long-term disability."

Something that you might consider.

Linton S. A review of psychological risk factors in back and neck pain. *Spine* 2000;9:1148-56

This review of the literature found a link between such factors as, stress, distress, anxiety, mood, emotions, cognitive functioning and pain behavior and spinal pain. The author felt, "Because psychological factors clearly are related to neck and back pain, it is concluded that efforts should be made to incorporate this information better into clinical practice to enhance assessment and treatment."

To get all the information read: Linton S. A review of psychological risk factors in back and neck pain. *Spine* 2000;9:1148-56

Borkan J, Van Tulder M, Reis S, Schoene ML, Croft P, Hermoni D. Advances in the field of low back pain in primary care: a report from the fourth international forum. *Spine* 2002;27:E128-E132

The conference appeared to support a shift from thinking about the nature of back pain. There is a move to think about it more as a multifactorial biopsychosocial pain syndrome as opposed to a biomedical injury.

There was thought, at the conference, that lower back pain can be managed "through a combination of encouraging activity, reassurance, short-term symptom control and alteration of inappropriate beliefs about the correlations of back pain with impairment and disability."

If you feel there are other factors that should be added to this laundry list of treatment procedures, perhaps you should attend some of these types of conferences, or better still, perhaps a good study would be in order. But until then read: Borkan J, Van Tulder M, Reis S, Schoene ML, Croft P, Hermoni d. Advances in the field of low back pain in primary care: a report from the fourth international forum. *Spine* 2002;27:E128-E132

Atlas ST, Volinn E. Classics from the spine literature revisited: a randomized trial of 2 versus 7 days of recommended bed rest for acute low back pain. Spine 1997;22:2331-7

The literature has apparently entered into an era of, when possible, returning patients to activity as soon as is reasonably possible to facilitate a return to work. However, that has not always been the case in practice. This article revisits the discussion. The authors looked at comparing 2 days of bed rest for acute low back pain to the use of 7 days of bed rest. It will probably come as no surprise to you that the patients who had, "...2 days of bed rest had significantly fewer days of work absence than those recommended 7 days."

It would be quite interesting to see how many providers still utilize bed rest as an initial treatment method in significant numbers of patients with uncomplicated lower back pain.

What do you do?

The article is: Atlas St, Volinn E. Classics from the spine literature revisited: a randomized trial of 2 versus 7 days of recommended bed rest for acute low back pain. Spine 1997;22:2331-7. Enjoy!

Koes BW, vanTulder MW, Ostelo R, Burton AK, Waddell G. Clinical guidelines for the management of low back pain in primary care: an international comparison. Spine 2001;22:2504-14

The authors looked at guidelines concerning the management of low back pain in primary care from 11 countries from 1994 to 2000. They indicated, "In general patients should be reassured that they do not have a serious disease and that the prognosis is generally favorable..."

The authors point to three consistent features of these guidelines:

- (1) There should be an "early and gradual activation of patients."
- (2) The guidelines discourage prescribed bed rest.
- (3) They recognize that there are psychological risk factors for chronicity.

While few would really like to read all 11 guidelines you might be interested in reading this article: Koes BW, vanTulder MW, Ostelo R, Burton AK, Waddell G. Clinical guidelines for the management of low back pain in primary care: an international comparison. Spine 2001;22:2504-14.

Let me know what you think?

Hoving JL, Gross AR, Gasner D, Kay T, Kennedy C, Hondras MA, Haines T, Bouter LM. A critical appraisal of review articles on the effectiveness of conservative treatment for neck pain. Spine 2001;26:196-2k05

This article looks at 25 articles, which reviewed the effectiveness of conservative care for neck pain.

These consisted of four primary categories:

- (1) manual therapy
- (2) physical medicine methods
- (3) drug therapies
- (4) education

In order for the authors to say that concordance had been reached, 75% of the articles discussing a particular treatment procedure had to reach a similar conclusion on that treatment procedure. When looking at manipulation there were 10 reviews and 4 of these also contained headache patients and the results were mixed. Of the seven reviews for traction all were

inconclusive. But this next statement sums it up best. "Regarding manipulation and traction , there is inconclusive evidence among reviews. Concordance regarding the effectiveness of other conservative interventions was absent." They also noted that many articles had methodological problems.

This article makes for interesting if uncertain reading. Hope you find it informative. Let me know after you read it.