



NICE guidelines recommend spinal manual therapy, including manipulation, for persistent low back pain

NEW DIRECTION FOR BACK PAIN TREATMENT? The NICE Low Back Pain Guideline, May 2009

By Karen McCreesh

A low back pain (LBP) management guideline (May 27th 2009) published in the UK by the National Institute for Health and Clinical Excellence (NICE)¹ has heralded a new, and in some opinions, controversial direction for UK clinicians involved in the management of patients with persistent LBP (non-specific, non-radicular LBP, present for 6 weeks to 12 months).

The guideline suggests that best care for persistent LBP is receiving appropriate advice (to be physically active and to carry on with normal activities as far as possible) and drug management (first line: paracetamol, then NSAIDs and weak opioids), in addition to referral for one of the following options: a structured exercise programme, a course of manual therapy including manipulation, or a course of acupuncture. (See "Treatment Choice" section)

Clearly, chartered physiotherapists are extremely well placed to provide all of these treatment options since we have expertise in

manual therapy, in tailoring exercise, in the provision of advice and education, and many are trained in the use of acupuncture. The manual therapies included in the review were spinal manipulation, spinal mobilisation and massage. Recommendations were that mobilisation and massage may be performed by a wide variety of practitioners, however manipulation is performed by chiropractors and osteopaths, or doctors and physiotherapists who have undergone specialist postgraduate training in manipulation. It is interesting to consider this recommendation in light of the increasing number of physiotherapy programmes including spinal manipulation in the undergraduate curriculum.

For patients who do not improve with these treatments, the guideline suggests that they be referred to a programme which combines intensive exercise and psychological treatment, such as that provided by specialist

pain clinics. Experts have identified that there is a severe shortage of such clinics in Ireland², and indeed significant further provision of such services will be necessary in the UK to support these guidelines.

Clearly the guidelines herald a significant shift in the clinical management of back pain, recommending acupuncture and manual therapy for the first time, while opposing the use of X-rays, MRI scans, and treatments such as traction, electrotherapy and injections. The implications for NHS staffing and consideration of whether these services are best provided in the public system or by private contracting has not been addressed by the guideline, and will have to be an important part of any implementation process.

CONTROVERSIES

The recommendations of the NICE Committee have met with varied and polarised opinions throughout the media and medical community.



Mainstream media has focused strongly on what it perceived as the "complimentary medicine" component of the recommendations, with typical headlines such as "Complementary therapies for back pain should be on NHS, says NICE"³.

On the other hand, many members of the medical community, in particular specialist pain consultants and anaesthetists, have reacted strongly to the conclusions of the guidelines regarding spinal injections. The Royal College of Anaesthetists calls the recommendations "seriously flawed" and have requested that NICE withdraw the guideline, while members of the Interventional Pain Medicine Group of the British Pain

Society have also issued a statement condemning the guidelines, suggesting that more patients will end up having spinal surgery when spinal injections may have been a more appropriate management option⁴.

The NICE Committee's recommendations regarding referral for surgery are an issue of much contention also. Surgery referral is reserved for "people who have completed an optimal package of care", including a Pain Management Programme (PMP). This is a confusing approach, as PMPs are generally best used for patients for whom surgical treatment is not appropriate – these patients are more likely to engage fully with the programme, on the assumption that there is no other effective treatment available. The guideline points out the fairly well accepted fact that many aspects of electrotherapy i.e. laser, interferential and ultrasound, do not have any significant benefit in back pain treatment, however they also categorise TENS as not useful.

The Chartered Society of Physiotherapists (CSP) has welcomed the new guidelines, with Prof. Ann Moore stating "The CSP is pleased that, combined with the benefits of self-referral to physiotherapy in the NHS, people will now have a choice of evidence-based therapies and programmes and be able to access those services in order to best meet their needs." Consultant physiotherapist Elaine Buchanan, who was a member of the guideline group, urged physiotherapists to increase training in acupuncture and manipulation to meet the likely increase in demand for these treatments.

Although these guidelines are not intended to influence practice in the Republic of Ireland, they should still make interesting reading for physiotherapists, researchers and educators working in the area of back pain.

TREATMENT CHOICE (NICE 2009)

- Consider offering a structured exercise programme tailored to the person. This should comprise of up to a maximum of 8 sessions over a period of up to 12 weeks. Offer a group supervised exercise programme, in a group of up to 10 people, or a one-to-one supervised exercise programme may be offered if a group programme is not suitable for a particular person.
- Consider offering a course of manual therapy, including spinal manipulation, comprising up to a maximum of nine sessions over a period of up to 12 weeks.
- Consider offering a course of acupuncture needling comprising up to a maximum of 10 sessions over a period of up to 12 weeks.
- Consider referral for a combined physical and psychological treatment programme, comprising around 100 hours over a maximum of 8 weeks for patients who have received at least one less intensive treatment and have high disability and/or significant psychological distress.

References

1. National Institute for Health and Clinical Excellence (NICE) LBP guideline: www.nice.org.uk/CG88
2. Fullen B, Hurley DA, Power C, Canavan D, and O'Keeffe D. The need for a national strategy for chronic pain management in Ireland. *Irish Journal of Medical Science*. 2006; 175(2): 68-73.
3. www.timesonline.co.uk/tol/life_and_style/health/article6368290.ece
4. www.dailymail.co.uk/health/article-1189359/New-cost-cutting-NHS-guidelines-backpain-lead-surgery.html

VOLUNTEER CHARTERED PHYSIOTHERAPISTS REQUIRED FOR WICKLOW CHALLENGE

The Fighting Blindness Wicklow Challenge is an action-packed weekend which will see teams of two or four people opt for the 70km competitive runners' route or the 45km walker's route in the Wicklow Mountains on Saturday 12th and Sunday 13th September.

Money raised from The Wicklow Challenge will help fund Fighting Blindness research projects in universities around Ireland. Our scientists are close to finding cures and treatments for blinding conditions affecting over 65,000 adults and children in Ireland and 40 million worldwide.

Volunteer chartered physiotherapists are required for 2-3 hours (possibly 6-9pm) on Saturday evening 12th September, in the Glendalough Youth Hostel for injury assessment and treatment.

If anyone is interested in donating their time to this please contact Emma Horgan on 01 709 3050 or emma.horgan@fightingblindness.ie



Anyone for golf?

Having rested up for a number of years I hope all our golfing members will be interested in taking to the fairways again. I am hoping to reactivate the golf society for Autumn 2009 and/or Spring 2010.

All previous members or prospective new members who are interested in restarting the society should contact me by e-mail bsgphysio@bonsecours.ie or mobile 087 6339128 and leave your name and contact details.

Many thanks
Geraldine O'Reilly, Galway