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International low back pain guidelines: a comparison of two research based models of care for the management of acute low back pain.

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Evidence based guidelines for the management of acute low back pain (ALBP) have been formulated by numerous countries. There are discrepancies between guidelines regarding physiotherapy treatment. The aim of this study was to compare two research based models derived from international LBP guidelines. A single-blind randomised controlled trial was undertaken in a physiotherapy outpatients department. Subjects with ALBP were randomly allocated to an 'assess/advise/treat' group (n = 50) or an 'assess/advise/wait' group (n = 52). The primary outcome measure was the Roland and Morris Disability Questionnaire (RMDQ). Secondary outcome measures of pain (VAS, usual pain intensity) depressive symptoms (MZSRDS) somatic distress (MSPQ) anxiety (STAI) quality of life (SF36) and general health (EuroQol) were also obtained. Outcomes were assessed at 6-weeks, 3-months and 6-months. At 6-weeks subjects in the assess/advise/treat group demonstrated less LBP related disability ($p = 0.02$) and depressive symptoms ($p = 0.01$), as well as better general health ($p = 0.006$, $p = 0.05$), vitality ($p < 0.001$), social functioning ($p = 0.004$) and mental health ($p = 0.002$). At long-term assessment (3 and 6 months) subjects in the assess/advise/treat group were less distressed ($p = 0.004$), anxious ($p = 0.01$) and had fewer depressive symptoms ($p = 0.001$), as well as reporting better general health ($p = 0.009$, $p = 0.05$), emotional role ($p = 0.03$) and mental health ($p = 0.04$). Active physiotherapy produces better short-term outcomes than advice. Delaying treatment has no long-term consequences on pain or disability, but affects the development of psychosocial features.

Word Count = 250

Abstract to be peer reviewed

Oral presentation

Musculoskeletal physiotherapy

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