



PT First for Patients with Low Back Pain

The Problem

A recent article in the Wall Street Journal, “A Novel Plan Helps Hospital Wean Itself Off of Pricey Test” (January 12th, 2007) reports on the cost containment efforts of Virginia Mason Medical Center. As physicians studied the course of treatment of dozens of patients at Virginia Mason Spine Clinic, it became clear that no standard procedures were being followed. Through the review, it was concluded that patients with low back pain were too often being referred to specialists or for expensive diagnostic testing when neither were warranted. These patients were then referred to physical therapy for treatment, most of which produced a successful outcome.

The Solution

The solution to cost containment was to develop a standardized path of evaluation and treatment for these patients. **Eliminating the unnecessary referral to specialists and unwarranted diagnostic testing helped contain costs and expedite beneficial treatment for these patients.**

The New Path (Cost \$900-1200/case)

1. Evaluation with physician
 - If no “red flags” refer to PT
 - If there are “red flags” refer for further diagnostics
2. Physical Therapy Evaluation and Treatment
 - If treatment is successful, continue until discharge from PT
 - If patient fails to respond to PT treatment, refer for further diagnostics or specialist

The Old Path (Cost \$2100-2200/case)

1. Evaluation with physician
2. Referral to specialist
3. Specialist prescribes diagnostics
4. Follow-up with specialist for review of diagnostics
5. Specialist refers “non-red flags” to PT
6. Physical Therapy Evaluation and Treatment
 - If treatment is successful, continue until discharge from PT
 - If patient fails to respond to PT treatment, refer for further diagnostics or specialist

The Benefits

Cost containment: \$900-1200 per case vs. \$2100-2200 per case

Expedited care for the patient: Rather than waiting for diagnostics and specialist referral, patients in the “New Path” started getting immediate relief with physical therapy treatment.

The Conclusion

According to the authors of this Wall Street Journal report, most patients with low back pain benefit from having early physical therapy intervention. Current medical literature supports these conclusions. **Two recent studies found no difference in outcomes between those patients with lumbar disc pathology**

who underwent discectomy and/or surgical stabilization compared with those treated conservatively with physical therapy.^{2,3} The primary treatment should be physical therapy for patients without “red flags” upon initial evaluation. This clinical decision model expedites treatment and minimizes cost for these patients. If the patient fails to respond to physical therapy treatment, then further diagnostic testing and/or a referral to a specialist is warranted.

References

1. “A Novel Plan Helps Hospital Wean Itself Off of Pricey Test” Wall Street Journal, January 12, 2007.
2. Rivero-Arias O, Campbell H, Gray A, et al. Surgical stabilization of the spine compared with a programme of intensive rehabilitation for the management of patients with chronic low back pain: cost utility analysis based on a randomized controlled trial. *BMJ*, May, 2005.
3. Weinstein JN, Tosteson TD, Lurie JD, et al. Surgical vs nonoperative treatment for lumbar disc herniation. The spine patient outcomes research trial: a randomized trial. *JAMA*, 2006;296(20):2441-2450.