

- Programma voor de pauze.
- 20:00 – 20:50 uur: Inhoudelijk deel
Early PT in patients with recent-onset LBP
- Door Gerard Koel:
WG inhoud RNT

Volgende bijeenkomst RNT Do 2 november 2017.

Early PT Algemeen.

- **Voordeel: betere positionering FT / MT bij patiënten (ook DTF) die ons eerder consulteren.**
- **Onderbouwing is deels aanwezig.**
- **Ook bij WCPT in Singapore 2015.**
- **Zie ook opdracht november 2013.**

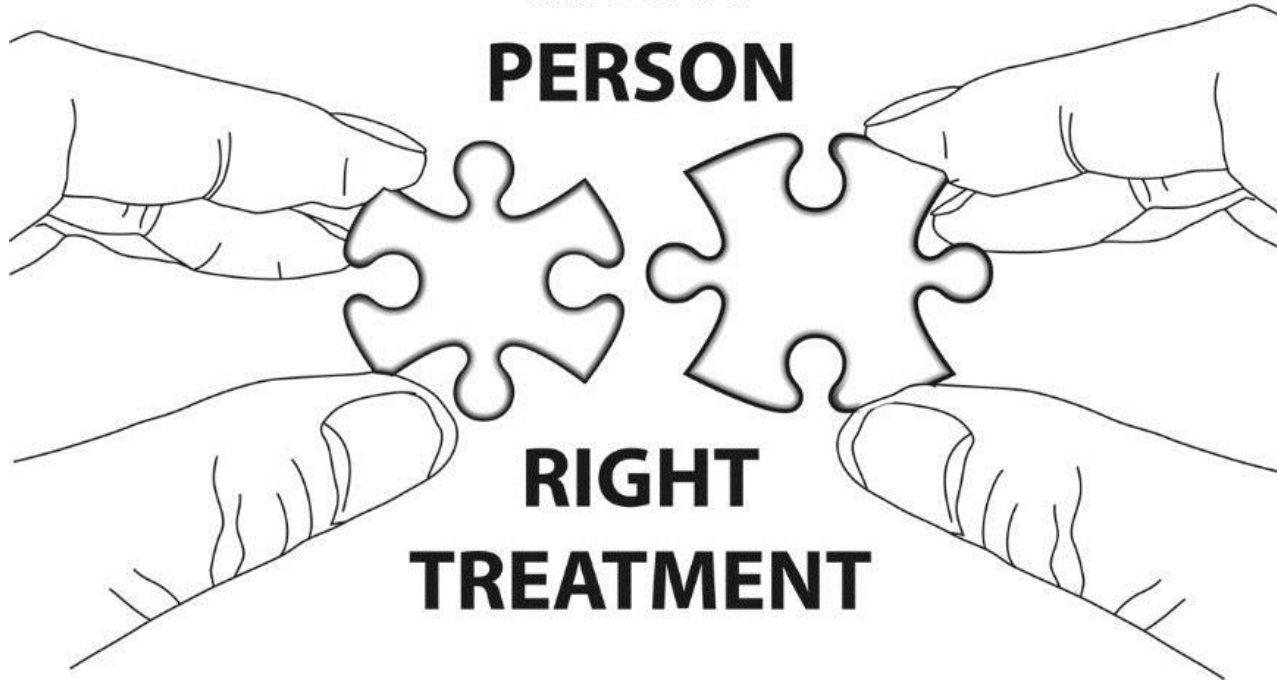


- Stratified Models of Care for Low Back Pain.
- Sessie met:
 - Nadine Foster (voorzitter)
 - Jonathan Hill (STarT)
 - John Childs (TBC)
 - Peter O'Sullivan (CB-CFA)
 - Mark Hancock (overview).
- Sessie te zien & horen op:
<http://www.wcpt.org/congress/fs/77>

Wat is Stratified Care ?

- Het betreft de keuze van een passende behandeling voor een subgroup / categorie van LRP patienten.
- Maakt het mogelijk om op efficiënte wijze (klinisch redenerend) te komen tot een goede keuze voor de juiste aanpak.
- Ondersteunt de keuze van de passende behandeling voor die LRP patient op dat tijdstip.

**RIGHT
PERSON**



**RIGHT
TREATMENT**

De keuze voor deze drie modellen voor Stratified Care

- Het betreft modellen die deels onderzocht zijn; er is (enige) externe onderbouwing.
- Het zijn praktisch toepasbare modellen.
- Het onderliggende substraat / mechanisme betreft:
 - het risico op vertraagd herstel (STarT)
 - de respons op een behandeling (TBC)
 - het onderliggende mechanisme (CFT)

■ Comparison of the Effectiveness of Three Manual Physical Therapy Techniques in a Subgroup of Patients With Low Back Pain Who Satisfy a Clinical Prediction Rule

A Randomized Clinical Trial

Joshua A. Cleland, PT, PhD,*† Julie M. Fritz, PT, PhD, ATC,‡§ Kornelia Kulig, PT, PhD,¶||
Todd E. Davenport, DPT,** Sarah Eberhart, PT,† Jake Magel, PT, DSc,††
and John D. Childs, PT, PhD‡‡

Spine

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HEALTH SERVICES RESEARCH

Primary Care Referral of Patients With Low Back Pain to Physical Therapy

Impact on Future Health Care Utilization and Costs

Julie M. Fritz, PT, PhD, ATC,* John D. Childs, PT, PhD,† Robert S. Wainner, PT, PhD,‡
and Timothy W. Flynn, PT, PhD§

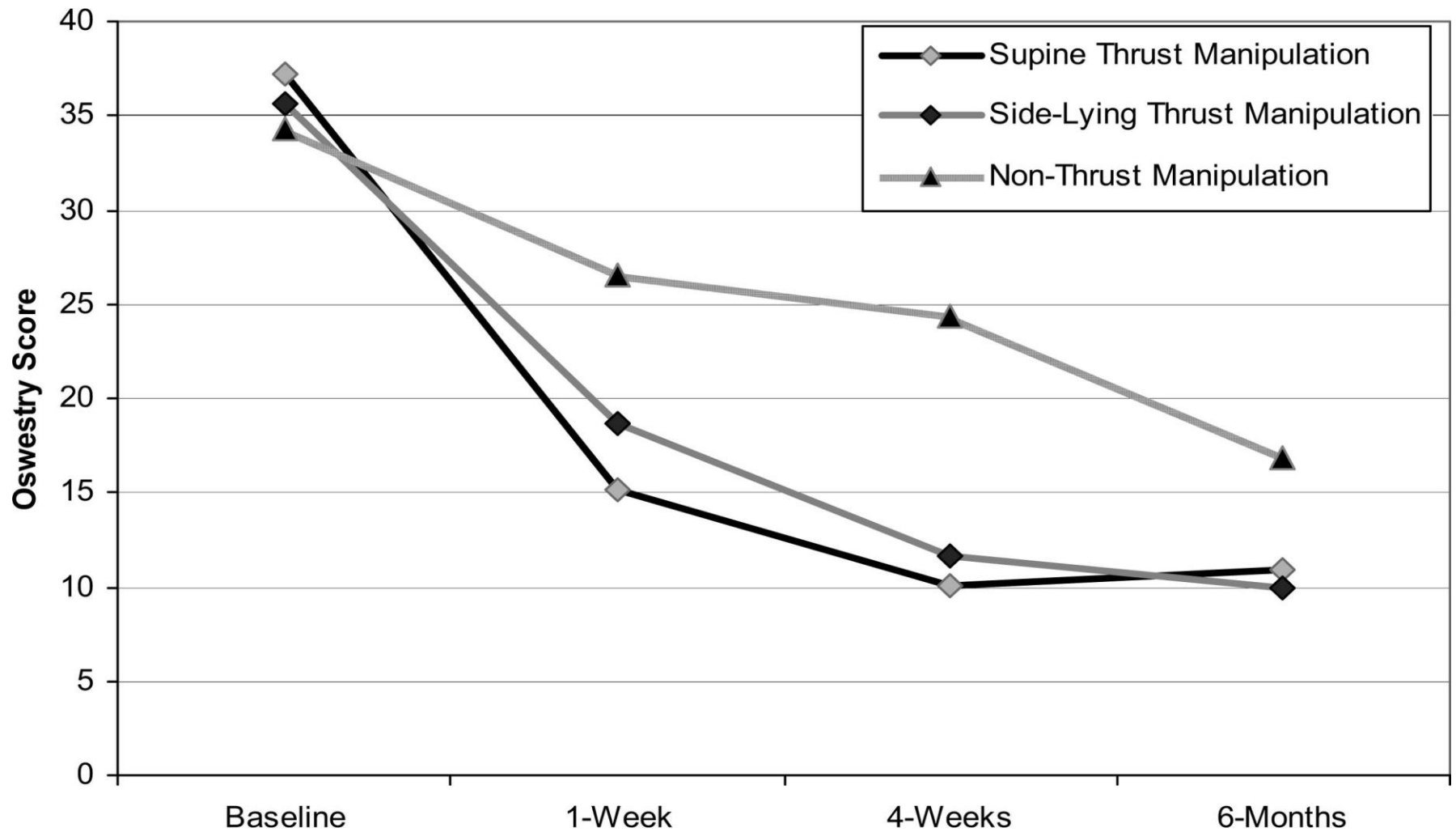
Over de additionele waarde van HVT's

- Hancock MJ, Maher CG, Latimer J, McLachlan AJ, Cooper CW, Day RO, e.a. Assessment of diclofenac or spinal manipulative therapy, or both, in addition to recommended first-line treatment for acute low back pain: a randomised controlled trial. *Lancet*. 10 november 2007;370(9599):1638–43.
- Hancock MJ, Maher CG, Latimer J. Spinal manipulative therapy for acute low back pain: a clinical perspective. *J Man Manip Ther*. 2008;16(4):198–203.
- Hancock MJ, Maher CG, Latimer J, Herbert RD, McAuley JH. Independent evaluation of a clinical prediction rule for spinal manipulative therapy: a randomised controlled trial. *Eur Spine J*. juli 2008;17(7):936–43.
- Rubinstein SM, Terwee CB, Assendelft WJJ, de Boer MR, van Tulder MW. Spinal manipulative therapy for acute low back pain: an update of the Cochrane review. *Spine*. 1 februari 2013;38(3):E158–177.
- Rubinstein SM, Terwee CB, Assendelft WJJ, de Boer MR, van Tulder MW. Spinal manipulative therapy for acute low-back pain. *Cochrane Database of Systematic Reviews* 2012, Issue 9.
- Cleland JA, Fritz JM, Kulig K, Childs JD. Comparison of the effectiveness of three manual physical therapy techniques in a subgroup of patients with LBP who satisfy a CPR. *Spine*, 2009, 34:2710-9.
- Cook C, Learman K, Showalter C, Kabbaz V, O'Halloran B. Early use of thrust manipulation versus non-thrust manipulation: a randomized clinical trial. *Man Ther*. juni 2013;18(3):191–8.
- Von Heymann WJ, Schloemer P, Timm J, Muehlbauer B. Spinal high-velocity low amplitude manipulation in acute nonspecific low back pain: a double-blinded randomized controlled trial in comparison with diclofenac and placebo. *Spine*. 1 april 2013;38(7):540–8.
- Vieira-Pellenz F, Oliva-Pascual-Vaca A, Rodriguez-Blanco C, Heredia-Rizo AM, Ricard F, Almazán-Campos G. Short-Term Effect of Spinal Manipulation on Pain Perception, Spinal Mobility, and Full Height Recovery in Male Subjects with Degenerative Disc Disease: A Randomized Controlled Trial. *Arch Phys Med Rehabil*. 23 mei 2014;

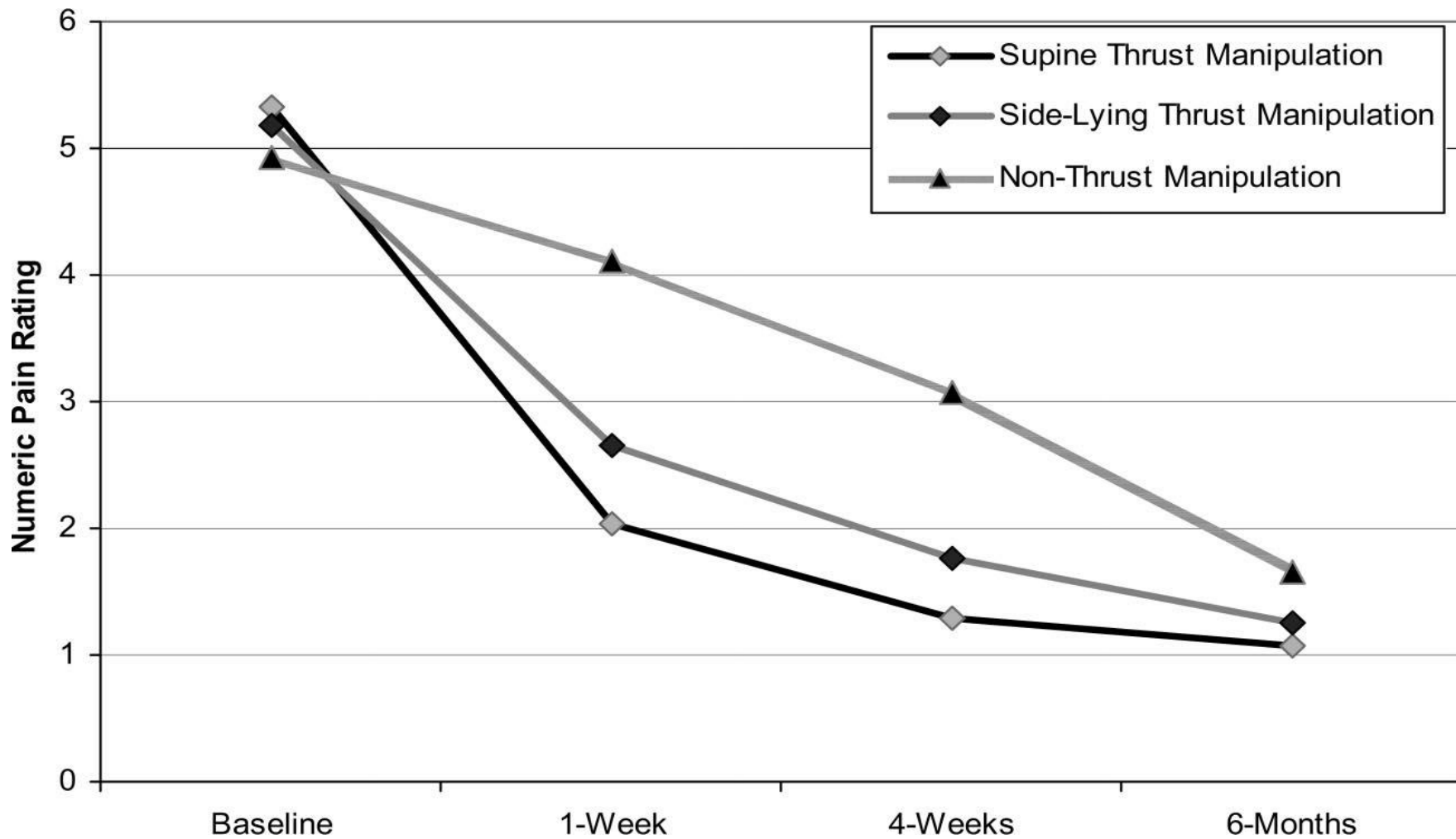
RCT Joshua Cleland et al, Spine, 2009.



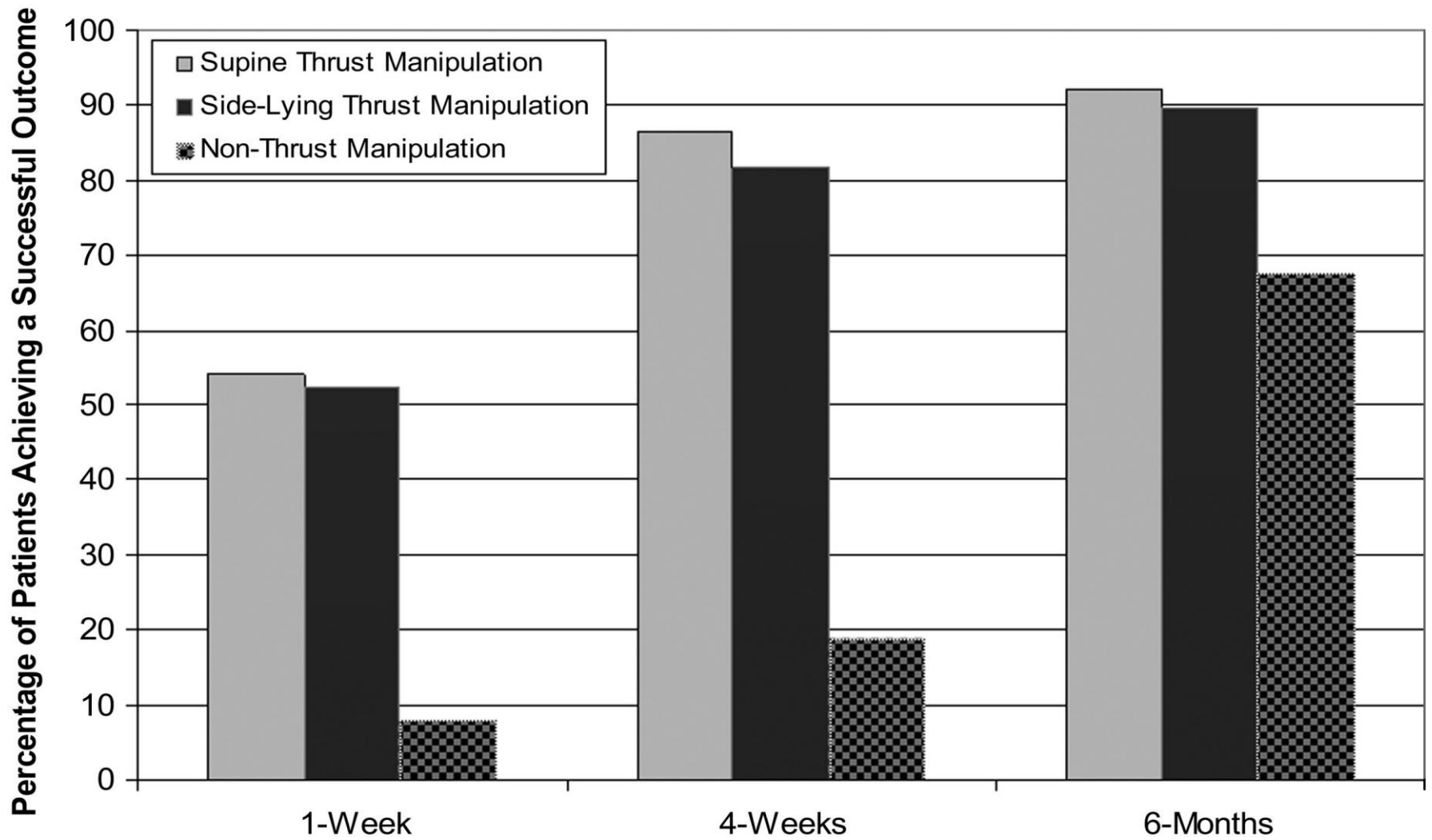
- 112 Patienten; CPR Man–Mob
- General exercise program
- Eerste week HVT (twee opties; zie bovenste rij) of een niet – HVT techniek (PA vering, zie links)



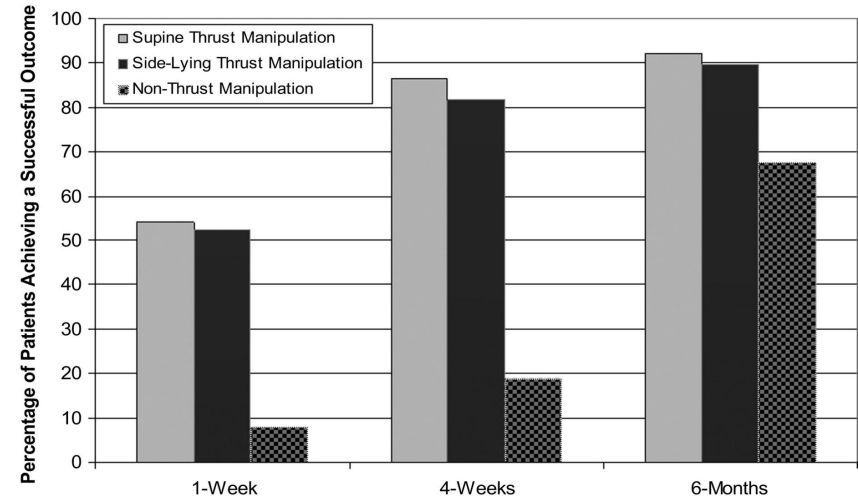
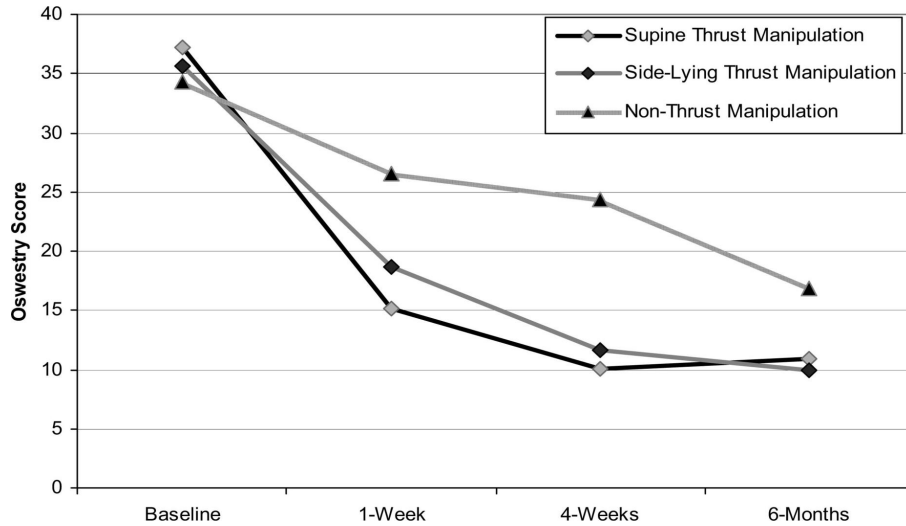
RCT Joshua Cleland et al, Spine, 2009.



RCT Joshua Cleland et al, Spine, 2009.



RCT Joshua Cleland et al, Spine, 2009.



- Na 1 wk: 10 pt verschil ODI & 40% meer resp.
- Na 4 wk: 15 pt verschil ODI & 60% meer resp.
- Vinden we dat een klinisch relevant verschil ??
- Hoe verklaren we dat ??

Likelihood of Utilization for Early vs. Delayed Physical Therapy

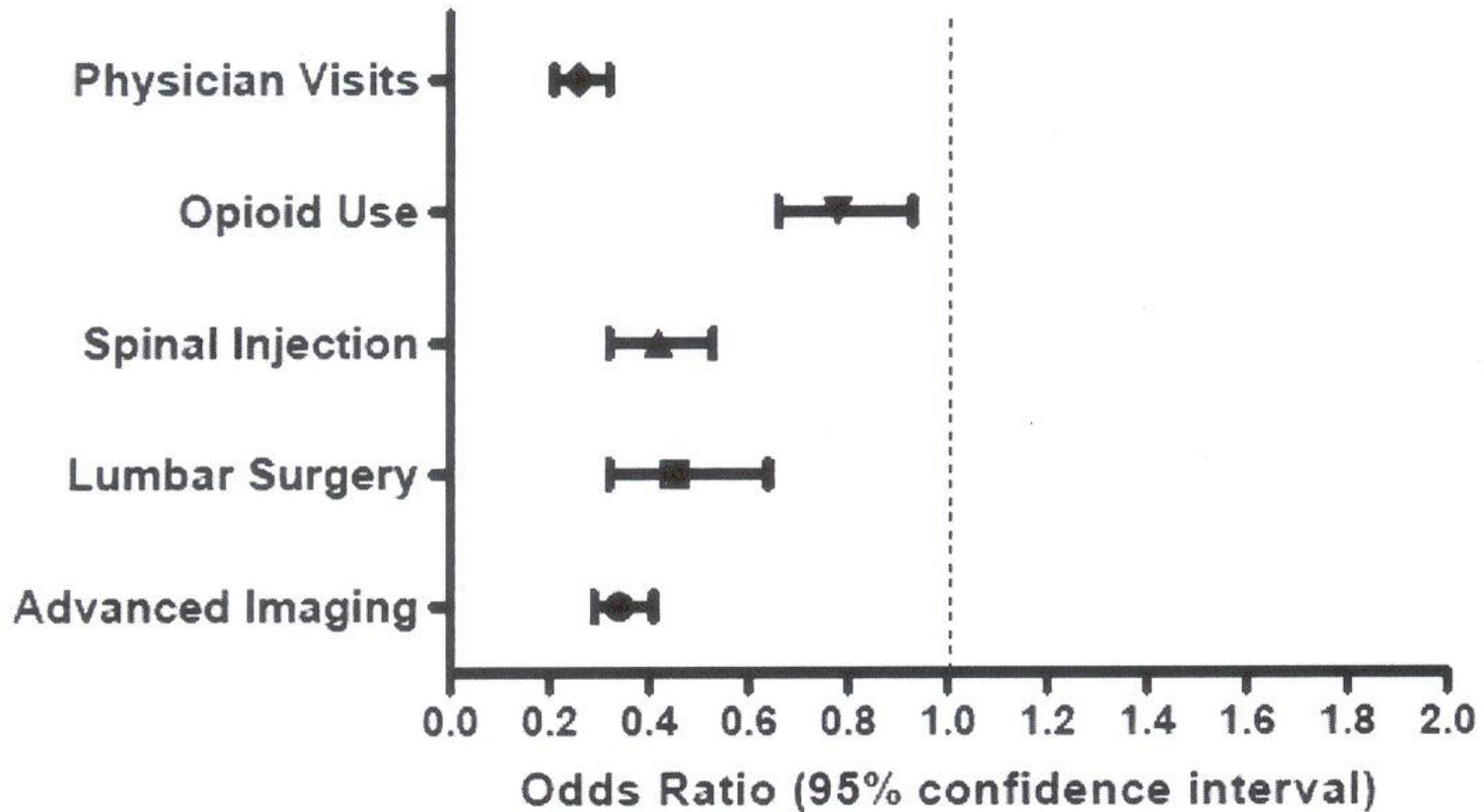


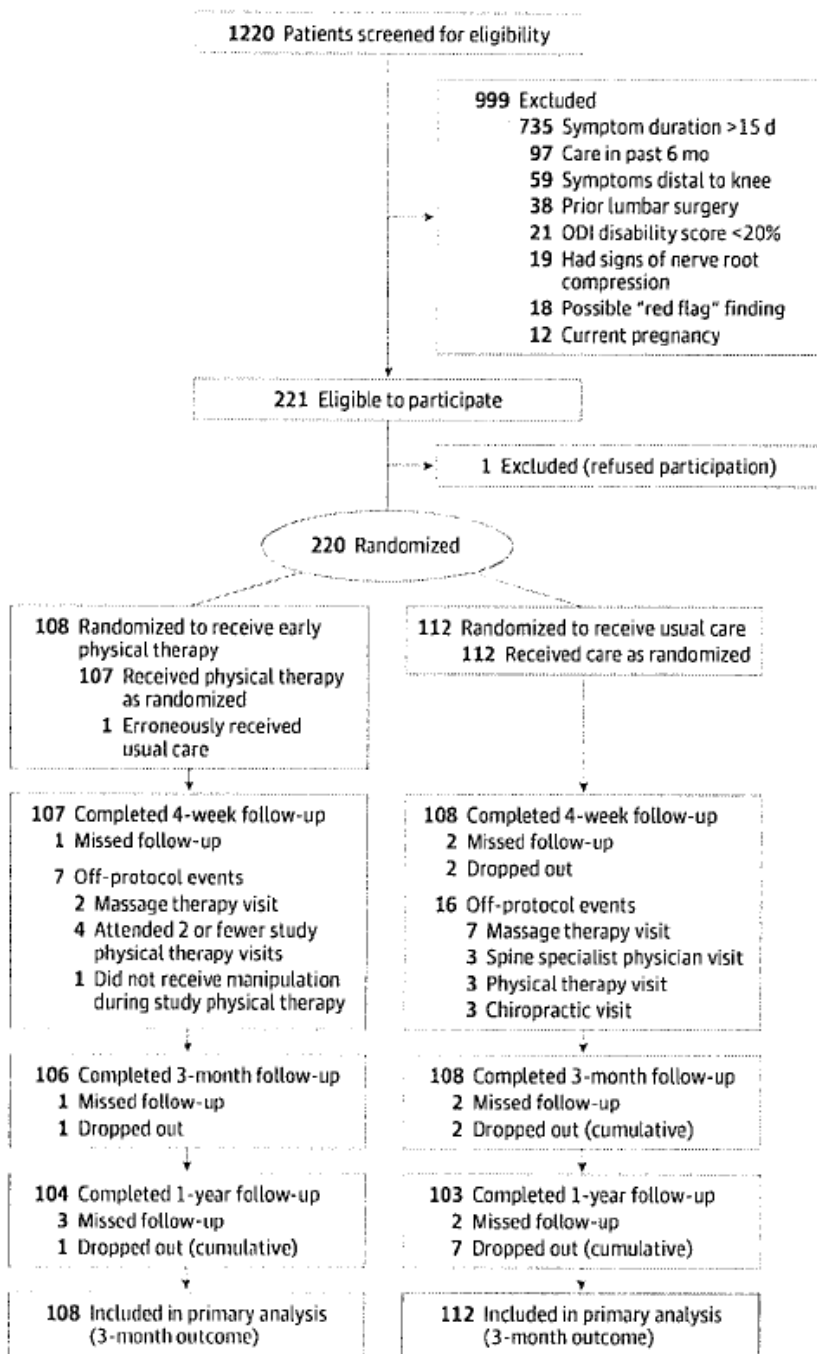
Figure 2. Likelihood of receiving specific services during the 18-month follow-up period based on timing of physical therapy.

Uit de studie van 2012.

Vraag 1:

Is sprake van een kwalitatief goede RCT?

- Dik in orde (zie figuur 1)



individuals were scheduled for evaluation. After providing written informed consent, participants underwent a baseline evaluation followed by random assignment to an intervention group.

Vraag 2: Passende inclusie criteria?

Eligibility requirements were aged 18 through 60 years with LBP (defined as pain between the 12th rib and buttocks), ODI score of 20 or higher, current symptoms duration of less than 16 days, and no pain or numbness distal to the knee(s) in the past 72 hours. These criteria identified a subgroup of patients likely to respond to the physical therapy protocol in this study.¹⁴ Exclusion criteria were prior lumbar surgery, pregnancy, any other LBP treatment in the past 6 months, clinical signs of nerve root compression (eg, hyporeflexia) or any “red flag” finding suggesting nonmusculoskeletal back pain (eg, infection or neoplasm).

Vraag 3:

Percentage patiënten met
recidiverende LBP?

	Usual Care (n = 112)	Early Physical Therapy (n = 108)
Age, mean (SD), y	36.5 (10.2)	38.3 (10.4)
Women	53 (47.3)	62 (57.4)
Race/ethnicity		
White	89 (79.5)	89 (82.4)
Hispanic	13 (11.6)	5 (4.6)
African American	2 (1.8)	3 (2.8)
Other/multiracial	8 (7.1)	11 (10.2)
BMI, mean (SD)	29.2 (8.5)	28.9 (7.3)
Married/live with significant other	69 (61.6)	69 (63.9)
Education		
Completed high school	110 (98.2)	106 (98.1)
Completed degree after high school	49 (43.8)	59 (54.6)
Employment status (employed outside the home)	92 (82.1)	92 (85.2)
Comorbid health conditions		
Diabetes	6 (5.4)	3 (2.8)
Hypertension	10 (8.9)	8 (7.4)
Anxiety/depression	31 (27.7)	28 (25.9)
Upper back/neck pain	37 (33.0)	43 (39.8)
Current medications for back pain		
Nonsteroidal anti-inflammatory	74 (66.1)	73 (67.6)
Opioids	30 (26.8)	29 (26.9)
Muscle relaxers	61 (54.5)	62 (57.4)
Steroid anti-inflammatory	16 (14.3)	10 (9.3)
Other	8 (7.1)	4 (3.7)
Current smoker	7 (6.3)	9 (8.3)
History of treated low back pain	72 (64.3)	74 (68.5)
ODI score, mean (SD)	40.9 (12.1)	41.3 (14.1)
Numeric pain rating, mean (SD) ^a	5.1 (1.9)	5.3 (1.8)
FABQ score, mean (SD)		
Physical activity	15.4 (4.9)	14.8 (4.9)
Work	12.1 (8.9)	11.3 (9.0)
PCS score, mean (SD) ^b	13.8 (10.1)	13.9 (11.0)
EQ-5D score, mean (SD)		
Quality of life	0.67 (0.2)	0.65 (0.2)
Overall health self-rating ^c	66.3 (19.4)	68.3 (16.5)

Vraag 4:

Wat vind je van het contrast tussen beide interventies (usual care vs early PT)?

Vraag 4:

Wat vindt je van het contrast tussen beide interventies (usual care vs early PT)?

- Usual care: adviezen, the Back Book, geruststelling.
- Early PT / MT: naast dezelfde aanpak als de usual care groep (incl. Back book), tevens: 4 behandelingen FT / MT in 3 weken, met huiswerk programma.

Vraag 5:

Wat vind je van de resultaten in tabel 2?

Table 2. Primary and Secondary Outcomes for Early Physical Therapy vs Usual Care for Recent-Onset Low Back Pain

Outcome	Visit	Usual Care		Early Intervention		Mean Difference Between Groups in Change from Baseline ^a	P Value
		Mean Score	Mean Change From Baseline	Mean Score	Mean Change From Baseline		
Primary Outcome							
ODi score (0-100 scale; higher scores indicate worse function) ^b	Baseline	40.9 (38.6 to 43.1)		41.3 (38.7 to 44.0)			
	4 wk	14.5 (12.1 to 17.0)	-26.6 (-29.0 to -24.1)	11.1 (8.7 to 13.4)	-30.0 (-32.4 to -27.7)	-3.5 (-6.8 to -0.08)	.045
	3 mo	9.8 (7.9 to 11.7)	-31.3 (-33.2 to -29.4)	6.6 (4.7 to 8.5)	-34.5 (-36.4 to -32.6)	-3.2 (-5.9 to -0.47)	.02
	1 y	9.0 (6.8 to 11.1)	-32.1 (-34.3 to -30.0)	7.0 (4.8 to 9.1)	-34.1 (-36.3 to -32.0)	-2.0 (-5.0 to 1.0)	.19
Secondary Outcomes							
Numeric pain rating (0-10 scale; higher scores indicate greater pain intensity) ^c	Baseline	5.1 (4.7 to 5.4)		5.3 (4.9 to 5.6)			
	4 wk	2.1 (1.8 to 2.5)	-3.0 (-3.4 to -2.7)	1.7 (1.4 to 2.1)	-3.4 (-3.8 to -3.1)	-0.42 (-0.90 to 0.02)	.09
	3 mo	1.8 (1.4 to 2.1)	-3.4 (-3.7 to -3.1)	1.4 (1.1 to 1.7)	-3.8 (-4.1 to -3.5)	-0.38 (-0.84 to 0.09)	.11
	1 y	1.4 (1.1 to 1.8)	-3.7 (-4.0 to -3.4)	1.3 (0.94 to 1.6)	-3.9 (-4.2 to -3.6)	-0.17 (-0.62 to 0.27)	.44
PCS score (0-52 scale; higher scores indicate greater pain-catastrophizing beliefs) ^d	Baseline	13.8 (12.0 to 15.7)		13.9 (11.8 to 15.9)			
	4 wk	7.6 (6.3 to 9.0)	-6.2 (-7.6 to -4.9)	4.9 (3.6 to 6.2)	-8.9 (-10.2 to -7.6)	-2.7 (-4.6 to -0.85)	.004
	3 mo	5.2 (4.0 to 6.4)	-8.6 (-9.9 to -7.4)	3.0 (1.8 to 4.2)	-10.9 (-12.1 to -9.6)	-2.2 (-3.9 to -0.49)	.01
	1 y	4.3 (3.0 to 5.5)	-9.6 (-10.8 to -8.3)	3.3 (2.1 to 4.6)	-10.5 (-11.8 to -9.3)	-0.92 (-2.7 to 0.61)	.31
FABQ score for physical activity (0-24 scale; higher scores indicate greater fear-avoidance beliefs) ^e	Baseline	15.4 (14.5 to 16.3)		14.8 (13.8 to 15.7)			
	4 wk	7.9 (6.9 to 8.9)	-7.2 (-8.2 to -6.1)	7.2 (6.2 to 8.3)	-7.8 (-8.9 to -6.8)	-0.67 (-2.2 to 0.81)	.37
	3 mo	5.7 (4.7 to 6.7)	-9.3 (-10.3 to -8.3)	5.2 (4.2 to 6.2)	-9.9 (-10.9 to -8.9)	-0.54 (-2.0 to 0.90)	.46
	1 y	5.7 (4.4 to 6.9)	-9.4 (-10.6 to -8.2)	5.7 (4.5 to 6.9)	-9.4 (-10.6 to -8.2)	-0.02 (-1.70 to 1.74)	.98
FABQ score for work (0-42 scale; higher scores indicate greater fear-avoidance beliefs) ^f	Baseline	12.1 (10.2 to 14.0)		11.3 (9.6 to 13.0)			
	4 wk	9.1 (7.8 to 10.3)	-2.7 (-4.0 to -1.4)	8.0 (6.8 to 9.3)	-3.7 (-5.0 to -2.4)	-1.0 (-2.8 to 0.82)	.28
	3 mo	7.5 (6.2 to 8.8)	-4.3 (-5.5 to -3.0)	5.2 (3.9 to 6.5)	-6.5 (-7.9 to -5.2)	-2.3 (-4.1 to -0.4)	.02
	1 y	6.2 (4.8 to 7.5)	-5.5 (-6.9 to -4.2)	5.2 (3.9 to 6.5)	-6.5 (-7.8 to -5.2)	-1.0 (-2.8 to 0.90)	.31
EQ-5D score for quality of life (0-1 scale; higher scores indicate greater quality of life) ^g	Baseline	0.67 (0.64 to 0.80)		0.65 (0.62 to 0.69)			
	4 wk	0.84 (0.82 to 0.86)	0.18 (0.15 to 0.20)	0.87 (0.85 to 0.89)	0.21 (0.19 to 0.23)	0.03 (0.0 to 0.07)	.05
	3 mo	0.88 (0.86 to 0.90)	0.22 (0.20 to 0.24)	0.91 (0.88 to 0.93)	0.24 (0.22 to 0.27)	0.03 (-0.01 to 0.06)	.10
	1 y	0.88 (0.86 to 0.90)	0.22 (0.20 to 0.24)	0.92 (0.90 to 0.94)	0.26 (0.24 to 0.28)	0.04 (0.01 to 0.07)	.02
EQ-5D score for overall health self-rating (0-100 scale; higher scores indicate greater self-rated health) ^h	Baseline	66.3 (62.7 to 69.9)		68.3 (65.2 to 71.4)			
	4 wk	72.5 (69.3 to 75.7)	5.2 (2.0 to 8.4)	77.6 (74.5 to 80.8)	10.4 (7.2 to 13.5)	5.2 (0.64 to 9.7)	.03
	3 mo	73.3 (69.7 to 76.8)	6.0 (2.5 to 9.6)	79.2 (75.6 to 82.8)	11.9 (8.3 to 15.5)	5.9 (0.91 to 10.9)	.02
	1 y	75.3 (71.9 to 78.7)	8.0 (4.6 to 11.4)	80.9 (77.5 to 84.3)	13.6 (10.3 to 17.0)	5.6 (0.77 to 10.4)	.02

Table 2. Primary and Secondary Outcomes for Early Physical Therapy vs Usual Care for Recent-Onset Low Back Pain

Outcome	Visit	Usual Care		Early Intervention		Mean Difference Between Groups in Change from Baseline ^a	P Value
		Mean Score	Mean Change From Baseline	Mean Score	Mean Change From Baseline		
Primary Outcome							
ODi score (0-100 scale; higher scores indicate worse function) ^b	Baseline	40.9 (38.6 to 43.1)		41.3 (38.7 to 44.0)			
	4 wk	14.5 (12.1 to 17.0)	-26.6 (-29.0 to -24.1)	11.1 (8.7 to 13.4)	-30.0 (-32.4 to -27.7)	-3.5 (-6.8 to -0.08)	.045
	3 mo	9.8 (7.9 to 11.7)	-31.3 (-33.2 to -29.4)	6.6 (4.7 to 8.5)	-34.5 (-36.4 to -32.6)	-3.2 (-5.9 to -0.47)	.02
	1 y	9.0 (6.8 to 11.1)	-32.1 (-34.3 to -30.0)	7.0 (4.8 to 9.1)	-34.1 (-36.3 to -32.0)	-2.0 (-5.0 to 1.0)	.19
Secondary Outcomes							
Numeric pain rating (0-10 scale; higher scores indicate greater pain intensity) ^c	Baseline	5.1 (4.7 to 5.4)		5.3 (4.9 to 5.6)			
	4 wk	2.1 (1.8 to 2.5)	-3.0 (-3.4 to -2.7)	1.7 (1.4 to 2.1)	-3.4 (-3.8 to -3.1)	-0.42 (-0.90 to 0.02)	.09
	3 mo	1.8 (1.4 to 2.1)	-3.4 (-3.7 to -3.1)	1.4 (1.1 to 1.7)	-3.8 (-4.1 to -3.5)	-0.38 (-0.84 to 0.09)	.11
	1 y	1.4 (1.1 to 1.8)	-3.7 (-4.0 to -3.4)	1.3 (0.94 to 1.6)	-3.9 (-4.2 to -3.6)	-0.17 (-0.62 to 0.27)	.44
PCS score (0-52 scale; higher scores indicate greater pain-catastrophizing beliefs) ^d	Baseline	13.8 (12.0 to 15.7)		13.9 (11.8 to 15.9)			
	4 wk	7.6 (6.3 to 9.0)	-6.2 (-7.6 to -4.9)	4.9 (3.6 to 6.2)	-8.9 (-10.2 to -7.6)	-2.7 (-4.6 to -0.85)	.004
	3 mo	5.2 (4.0 to 6.4)	-8.6 (-9.9 to -7.4)	3.0 (1.8 to 4.2)	-10.9 (-12.1 to -9.6)	-2.2 (-3.9 to -0.49)	.01
	1 y	4.3 (3.0 to 5.5)	-9.6 (-10.8 to -8.3)	3.3 (2.1 to 4.6)	-10.5 (-11.8 to -9.3)	-0.92 (-2.7 to 0.61)	.31
FABQ score for physical activity (0-24 scale; higher scores indicate greater fear-avoidance beliefs) ^e	Baseline	15.4 (14.5 to 16.3)		14.8 (13.8 to 15.7)			
	4 wk	7.9 (6.9 to 8.9)	-7.2 (-8.2 to -6.1)	7.2 (6.2 to 8.3)	-7.8 (-8.9 to -6.8)	-0.67 (-2.2 to 0.81)	.37
	3 mo	5.7 (4.7 to 6.7)	-9.3 (-10.3 to -8.3)	5.2 (4.2 to 6.2)	-9.9 (-10.9 to -8.9)	-0.54 (-2.0 to 0.90)	.46
	1 y	5.7 (4.4 to 6.9)	-9.4 (-10.6 to -8.2)	5.7 (4.5 to 6.9)	-9.4 (-10.6 to -8.2)	-0.02 (-1.70 to 1.74)	.98
FABQ score for work (0-42 scale; higher scores indicate greater fear-avoidance beliefs) ^f	Baseline	12.1 (10.2 to 14.0)		11.3 (9.6 to 13.0)			
	4 wk	9.1 (7.8 to 10.3)	-2.7 (-4.0 to -1.4)	8.0 (6.8 to 9.3)	-3.7 (-5.0 to -2.4)	-1.0 (-2.8 to 0.82)	.28
	3 mo	7.5 (6.2 to 8.8)	-4.3 (-5.5 to -3.0)	5.2 (3.9 to 6.5)	-6.5 (-7.9 to -5.2)	-2.3 (-4.1 to -0.4)	.02
	1 y	6.2 (4.8 to 7.5)	-5.5 (-6.9 to -4.2)	5.2 (3.9 to 6.5)	-6.5 (-7.8 to -5.2)	-1.0 (-2.8 to 0.90)	.31
EQ-5D score for quality of life (0-1 scale; higher scores indicate greater quality of life) ^g	Baseline	0.67 (0.64 to 0.80)		0.65 (0.62 to 0.69)			
	4 wk	0.84 (0.82 to 0.86)	0.18 (0.15 to 0.20)	0.87 (0.85 to 0.89)	0.21 (0.19 to 0.23)	0.03 (0.0 to 0.07)	.05
	3 mo	0.88 (0.86 to 0.90)	0.22 (0.20 to 0.24)	0.91 (0.88 to 0.93)	0.24 (0.22 to 0.27)	0.03 (-0.01 to 0.06)	.10
	1 y	0.88 (0.86 to 0.90)	0.22 (0.20 to 0.24)	0.92 (0.90 to 0.94)	0.26 (0.24 to 0.28)	0.04 (0.01 to 0.07)	.02
EQ-5D score for overall health self-rating (0-100 scale; higher scores indicate greater self-rated health) ^h	Baseline	66.3 (62.7 to 69.9)		68.3 (65.2 to 71.4)			
	4 wk	72.5 (69.3 to 75.7)	5.2 (2.0 to 8.4)	77.6 (74.5 to 80.8)	10.4 (7.2 to 13.5)	5.2 (0.64 to 9.7)	.03
	3 mo	73.3 (69.7 to 76.8)	6.0 (2.5 to 9.6)	79.2 (75.6 to 82.8)	11.9 (8.3 to 15.5)	5.9 (0.91 to 10.9)	.02
	1 y	75.3 (71.9 to 78.7)	8.0 (4.6 to 11.4)	80.9 (77.5 to 84.3)	13.6 (10.3 to 17.0)	5.6 (0.77 to 10.4)	.02

Vraag 6:

En over de secundaire uitkomstmaten?

Table 3. Dichotomous Secondary Outcomes for Early Physical Therapy vs Usual Care for Recent-Onset Low Back Pain

	Participants, No. (%)		Relative Risk (95% CI)	P Value ^a
	Early Physical Therapy	Usual Care		
Patient-reported success^b				
4 wk	60 (55.6)	50 (44.6)	1.24 (0.95-1.63)	.12
3 mo	64 (59.3)	49 (44.0)	1.35 (1.03-1.75)	.03
1 y	65 (59.7)	60 (53.7)	1.11 (0.88-1.42)	.38
Health Care Utilization Outcomes^d				
Emergency department or urgent care visit^c				
4 wk	0	1 (0.9)		>.99
3 mo	2 (1.9)	2 (1.8)		.97
Total at 1 y	9 (8.4)	9 (8.1)		.94
Advanced imaging				
4 wk	0	1 (0.9)		>.99
3 mo	2 (1.9)	1 (0.9)		.62
Total at 1 y	3 (2.8)	4 (3.6)		.74
Spine specialist physician visit				
4 wk	0	3 (2.8)		>.99
3 mo	3 (2.8)	7 (6.3)		.23
Total at 1 y	8 (7.5)	11 (9.9)		.53
Spine injection				
4 wk	0	0		
3 mo	1 (0.9)	1 (0.9)		.98
Total at 1 y	2 (1.9)	3 (2.8)		.68
Spine surgery				
4 wk	0	0		
3 mo	0	1 (0.9)		>.99
Total at 1 y	2 (1.9)	1 (0.9)		.62

Vraag 7:

Wat is je eigen score over je teleurstelling betreffende het resultaat van deze RCT?

0= diep teleurgesteld

10= helemaal niet teleurgesteld, 'blij man'

Score RNT'ers.

- Vingers per NPRS.
- Onvoldoende = 4 of lager.

Nota bene: 'Slechts' 40% van de RNT'ers geeft een 4 of lager; de RNT leden lijken niet aangedaan door de matige resultaten die in deze trial worden beschreven.

- Wat zou Julie Fritz er van vinden?

Vraag 8:
Wat zou beter kunnen?

Wat zou beter kunnen?

- De originele TBC strikter hanteren?
- Andere prognostische factoren?
Meer psychologische factoren meenemen!
- Slechter scorende controle groep?
- Iedereen een boekje; een RNT boekje maken?
- Andere uitkomstmaten?
- Andere follow up?

Wat nu met early PT – MT &
prognostisch TBC model?



[VIEWPOINT]

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J Orthop Sports Phys Ther 2017;47(2):44-48. doi:10.2519/jospt.2017.0602

Samenvattend.

- In studie Fritz et al 2015 doet early FT – MT het veel minder goed dan verwacht.
- Missen we elementen in de TBC die wel bepalend zijn voor het resultaat?
- Dienen we een nieuwe TBC te ontwikkelen? Of stoppen we met ‘stratified LBP care’?
- Volgende RNT bijeenkomst 02 –11–2017.