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Back Pain in America: Part 2

ST PAUL, MN (February 1, 2007) - Back pain has been and continues to be one of the most common ailments known to mankind. Research suggests that 4 out of every 5 individuals will at one time or another have a complaint of lower back pain. In Part 2 of this series, we will look at the research behind specific hands-on treatment techniques common to physical therapy for people with back pain.

According to Dr. John Groves, President of Groves Physical Therapy (Groves PT), "Lower back pain can generally be divided into two separate types, localized and radicular which can be further divided into acute onset or chronic. Acute onset back pain is usually related to a sudden awkward movement and is often described as a sharp pain in a localized area of the back. There will be associated muscle spasm and difficulty moving or finding a position of comfort." Research has shown that one of the best treatments for localized back pain is spinal manipulation.

"What is spinal manipulation?" you might ask. According to Dr. Groves, "spinal manipulation is the description for a quick application of force to a body segment designed to increase movement and decrease pain. Spinal manipulation, a treatment often associated with chiropractors, but also widely utilized by physical therapists and osteopathic physicians, has historically been thought to increase alignment of bones. However, current research suggests that spinal manipulation more likely affects the muscle system, acting like a ctrl-alt-del button on your computer. The result is less muscle spasm, improved range of motion and increased pain relief. Although the term "high-velocity thrust manipulation" sounds frightening, the forces actually applied are actually quite low."

However not all patients with back pain respond to spinal manipulation and the question arose "Who would best benefit from spinal manipulation?" In the December 2002 issue of *Spine*, a group of physical therapists first proposed a clinical prediction rule to determine which patients with back pain would best be suited for using spinal manipulation as a treatment. This same group of physical therapists further refined the treatment paradigm in the February 2004 issue of *Physical Therapy* by documenting a number of factors in patients with back pain that were found to be associated with little to no improvement when using spinal manipulation. This led to a clinical prediction rule being published and validated in the December 2004 issue of *Annals of Internal Medicine* by Dr. John Childs, PT, PhD, a physical therapist and Assistant Professor in the US Army-Baylor University Doctoral Program in Physical Therapy and associate of TexPTS. This study took 131 patients with low back pain and separated them into two groups: those patients who received high-velocity thrust spinal manipulation plus range of motion exercise and those who received range of motion exercise only. Each patient was treated a total of 5 times and at the 6 month follow-up the group that received high-velocity thrust spinal manipulation showed significant improvements over the group that performed exercise only in utilization of medication and health care as well as lost time from work. This concept of a clinical prediction rule for the use of thrust manipulation with back pain has been validated in the July 2005 issue

of the BMC Family Practice, the April 2006 issue of the Journal of Orthopedic and Sports Physical Therapy as well as the November 2006 issue of Manual Therapy which found that patients who did not receive thrust manipulation were 8 times more likely to experience a worsening of symptoms. The clinical prediction rule found that two of the most important factors for success with thrust manipulation were time of onset and location of pain. According to Dr. Groves, "the study found a 91% likelihood that a patient's symptoms would be decreased at least 50% with one application of spinal manipulation if the onset of pain was less than 16 days and the pain did not extend below the knee. Since I have tracked patients based on this classification I have found this to be case. In my practice, patients that meet the inclusion criteria average a 72% reduction in symptoms and attend an average of only 4 sessions." The success of this treatment concept has also spawned the development of clinical prediction rules for when to manipulate the thoracic spine in patients with a primary complaint of neck pain as well.

For patients that receive spinal manipulation, the question always arises about the "pop". This often audible "pop" or cavitation as it is cited in the literature is thought to be due to the presence of nitrogen bubbles in the joint that burst when the joint is stretched. An interesting finding published in the January 2006 issue of Journal of Manipulative and Physiological Therapeutics by Dr. Childs suggests that there was no additional improvement in patients with back pain who experienced an audible "pop" during thrust spinal manipulation over those who did not.

For more information about how a physical therapist can help alleviate pain, minimize the use of prescription drugs and expensive diagnostic imaging, and prevent painful and costly surgery, visit www.grovespt.com.

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About Groves Physical Therapy:

Groves Physical Therapy is a privately owned, multi-site Physical Therapy practice in St Paul and Brooklyn Center. Founded in 2004, their mission is to deliver the highest quality, evidence-based physical therapy management to patients with unquestionable ethics, unparalleled quality, superior service, and at the best value. Their physical therapists are Board Certified in Orthopedic Practice and are Fellowship trained in Manual Therapy, credentials that only 1-2% of Physical Therapists nationwide have obtained. They utilize manual physical therapy and therapeutic exercise based on the newest research to achieve the best results in fewer visits. For more information on Groves Physical Therapy, please call 651-209-6144 or 763-566-3798 or visit: www.grovespt.com.