

Prescribing physiotherapy for low back pain

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Aim

To establish the number and frequency of physiotherapy sessions needed to treat acute and chronic low back pain and, if necessary, to update the relevant French guidelines.

Results and conclusions

- (i) *International definitions for low back pain: Acute:* present for 4 weeks or less; *subacute:* 4-12 weeks; *chronic:* longer than 3 months; *recurrent:* at least 2 episodes within one year (expert opinion).
- (ii) *Legislative framework:* Since the French nomenclature reform in 2000, physiotherapists may propose the content, number and frequency of physiotherapy sessions prescribed by a doctor. They send the doctor a summary of their diagnostic assessment session. A routine physiotherapy session lasts an average of 30 minutes. The cost covers all procedures and techniques (AM7) and is lower than the cost of a diagnostic session (AMS 8.1).
- (iii) *Prescribing physiotherapy*
 - a. *for acute low back pain:* No studies or guidelines have altered the conclusion of the 2000 guidelines, which was that physiotherapy has a very limited role in low back pain. Treatment is primarily medical (analgesics). In rare cases, there are grounds for proposing 2 to 6 physiotherapy sessions at a rate of 2-3 sessions/week (expert opinion) in order to get the patient back to work quickly, give advice about a healthy lifestyle, and educate the patient.
 - b. *for subacute, recurrent and chronic low back pain:* Physiotherapy is an important part of treatment, but there is no evidence in support of specific protocols specifying the number and frequency of sessions. The expert panel proposed 10-15 sessions after the initial diagnostic assessment. These should take account of the patient's expectations and include patient education. If a second assessment indicates that treatment should be continued, there should be no more than 15 extra sessions (or 30 sessions over 12 months). If there is no improvement, referral to a specialist or a multidisciplinary approach should be proposed. The experts emphasised the importance of communication between doctor and physiotherapist and of patient involvement in care (education, scheduling sessions).

Methods

ANAES performed systematic searches of the Medline, Embase and Pascal databases, and useful websites, and searched the grey literature from 2000 to September 2004. The search covered professional guidelines, consensus conferences and clinical trials selected according to their level of evidence and quality of design. The report was submitted to a working group (16 experts nominated by learned societies and/or having experience in the subject). Their conclusions were submitted to peer reviewers (26 experts) who voted on a list of questions and proposals. The final document was validated by the working group.

Looking ahead

The experts stressed the need to:

- improve communication between doctors and physiotherapists by the use of summary assessment forms and by ongoing education involving both parties;
- assess the clinical and economic impact of the above proposals for physiotherapy diagnosis assessment and numbers of sessions;
- formalise the advice given to patients;
- give more weight to the role of occupational physicians and to ergonomics.

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