Best Practice Series: Guidelines for the Management of Low Back and Neck Pain with Implications for Physical Therapist Practice

Course Description:

Presently the country is locked in a heated debate over healthcare reform. No matter what side of the debate you are on, all involved parties agree that something has to be done in order to control costs. It is generally accepted that healthcare reform will focus on clinical outcomes, patient satisfaction, and value. Third party payers will no longer reimburse for services for which no proof of efficacy is reported and the efficacy of treatments will be constantly monitored and updated. As physical therapists we are not immune to these new practice guidelines and must ensure we are delivering appropriate and cost-effective treatments.

Clinical practice guidelines are a common way of summarizing the evidence based recommendations for the management of disorders and conditions. The evidence is mounting and each year more and more guidelines come into existence. Most healthcare practitioners as well as 3rd party payers think these well researched guidelines are an excellent idea.

This program will focus on the value of evidence based treatment guidelines and present the APTA’s clinical practice guidelines for low back and neck pain. Utilizing multimedia and lecture the guidelines will be described in detail with accompanying relevance to the practice of physical therapy. By the conclusion of this course the participant will be able to implement a physical therapy plan of care for patients with low back and neck pain based on the best available evidence.

Course Objectives:

At the conclusion of this course the participant will:

- Identify the etiology, prevalence, risk factors, and healthcare utilization related to low back pain
- Discuss common imaging modalities and indications for patients presenting with low back pain.
- Identify “red flags” that may suggest serious pathology in patients presenting with low back pain.
- Place patients into the ICF based categories for low back pain.
- Discuss the current clinical practice guidelines developed by the orthopaedic sections of the APTA for the treatment of low back pain with rationale and implications for physical therapist practice.
- Implement a physical therapy plan of care for patients with low back pain based on the best available evidence.
- Identify the etiology, prevalence, risk factors, and healthcare utilization related to neck pain.
- Describe common radiological assessments and indications for patients presenting with neck pain.
- Place patients into the ICF based categories for neck pain.
• Discuss the current clinical practice guidelines developed by the orthopaedic section of the APTA for the treatment of neck pain with rationale and implications for physical therapist practice.
• Implement a physical therapy plan of care for patients with neck based on the best available evidence.

Live Course Outline: 8 CEUs (8AM – 4PM)

8:00-8:20  Introduction, Healthcare Reform, Clinical Practice Guidelines
8:20-9:20  Low Back Pain Background, Indications for Imaging, Red Flags, Identifying and Placing Patients into ICF Categories for Low Back Pain.
9:20-9:30  Break
9:30-9:40  Research Review, Levels of Evidence and Implications
9:40-10:00 Group Discussion
10:00-11:25 Presentation of the Low Back Pain Guidelines with Detailed Analysis and Implications for the Practice of Physical Therapy.
11:25-11:45 Other Interventions, Surgical Options and Outcomes.
11:45-12:00 Q&A
12:00-1:00 Lunch on Your Own
1:00-2:00  Neck Pain Background, Radiographic Assessment and Indications, Identifying and Placing Patients into ICF categories for Neck Pain.
2:00-2:10  Break
2:10-2:30  Group Discussion
2:30-3:30  Presentation of the Neck Pain Guidelines with Detailed Analysis and Implications for the Practice of Physical Therapy.
3:30-3:45  Summary of the Guidelines, Other Interventions, Surgical Options.
3:45-4:00  Q&A Pop Quiz Time


**Teaching Methods:** Lecture, Interactive Discussion, Video (Require Audio Support)

**References:**

Back Pain References


57. Hicks GE, Fritz JM, Delitto A, McGill SM. Preliminary development of a clinical prediction rule for determining which patients with low back pain will respond to a stabilization exercise program. *Arch Phys Med Rehab* 2005 Sep;86(9):1753-62.


70. Hall, T; Cacho, A; McNee, C; Riches, J; Walsh, J. Effects of the Mulligan Traction Straight Leg Raise Technique on Range of Movement. Journal of Manual & Manipulative Therapy. 2001;9(3):128

Neck Pain References
44. Crawford JR, Khan RJ, Varley GW. Early management and outcome following soft tissue injuries of the neck-a randomised controlled trial. Injury. 2004 Sep;35(9):891-5.

Biographies:

Ryan J. Grella, PT, DPT, OCS is director of rehabilitation at Florida Hospital North Pinellas where he oversees the acute care and outpatient rehabilitation departments as well as cardiac and pulmonary rehab. He completed his undergraduate degree at the University of South Florida graduating Summa Cum Laude with a bachelor of arts in psychology. His psychology major taught him an appreciation of interpersonal relationships, motivation, and perception, which was very influential towards his future career as a physical therapist. At the University of South Florida School of Physical Therapy he received his entry level training and upon graduation he decided to continue his education with a transitional doctor of physical therapy through the University of St. Augustine for Health Sciences. He is an orthopaedic certified specialist through the American Board of Physical Therapy Specialties and a Certified Strength and Conditioning Specialist through the National Strength and Conditioning Association.

A passionate advocate for physical therapists, Ryan is a member of the FPTA Government Advocacy Committee and has been to Washington D.C. and Tallahassee on behalf of the profession in addition to setting up physical therapy PAC fundraisers attended by political candidates. He has contributed numerous articles and editorials to the various physical therapy trade magazines on the topics of advocacy, professionalism, and management. In his spare time he enjoys college football, political banter, traveling, becoming a better husband and father, and
stress reducing bike rides along his beloved Dunedin causeway. He reports that he is on a perpetual quest to find the “it factors” that allow the good physical therapists to become great.

Juan Jose Villeda, PT, OCS, has worked at the James A. Haley Veterans' Hospital since 2005. He received his bachelor of science in rehabilitation services at the University of Florida. While in school he volunteered hundreds of hours at the local VA where he developed a strong sense of commitment to the veteran healthcare system and later the drive to work with polytrauma patients returning from war. He pursued his Master of Science in Physical Therapy at the University of South Florida. Currently he is helping to foster a direct access approach to PT care in the VA system. This motivated him to begin his studies for his transitional doctorate in physical therapy from Temple University in 2013. Mr. Villeda is a board certified clinical specialist in Orthopaedic Physical Therapy and a faculty member of the James A. Haley Veteran’s Hospital orthopaedic physical therapy residency program. He is an APTA Credentialed Clinical Instructor and a member of the American Physical Therapy Association and the Florida Physical Therapy Association where he serves on the government advocacy committee.

As a first generation American Juan Jose feels it is everyone's civic duty to take part in the political process and thus his strong advocacy for patients and physical therapists at the state and federal levels. Never short on opinions he is a proponent of healthcare reform and the elimination of government waste. He takes a keen interest in the intersection of healthcare economics and the behaviors that drive it. In his spare time he enjoys college football, cycling, traveling the world, good food and culture, and has recently taken up mountaineering with his close PT colleagues.