

Comparison of functional restoration with 3 hours per week physical therapy in chronic low back pain at two years follow-up

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Introduction: Functional restoration programs (FRP) are recommended in chronic low back pain, but are only available or a limited number of patients. An ambulatory active individual therapy (AIT) could be an easier option.

Aim: A prospective randomized controlled study to compare the medium-term outcomes of an AIT with those of a FRP.

Patients and methods: One hundred thirty-two adults were treated during five weeks, either in a FRP (150 hours in a rehabilitation centre) or in an AIT (15 hours supervised by private practice physiotherapists). Evaluation criteria were trunk flexibility, back flexor and extensor endurance (Ito and Sorensen tests), general endurance, pain intensity, Dallas Pain Questionnaire (DPQ) scores (on daily activities (DA), anxiety depression, social interest, and work and leisure activities(WL)), and the number of days of sick leave.

Results: Fifty-one percent of patients were on sick leave before treatment (mean duration, 180 days in the 2 years before treatment). All outcome measures improved after treatment, except endurance in AIT. At two years follow-up, 15 patients (11.3%) were lost to follow up; all physical criteria (except endurance) were better than before treatment without difference between groups; pain intensity was improved only in FRP; DPQ scores were improved only on DA and WL, with better results on WL in FRP. The number of days of sick leave in the two years after treatment was significantly improved, with no difference between groups (73.5 days in AIT versus 53.5 in FRP, $p=0.45$).

Conclusions: AIT shows good results and could be sufficient for a large proportion of patients, but further studies are necessary to precise orientation criteria between the two therapies.

References:

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