



Service Priorities and Programmes
Electronic Presentations

Convention ID: 176

Submitting author: Ms Man Yu, Mandy MAK

Post title: Senior Physiotherapist, Tuen Mun Hospital, NTWC

Is a Combined Comprehensive Physical Examination with Predictive Screening Tool Able to Facilitate Stratification of Care Pathways for Chronic Low Back Pain Patient in Out-patient Physiotherapy Setting?

*CHAN L C, MAK MY, TSE C W, CHUNG K M, MAN Y Y, POON Y HP,
Physiotherapy Department, Tuen Mun Hospital, NTWC*

Keywords:

Chronic back pain

Triage

waiting time

Introduction

With a significant increase in demand in out-patient physiotherapy service, low back pain patients with low irritability and disability will be triaged as non-urgent (R category) by paper triage alone. In current situation, 835 low back pain patients were put on R category with mean waiting time as 37 weeks. Patient dissatisfaction and staff frustration was created. Therefore, a combined comprehensive physical examination with use of predictive screening tool was implemented aiming at stratifying patients with different care pathways based on their risk level of poor outcomes to maximize the available resources.

Objectives

To investigate the profile of low back pain patients in the R category in terms of their risk level of poor outcomes and to explore the impact of matched interventions.

Methodology

Low back pain patients in the R category were recruited and triaged into different subgroups with different risk levels of poor outcomes – low-risk, medium-risk and high-risk by using the translated STarT Back Screening Tool and a comprehensive physical examination by an experienced physiotherapist in musculoskeletal area. Different interventions were then matched to subgroups of different level of risks. All patients were assigned to attend a 2-session back care education and exercise class. Patients in the low-risk subgroup received the education class only. The medium-risk subgroup was further arranged with a 4-session group therapy, whereas the high-risk subgroup continued to receive intensive individual treatment. Profile of the various subgroups was collected. The pain level was measured by Numerical Pain Rating Scale (NPRS). The level of disability was assessed by Roland Morris Disability Questionnaires (RMDQ). The risk level of developing long-term problem by psychosocial factors was reflected by the Orebro Musculoskeletal Pain Screening Questionnaire (OMPQ) and STarT Back Screening Tool. The total treatment sessions for all subgroups were compared with those by the model of care with sole provision of individual treatment.

Result

From January to March 2013, 25 patients (9 male and 16 female; mean age 51 +/- 14 years old) were recruited. The mean pain score was 5.5 +/- 1.8 out of 10 as charted by NPRS. The mean score of RMDQ was 7.1 +/- 5.3 out of 24. OMPQ showed that 30%, 40% and 30% of participants were identified as low, medium and high potential of developing long-term problem respectively, whereas STarT Back Screening Tool demonstrated similar results and stratified 20%, 44% and 36% of participants into low-risk, medium-risk and high-risk subgroups respectively. Thus, 64% of low back pain patients in the R category were cared by group exercise therapy with a total of 125 treatment sessions for all subgroups. As compared to the average of 250 sessions for sole provision of individual treatment for the all 25 patients without stratification, a 50% of the treatment sessions could be reserved for patients who required more intensive therapy. Combined comprehensive physical examination with the STarT Back Screening Tool was found to be a stratification method for triaging low back pain patients in the R category into group therapy resulting in reduction in the total number of treatment sessions for enhancing patient flow. A further outcome study for different pathways is indicated to further justify the application of such stratification system.