



## Service Priorities and Programmes Electronic Presentations

**Convention ID:** 1056

**Submitting author:** Ms Sau-ying Jamie Lau

**Post title:** Senior Physiotherapist, Prince of Wales Hospital, NULL

### **Improving the Active Approach of Physiotherapy Management for Patients with Low Back Pain: a Follow-up Clinical Audit**

*Lau SYJ(1), Yeung KCA(1), Chan SMM(1), Chun YWE(1), Wong I(1)*

*(1)Physiotherapy Department, Prince of Wales Hospital*

#### **Keywords:**

Active physiotherapy management

Low back pain management

clinical audit

#### **Introduction**

Although active management approach is recommended in clinical practice guidelines for non-specific low back pain (NSLBP) patients, a clinical audit done in 2013 revealed that our local physiotherapists' delivered around 60% of active treatment only. There is a need to promote amongst clinicians and change the service provision for sustainability.

#### **Objectives**

To assess the impact of an education programme for physiotherapists and the development of active exercise classes in managing patients with NSLBP.

#### **Methodology**

A three-staged education programme was run for all physiotherapists working in the out-patient clinic in Prince of Wales Hospital: 1) audit (done in 2013) feedback; 2) updates and reviews of evidence-based exercise; 3) patient booklets enhancing exercise adherence and self care. In parallel, exercise classes were developed for patients with talks to promote active self-management. Following the protocol of clinical audit performed in 2013, it was repeated for all NSLBP patients discharged in December 2015 for active treatment – therapeutic exercise, therapeutic activities, self-care, neuromuscular re-education and group therapy. The active approach indicators were: 1) the rate of active to passive mode and 2) the percentage of treatment sessions with at least one active mode per session. Treatment outcomes of pain (Numeric Pain Rating Score, NPRS), back disability (Roland Morris Disability Questionnaire, RMDQ) and Global Improvement Score (GIS) were taken to study the number of patients having minimal clinical important difference (MCID) with treatment. Patients' characteristics and number of therapy sessions were taken.

#### **Result**

In 2015, 123 patients were audited, 70% female, mean age 58 (SD 15.5), 66.6% pain for more than 3 months and 55% pain down to leg(s). Having similar demographics, the data in 2015 was compared against those in 2013. The average visit number was 6.67 (SD5.82) vs 8.54 (SD6.42), the mean rate of active to passive mode 74.7 (SD

25.3) vs 59.3 (SD31.9) and the percentage of at least one active treatment per session 93.9 (SD13.9) vs 77.7 (SD31.9) respectively. There were 80.2% patients with pain decreased to MCID and 68.4% for RMDQ. Overall improvement was 58.2% (SD 23.7). Improving the active management for back pain patients resulted in an average decrease of 1.87(21.9%) physiotherapy sessions with satisfactory results in reducing pain and disability. Efficiency was enhanced.