Prescribing Physical Therapy for Acute Spinal Pain (cervical, lumbar)
Outpatient Treatment Guidelines

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- Rule out "red flag" patients with relative contraindication to physical therapy (PT) (i.e., pain disproportional to clinical findings, systemic symptoms, major trauma, significant acute/evolving neurological deficits, drug-seeking patients).

- Start with relatively short-course prescriptions: range of 4-8 visits over 3-4 weeks, then reevaluate the patient or discuss directly with the therapist to determine need for continuing treatment. You can safely wait until the second office visit before prescribing PT, as a significant percentage of acute patients will resolve even intense back or neck pain within 2-3 weeks on their own. It is advisable to discontinue all PT modalities if the patient is marginally responsive after 2-3 months of treatment.

- It is not cost-effective to send patients for PT exclusively for modalities (i.e., heat, ice, ultrasound, electrical stim) or if therapy has evolved into a mostly modality regimen.

- In-office cervical (or rarely lumbar) traction may have benefit if directly performed in-office by the physical therapist, but home traction units are very ineffective for mechanical or radicular pain.

- Prolonged or "perpetual" physical medicine of any kind has no proven efficacy or cost-effectiveness for chronic spinal pain or radiculopathy.

- PT is generally ineffective for very chronic spinal pain (present for > one year). It is not unreasonable to send a chronic pain-patient to PT for a single visit for the purposes of spinal education or advice on a home program.

- There is no proven benefit to combine different methods of physical medicine concurrent with one another (i.e., PT plus chiropractic/osteopathic, plus OMT)

- PT is generally ineffective for cervical/lumbar spinal stenosis. PT also is generally ineffective for spinal pain control in the elderly, debilitated, marginally ambulatory patient with multi-level spinal problems.

- Acute spinal fracture patients are not appropriate for PT. After fracture healing, PT may be appropriate to control residual mechanical symptoms or simple functional goals such as ambulation and lower extremity strengthening.

- Thoracic-level mechanical pain responds only marginally to PT or manipulation due to the stiffness of the thoracic rib cage.