

ISTITUTO SCIENTIFICO ITALIANO COLONNA VERTEBRALE **ITALIAN SCIENTIFIC** SPINE INSTITUTE

INDEPENDENT PREDICTORS OF FUNCTIONAL RECOVERY IN PATIENTS WITH CRONIC LOW BACK PAIN TREATED **BY SPINAL MANIPULATION, INDIVIDUAL PHYSIOTHERAPY OR BACK SCHOOL**

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1 Objective

To identify predictors of response to treatment in a sample of 210 patients with chronic, non-specific low back pain randomly assigned to either back school, individual physiotherapy or spinal manipulation.

Methods

Retrospective analysis of data from a randomized trial comparing back school, including group exercise, education/ergonomics with individual physiotherapy, including exercise, passive mobilization and soft-tissue treatment, and with spinal manipulation, delivered according to Manual Medicine, for the treatment of chronic low back pain. The primary outcome was the Roland Morris Disability Questionnaire (RM) assessed before and after treatment: those who decreased their RM score <2.5 were considered non-responders. Baseline potential predictors included demographics and information on general health, back pain history and features, and life satisfaction.

	Responders n. 133	NON Responders n. 72	p (*)
General characteristics			
Age, years (mean ± SD)	60.3 ± 13.8	56.0 ± 15.3	0.038
Female sex [n, (%)]	95 (71)	45 (63)	0.355
Weight, Kg (mean ± SD)	69.9 ± 11.7	71.8 ± 11.8	0.255
Height, cm (mean ± SD)	166 ± 9	167 ± 9	0.160
Previous physical activity [n, (%)]	63 (47)	34 (47)	0.829
Current physical activity [n, (%)]	29 (22)	19 (26)	0.379
Smoking [n, (%)]	48 (36)	30 (42)	0.327
Working [n, (%)]	62 (47)	34 (47)	0.751
Living alone [n, (%)]	31 (23)	11 (15)	0.217
Life satisfaction [n, (%)]	127 (95)	70 (97)	0.138
Pain characteristics			
RM score (mean ± SD)	10.4 ± 4.2	7.3 ± 4.8	< 0.001
PRS (mean ± SD)	2.0 ± 0.9	2.0 ± 0.9	0.882
Reported LBP for 2 years or more [n, (%)]	105 (79)	51 (71)	0.408
LBP-related use of drugs [n, (%)]	77 (58)	34 (47)	0.237
Previous treatments for LBP [n, (%)]	99 (74)	41 (57)	0.031

Table 2 -	Response according Back	g to the received treatmen Individual	t, n. 205. Spinal	i i
	School (n = 68)	Physiotherapy (n = 68)	Manipulation (n = 69)	p (*)

3 Results

205 patients completed treatment (140/205 women, age 58+14 years). On discharge, non-responders were 72 (34.2%). Manipulation showed the highest functional improvement and the lowest rate of non-response. In a multivariable backward logistic regression, a lower baseline RM score (OR 0.82, 95% CI 0.76-0.89, p<0.001) and the received treatment (OR 0.32, 95% CI 0.21-0.50, p<0.001) were independent predictors of non-response. Being in the lowest tertile of baseline RM score (<6) predicted non response to treatment for back school and individual physiotherapy, but not for manipulation (same risk of non-response for 1st, 2nd and 3rd RM score tertile).

	(*) From Pea	rson χ 2 test.		
Table 3 -	Response according to R	oland Morris (RM) tertiles	, n. 205.	
	RM 1st tertile ≤ 6 (n = 71)	RM 2nd tertile > 6 ≤ 12 (n = 76)	RM 3rd tertile ≥ 12 (n = 58)	p (*)
Responders [n, (%)]	32 (45)	58 (76)	43 (74)	
Non Responders [n, (%)]	39 (55)	18 (24)	15 (26)	< 0.001
Table 4 - Distribution of	non-responders accordi	ng to received treatment	and RM tertiles, n. 208	5.
Table 4 - Distribution of	non-responders accordir Back School	ng to received treatment Individual Physiotherapy	and RM tertiles, n. 208 Spinal Manipulation	
Table 4 - Distribution of RM 1 st tertile ≤ 6 [n, (%)]	Back	Individual	Spinal	5. p (*
	Back School	Individual Physiotherapy	Spinal Manipulation	p (*
RM 1 st tertile ≤ 6 [n, (%)]	Back School 16 (7.8)	Individual Physiotherapy 17 (8.3)	Spinal Manipulation 6 (3.0)	p (*
RM 1 st tertile ≤ 6 [n, (%)] RM 2 nd tertile > 6 ≤ 12 [n, (%)]	Back School 16 (7.8) 13 (6.3)	Individual Physiotherapy 17 (8.3) 4 (2.0)	Spinal <u>Manipulation</u> 6 (3.0) 1 (0.5)	p (*

4 Conclusions

In our sample of patients with chronic low back pain, randomly assigned to either back school, individual physiotherapy, or spinal manipulation, lower baseline pain-related disability predicted non response to physiotherapy, but not to spinal manipulation.

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