

PRACTICAL INCORPORATION OF PSYCHOSOCIAL AND FOCUSED PHYSICAL ASSESSMENTS FOR SPINE-RELATED PAIN DISORDERS: AN INTEGRATIVE ALGORITHM

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Objectives

Spine-related pain disorders (SRDs), low back and neck pain, are the first and fourth leading causes of disability in the world, respectively, with enormous global economic impact. Increasing expenditures have not resulted in improved clinical outcomes. Linkage of pain and disability with anatomical abnormality and/or physical impairment, as identified with physical examination procedures or diagnostic studies, is not well supported in the literature. Reliance upon the biomedical model and fractured specialty-based care have contributed to a dysfunctional management paradigm. Healthcare professionals are faced with a wide array of differing approaches and treatment options yet few have documented success in the majority of patients.

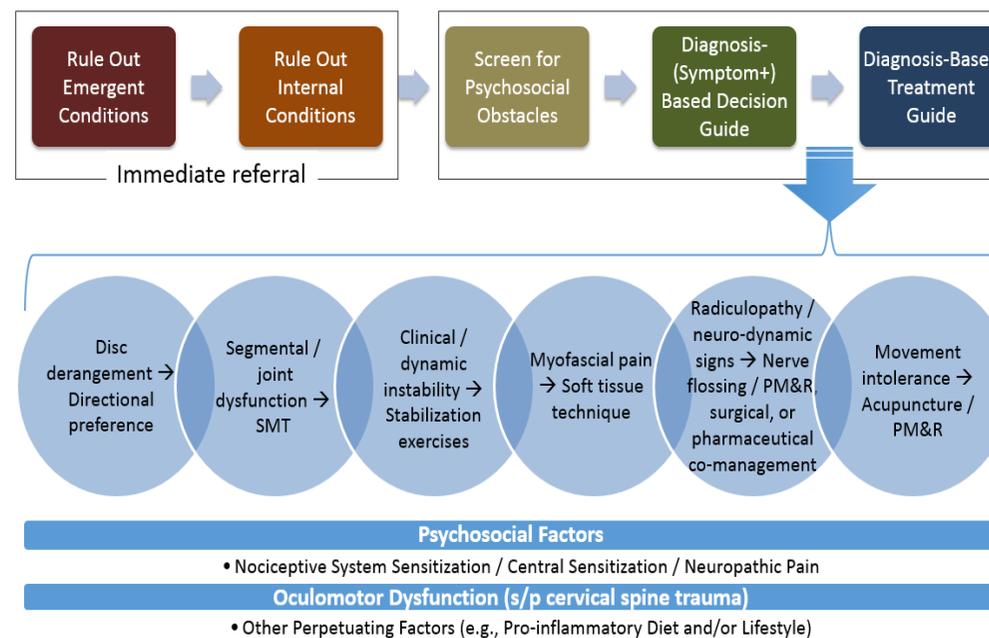
Methods

A qualitative review of relevant literature utilizing the electronic databases MEDLINE, Academic Search Premier, AltHealth Watch, AMED and SPORTDiscus. Relevant articles were assessed to identify psychosocial measures that were found to improve SRD patient outcomes or otherwise affect quality and/or value of patient care. We also visited hospitals and clinics employing emerging models of care for SRDs and interviewed healthcare providers.

Results

Based on the evidence gathered, we implemented an integrative algorithm suitable for differently licensed practitioners to incorporate practical psychosocial assessment concurrent with evidence-informed physical evaluation and management strategies.

Fig 1. Overview of SCU Integrative Spine Care Algorithm



Conclusion

There is evidence supporting a clinical model for SRDs based on relationship-centered care that incorporates the psychosocial needs of patients concurrently with evidence-informed physical evaluation and management strategies. Further research to measure costs and outcomes associated with this care-pathway is being conducted in conjunction with a regional medical group and medical payer.

Thinking about the last 2 weeks check your response to the following questions:

	Disagree 0	Agree 1		
1. My back pain has spread down my leg(s) at some time in the last 2 weeks	<input type="checkbox"/>	<input type="checkbox"/>		
2. I have had pain in the shoulder or neck at some time in the last 2 weeks	<input type="checkbox"/>	<input type="checkbox"/>		
3. I have only walked short distances because of my back pain	<input type="checkbox"/>	<input type="checkbox"/>		
4. In the last 2 weeks, I have dressed more slowly than usual because of back pain	<input type="checkbox"/>	<input type="checkbox"/>		
5. It's not really safe for a person with a condition like mine to be physically active	<input type="checkbox"/>	<input type="checkbox"/>		
6. Worrying thoughts have been going through my mind a lot of the time	<input type="checkbox"/>	<input type="checkbox"/>		
7. I feel that my back pain is terrible and it's never going to get any better	<input type="checkbox"/>	<input type="checkbox"/>		
8. In general I have not enjoyed all the things I used to enjoy	<input type="checkbox"/>	<input type="checkbox"/>		
9. Overall, how bothersome has your back pain been in the last 2 weeks?				
Not at all	Slightly	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	0	0	1	1

Fig 2. Keele Start Back Screening Tool (SBST)

