THE COST-EFFECTIVENESS OF PHYSICAL THERAPY SERVICES FOR THE TREATMENT OF LOW BACK PAIN

Authors: Daniel Lanari, SPT, Denise Wise, PhD, PT, and Jena Ogston PhD, PT

Affiliation: College of St. Scholastica
IRB: na
Funding: none

Purpose:
The purpose of this literature review was to examine the cost-effectiveness of physical therapy in the treatment of low back pain. This included comparing various physical therapy intervention strategies along with comparing physical therapy services to other medical professionals such as chiropractors and physicians.

Methods:
The articles for this review were obtained through searches using the CINAHL database. The inclusion criteria were as follows: English language, peer reviewed, full-text availability, cost-analysis of low-back treatments, published within the last 15 years and use of physical therapy treatment for low back pain.

Results/Discussion:
A major consensus of the articles reviewed was that indirect costs, or lost wages, account for a much larger portion of the total cost than direct costs. A common theme found amongst the articles was that physical therapy treatment is able to provide positive clinical outcomes with both acute and chronic conditions such as: pain reduction, disability, function, and quality of life. When considering chronic low back pain, the use of traditional physical therapy methods is not cost-effective, where more patient education should be implemented. Evidence-based interventions are more effective than modality-based therapy. Also, early intervention therapy appears to yield long-term cost savings.

Conclusion and Clinical Implications:
These results demonstrate that that early intervention, which follow current clinical guidelines for an active approach to treatment, is the most cost-effective method in the treatment of low back pain. When treating chronic symptoms, a shift in focus towards patient education and behavioral consultation should be considered. These approaches will help reduce both direct and indirect costs for low-back pain.