Getting back in the game: Specific PT treatment for athletes with low back pain
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Outline

• Strong patient interview skills
• Effective treatment planning
• Case-specific review of typical patient presentations

Patient interview

Most patients want to know
– What is wrong?
– What can be done about it?
– When can I get back to ….?"

Patient interview

• Read the situation
  – Parent talking more than patient
  – “Failed” prior PT
  – Detached from athlete identity
  – Low confidence about return to sport
• Loaded statements
  – “No offense but …”

Patient interview

• Reassurance
• Therapeutic alliance
• Shared decision making
• Common goal setting

Natural resolution of LBP

50% of people have resolution of back symptoms at one week, and 80-90% are better by 6 weeks
Provider shopping

- You and the patient are out of sync
- You don’t give them the answer/approach they want
- The patient goes looking elsewhere
- Ask yourself – what could you have done differently? Were they ready to hear your message?

My approach - Exam

- Balance of specific exam findings and treatment techniques with relating to the patient and the situation
- Comparable findings
- Avoid over-diagnosing

My approach - Treatment

- Wouldn’t it be nice if all our patients fit neatly in a box?
- Emerging evidence that specific treatment approaches don’t matter as much as therapeutic alliance

My approach - Treatment

- Do what works for you and your patient
- Have many tools in your toolbox and match your treatment to the patient
- The best treatment is the one that you have confidence in providing, and the patient believes will make them better
- The best exercise program is the one the patient will do consistently and do correctly

Treatment planning

- Common understanding
- Active coping strategies
- Value-based activities
- Graded activity exposure

Active vs Passive treatments

- Get patient moving on Day 1
- Decrease fear avoidance
- Increase patient’s control over situation
What about pain?

• De-emphasize pain
• Focus on fear and function
• Acute pain message vs persistent pain message

Exercise prescription

• If a patient can’t demonstrate an exercise correctly in the clinic, it will look even worse at home
• Be specific about the technique and goal of each exercise
• Plan A, Plan B, ... Plan H

Setting patient expectations

• Monitor physical and psychological recovery
• Clinical screening for those at risk
• What to do if you find someone at risk?

Most powerful tool in our toolbox

Good advice

• Our spines are strong and meant to move
• Back pain is rarely the sign of something serious
• Hurt does not equal harm
• Focus on function, not pain

Confidence with return to sport

• Physical readiness
• Psychological readiness
• Social influences
• Previous experience of self, team-mates, family members
• Athlete identity
• Link to scholarship and school

Multifactorial contributions
Multifactorial contributions

• Damaging physical therapist message
  “Unstable”
  “Out of alignment”
  “Protect”

• Focus on what the patient CAN do rather than what they should avoid

Imaging

• “Did you see my imaging? I have an L4/5 disc!”
• “My neck felt ok until I had my MRI”
• “The doctor said my back looks like an 80 year old woman”
• “My doctor said that my imaging is normal. But why do I still have pain?”

Imaging

Helpful to rule out serious pathology, NOT to determine the source of the pain

Best case scenario:
Subjective report AND exam with neuro deficits AND positive imaging

Local and global strength

• Local: Stabilizers
• Global: Mobilizers

• Need co-activation for optimal function and performance

Local stabilizers

• Multifidus, transversus abdominis
• “Prep” for movement
• How do we translate local control “easy” exercises to sport?

• Abdominal bracing in prep for landing

Static and dynamic strength

• Static and dynamic core exercises help with strength but do not transfer to any sport-related skill
• Specificity of training: Static endurance vs power and speed
• Athletes need to be trained with high loads to better simulate demands of sport
Quota based exercise

Rainville program
  – Back extension
  – Trunk rotation
  – Hip girdle

Lacrosse Player: Exam

  • Chief complaint: LBP with variable LE symptoms
  • Hypermobile, weak stabilizers, extension sensitive
  • Missing school, grades slipping, not participating in team activities
  • Imaging catastrophe
  • Mom with history of back surgery

Lacrosse Player: Treatment

  • Reassurance
  • Local strength
  • Limit hyperextension

Triathlete: Exam

  • Chief complaint: LBP during transition from cycling to running
  • Stiff, strong
  • Lumbar extensor dominant
  • Increased anterior pelvic tilt
  • Poor abdominal and glut strength
  • Tight hip flexors and lumbar extensors

Triathlete: Treatment

  • Transitions
  • Postural endurance
  • Glut strength
  • Strategies for motion (ex: extend lumbar spine while on bike in prep for running)

Dancer: Exam

  • Chief complaint: Sciatica
  • Hypermobile, strong
  • Searching for the "source": Tethered cord
  • Type A+++++++++
  • "Teachers have invested a lot in me"
  • Demanding performance schedule
Dancer: Treatment

- Reduce the irritants
- Neural glides
- Extension control (secondary)

Tennis player: Exam

- Chief complaint: LBP, strange feeling in legs
- Russian deadlift
- Acute mechanical LBP resolving quickly
- Tires easily

Tennis player: Treatment

- Instruction in low back stretching program
- Education on appropriate weight lifting technique and dosage
- Leg symptoms worsening

Tennis player: Follow-up

- MRI with and without contrast of total spine
- Lumbar puncture
- Comprehensive labs
- Nutritionist
- Neurologist
- EMG / NCV testing
- Human performance lab testing
- Infectious disease

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