

# Musculoskeletal Pathway: Managing Acute Back Pain in Primary Care



## Advice for General Practitioners, Primary Care Trusts and Local Health Boards

### Back Pain

- 30% of all GP consultations are about musculoskeletal complaints.<sup>1</sup>
- 10 % of back pain patients take up 90% of its healthcare costs.<sup>2</sup>
- For most patients with back pain, evidence suggests that it resolves in three to four weeks after onset if an evidence-based approach is used.
- The remaining patients subsequently need immediate referral (within one week) to a Musculoskeletal Clinic for behavioural management, manipulation or reactivation/rehabilitation (biopsychosocial model).
- The Department of Health has issued its recommendations for the treatment of back pain in the Musculoskeletal Services Framework. This framework suggests GP referral of patients to Musculoskeletal Clinics which include: GPs with a special interest, specialist consultants, nurses, Allied Health Professionals, Clinical Psychologists, Chiropractors and Osteopaths.
- To avoid counter-productive waiting lists in the NHS, spare capacity could be provided by Chiropractors, Osteopaths and Musculoskeletal Physiotherapists in the private sector, with whom the Local Health Board or PCT has a contract, on a per patient episode at tariff.

### What is Chiropractic?

- Chiropractic is concerned with the diagnosis, treatment and prevention of mechanical disorders of the musculoskeletal system and the effects of these disorders on the function of the nervous system and general health. There is an emphasis on manual treatments including spinal manipulation or adjustment.
- Chiropractors are regulated by the General Chiropractic Council (GCC). To register, Chiropractors are required to have completed an honours degree or undergraduate masters. Pre-registration training includes differential diagnosis/triage.
- Chiropractors mainly treat:
  - Back, neck and shoulder problems
  - Joint, posture and muscle problems
  - Leg pain and sciatica
  - Sports injuries
- The main aims of treatment are:
  - Alleviation of distress and control of pain
  - Restoration of normal functioning and activity
- The main treatments of chiropractic have been shown consistently in reviews to be more effective than the treatments to which they have been compared.<sup>3,4,5</sup> Chiropractic intervention, including manipulation, is safe, effective and cost-effective in reducing referral to secondary care.<sup>6</sup>
- The main treatment interventions, as recommended by the current evidence reviews and clinical guidelines, is a biopsychosocial approach:
  - Guidance on activity, lifestyle, prognosis and prevention
  - Physical treatments drawn from all types of manual therapy, spinal manipulation and rehabilitation exercise
  - Advice about pain control, including non-prescription medication
  - Psychosocial interventions aimed at resolving cognitive barriers to recovery
- Referrals: GMC guidance allows referral by GPs to chiropractors as statutorily regulated health professionals.<sup>7</sup> The British Medical Association has also published referral guidance for GPs.<sup>8</sup>

<sup>1</sup> Department of Health, 2006. Musculoskeletal Services Framework.

<sup>2</sup> Clinical Standards Advisory Group 1994. Epidemiology Review: The epidemiology and cost of back pain. London, DH.

<sup>3</sup> UK BEAM Trial Team 2004. The UK Back Pain Exercise and Manipulation (BEAM) Randomised Trial: Effectiveness of Physical Treatments for Back Pain in Primary Care, BMJ; 329(7479): 1377.

<sup>4</sup> Meade TW, Dyer S *et al* 1990. Low Back Pain of Mechanical Origin: Randomised Comparison of Chiropractic and Hospital Outpatient Treatment, BMJ 300: 1431-37.

<sup>5</sup> Meade TW, Dyer S *et al* 1995. Randomised Comparison of Chiropractic and Hospital Outpatient Management for Low Back Pain: Results from Extended Follow Up, BMJ 311: 349-351.

<sup>6</sup> UK BEAM Trial Team 2004, The UK Back Pain Exercise and Manipulation (BEAM) Randomised Trial: Cost-effectiveness of Physical Treatments for Back Pain in Primary Care, BMJ 329(7479): 1381.

<sup>7</sup> General Medical Council, 2006. Good Medical Practice (para 55).

<sup>8</sup> British Medical Association, July 1999. Referrals to complementary therapists.

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