

APA Low Back Pain Position Statement

Executive Summary ©



Produced by Musculoskeletal Physiotherapy Australia (formerly the Manipulative Physiotherapists' Association of Australia) for the Australian Physiotherapy Association.

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The Australian Physiotherapy Association (APA) has developed the following position statement on the physiotherapy management of low back pain, based on the available scientific evidence from systematic reviews and randomised controlled trials.

Acute Low Back Pain

There is considerable evidence to support the use of manipulative physiotherapy, McKenzie therapy and early activation, as prescribed by physiotherapists, in the management of acute low back pain. For example manipulative physiotherapy has been shown to provide better clinical results than comparison treatments such as traction, massage, epidural injections and massage. The Association believes that it is important to emphasise that the majority of clinical trials that have found a benefit for spinal manipulation have used physiotherapists as the treatment provider.

The Association believes that there is insufficient evidence at present to suggest that interventions such as shortwave diathermy, heat and massage are effective in the management of acute low back pain.

Sub-acute low back pain

There is evidence to support the use manipulative physiotherapy, supervised exercise programs and advice to return to normal activity in the management of sub-acute low back pain.

Chronic Low Back Pain

There is strong evidence that general exercise programs, as designed and supervised by physiotherapists result in reduced disability, reduced absenteeism and faster return to work rate compared to other treatments such as massage, modalities and back school. Evidence to support the efficacy of specific exercise programs, as designed by physiotherapists, is mounting. Physiotherapy researchers have conducted pioneering research investigating the proposed mechanisms behind chronic and recurrent low back pain.

There is strong evidence that manipulation is more effective in the management of chronic low back pain than care by general practitioner (GP), bed rest, analgesics, and massage.

The Australian Physiotherapy Association would argue therefore, that there is considerable scientific evidence to support the efficacy of specific physiotherapy intervention regimens (eg manipulation and exercise) over comparison regimens including care by GP, NSAIDs and short wave in treatment of acute and chronic low back pain.