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Over-the-phone physical therapy initiative helps ease spine patients' pain

Jan. 7, 2016, 9:23 AM

Spine surgery patients at risk for poor recovery can benefit from cognitive-behavioral based physical therapy, according to a Vanderbilt University Medical Center study.

This potential new model of care involves physical therapists conducting weekly, 30-minute telephone sessions with patients.

With the Changing Behavior through Physical Therapy (CBPT) program, patients were encouraged to set achievable goals, taught relaxation exercises, instructed about pain distraction techniques, given direction on replacing negative thoughts with positive thoughts and provided a self-management plan. Those patients scored significantly better on a lower back disability index six months after surgery than patients who received only educational support.

The CBPT program focused on patients who underwent lumbar laminectomies with or without fusion and who reported being fearful of movement prior to their surgeries.

"The fear is there before surgery because they have been in so much pain for so long they have restructured their lives so they don't increase their pain," said Kristin Archer, Ph.D., DPT, the study's lead author. "They have created a very small world for themselves. It might be if they go to work, they have to go home and not do anything else."

The study, which was published recently in *The Journal of Pain*, is the first to assess the effects of a phone-based physical therapy intervention based upon cognitive behavioral therapy following spine surgery.



(<http://news.vanderbilt.edu/2016/01/therapy-initiative-helps-ease-spine-patients-pain/kristin-archer-vanderbilt-university-lauren-holland-2/>)

Both the intervention group and the control group received the weekly, half-hour telephone sessions with a physical therapist for six weeks. The intervention group scored 9.8 points better on the Oswestry Disability Index than the control group and 17 points better than what was reported prior to treatment.

Kristin Archer, Ph.D., DPT

The scores for the intervention group were deemed clinically meaningful.

"The reason both groups got telephone sessions is because we wanted to try to control for the attention of the therapist," Archer said. "In behavioral interventions when something is being delivered, you want to make sure that it is the components of the intervention and not just that the physical therapist is talking to you."

People age 60 and older are especially at risk of developing a degenerative lumbar condition, such as spinal stenosis.

Despite the benefits of surgery and surgical advances, up to 40 percent of those who undergo the procedure still report persistent pain, functional disability and poor quality of life. Patients fearful of movement before surgery are more likely to fall into that category after surgery.

"They are going to lose that window after surgery where they should be moving to get back to activities they enjoy," Archer said.

The study, which involved 80 patients, is part of an initiative funded by the National Institutes of Health (NIH). A second phase study, currently funded by a \$1.7 million grant from the Patient-Centered Outcomes Research Institute, has expanded enrollment to 260 patients.

The next step is to integrate cognitive-behavioral based strategies into the clinical practice of physical therapists. VUMC and Johns Hopkins Medicine are collaborating on this initiative.

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