

## Low back pain

**To the Editor:** With regards to your recent article, "Guidelines prescribed by general practitioners to patients with acute low back pain regarding 'return to work'"<sup>1</sup>. Thank you for placing an article to remind us how important it is to keep up to date with new guidelines and to implement them.

I just have a few questions relating to the article and some comments on guidelines:

The article states that bed rest is still prescribed by 67,27% of GPs. The article also states that the questionnaire is non-standardized and thus lacks reliability. I thus, would have liked to see an example of the questionnaire, especially as it does not state in the article if there was a time period attached to the bed rest, seeing that according to most current guidelines patients must just not get bed rest more than 2 days. If the GP thus had to answer if he gives bed rest or not it is misleading because bed rest for one or two days is fine but not for longer.

The article implies that back schools, corsets and spinal manipulation are out dated. I am not at all an advocate for back schools, but a Cochrane Review Abstracts (**MW Heymans**) posted 10/01/2006 states that there is moderate evidence that back schools do work. The sources for the article in the SAFF date till 2005 only.

I tried to search for the newest guidelines myself and found New Zealand guidelines and guidelines from the "National Guideline Clearinghouse (NGC) and the Institute for Clinical Systems Improvement (ICSI): USA". I could not find updated South African guidelines on Acute Low Back Pain. The Guidelines I found were 24-7 pages long! Imagine one must keep up with each condition's guidelines as one of my colleagues put it!

I do agree with the article in the SAFF that there is limited guidance on the occupational aspects of performing activities in the work-place. But I hope that the medical aids will pay for all the back pains that we are going to refer to the OT now, or that there will be an OT available at the day hospitals for this purpose.

### Arina Schlemmer

Lecturer: Family Medicine and Primary Care  
Stellenbosch University

### Reference

1. Hough PA, Van Rooyen FC, Bredenkamp E, et al. Guidelines prescribed by general practitioners to patients with acute low back pain regarding 'return to work' **SA Fam Pract 2006; 48(10):15.**

**RESPONSE:** Thank you for your response and comments relating to the article "Guidelines prescribed by general practitioners to patients with acute low back pain regarding 'return to work'"<sup>1</sup>.

As stated in this article 67.27% of participants refer patients for bed rest. Of the 67.27% who recommends bed rest for treatment, only 1 person (5.6%) advised the patient to return to work within 2 days. Since the aim of the study was "Return to Work - Guidelines" the questionnaire was structured within the framework of "return to work". It is interesting to note that

of the 67.27% who recommended bed rest, 19 (51.41%) did not advise the patient to return to work.

The questions were structured and formulated as follows:

15. Which of the following treatment methods do you currently use as your treatment protocol for LBP? (more than one may be selected).
  1. Medication
  2. bed rest
  3. "back school"
  4. acupuncture
  5. massage
  6. lumber supports
  7. exercise
  8. traction
  9. corsets
  10. spinal manipulation
  11. laser
  12. "return to work"
  13. ophther, please specify

If your protocol includes "return to work", answer 15.1 and 15.2:

- 15.1 When do you advise the patient to return to work?
  1. Within two days after the consultation
  2. within a week after the consultation
  3. a week or more after the consultation

Most medical funds should cover occupational therapy intervention procedures provided it is part of the patient's medical plan, and the services is within the limits for occupational therapy allocation for the particular scheme.

Regarding the availability of the newest guidelines on "return to work".

Research results from a variety of working groups on low back pain are available in a number of guidelines according to the task groups assigned to the research. As you mentioned it is indeed an exhausting list, due to its representation of results that span over almost 3 decades. However a number of task groups under the leadership of significant authors collaborated their findings which eventually released summarized documents, now better structured more 'user-friendly'.

Occupational therapy is indeed concerned with the guideline recommendation of "return to work", and the consequent intervention strategies by health professionals after "return to work" takes place. Follow up research results already submitted to SAFF addressed this particular issue. This result indicates that 43.9% of participants follow a specific management approach to facilitate "return to work". Aspects that the GP's find necessary with regards to evaluation and modification of work are well indicated.

### Ronette Hough

gnatpae.MD@ufs.ac.za

Lecturer/Department of Occupational Therapy University of the Free State

### Reference

1. Hough PA, Van Rooyen FC, Bredenkamp E, et al. Guidelines prescribed by general practitioners to patients with acute low back pain regarding 'return to work' **SA Fam Pract 2006; 48(10):15.**