



# RICHMOND PHYSICAL THERAPY

## ASHLAND PHYSICAL THERAPY



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### RICHMOND PHYSICAL THERAPY

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### OUR CLINICAL STAFF

#### OUR PHYSICAL THERAPISTS

Matthew Pulisic, MS, PT, OCS

Rick Herod, PT

Kim Link, DPT

Laura Weigan, MSPT

Marie Potter, DPT, ATC

Michael Hathaway, DPT, ATC

#### OUR ATHLETIC TRAINERS

Robin Eldridge, MS, ATC

St. Christopher's School

Brandi Beatty, ATC

Benedictine High School

Jason Engle, LAT, ATC

Collegiate School

### OUR GUARANTEE

*It is our policy to offer each patient an appointment within 2 working days. Emergency appointments made upon a physician's request will be honored.*

Over the past few years we have found that non-specific low back pain is a common condition treated in our clinics. Non-specific low back pain affects many individuals in mild to more disabling ways. We have had very good success treating this condition using a very basic treatment program emphasizing primarily patient education, improving one's overall level of fitness and educating patients on how to manage their condition for the long term. Patients are encouraged and seem to do well after discharge from physical therapy while continuing to manage their condition through an appropriate home program.

The enclosed program will give you an idea of our approach for treatment of this condition. This is a basic program that if you notice in each phase emphasizes patient education. Please review it and let us know if there are any additions you would like to see on the program.

Sincerely,  
Richmond/Ashland Physical Therapy

## Richmond/Ashland Physical Therapy Non-specific Low Back Pain Treatment Program

### Goals:

1. Relieve Pain
2. Restore balances of strength and flexibility of core and pelvic musculature
3. Restore function

### Treatment Outline:

- 1. Acute Phase (0-10 days)**
  - a. Therapeutic exercise-must be pain free/low intensity
  - b. Modalities – as indicated
  - c. Manual therapy – as indicated
  - d. Patient education – symptom management – early return to activity/movement!
- 2. Sub-acute (10-21 days)**
  - a. Therapeutic exercise
    - i. Patient/muscle specific therapeutic exercise/stretching
    - ii. Restore ROM
    - iii. Gentle stabilization activities
  - b. Modalities – as necessary to manage short term exacerbations of symptoms
  - c. Manual therapy – as indicated
  - d. Patient education
    - i. Symptom management
    - ii. Home exercise program
    - iii. Postural cuing/behavioral patterns
- 3. Chronic (>3 weeks)**
  - a. Therapeutic exercise
    - i. Continue muscle specific exercises and progress as tolerated
    - ii. Progress stabilization activities as tolerated
    - iii. Function specific strengthening
  - b. Patient education
    - i. Continue to progress home exercise program
    - ii. Body mechanics (lifting/function specific)
    - iii. Posture/behavioral cuing

### References

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- Rainville J, Hartigan C, Martinez E, Limke J, Jouve C, Finno M. “Exercise as a treatment for chronic low back pain.” *Spine Journal*. Jan-Feb; 4(1):106-15.
- Van Tulder MW, Ostelo R, Vlaeyen JW, Linton SJ, Moreley SJ, Assendelft WJ. “Behavioral treatment for chronic low back pain: a systematic review within the frame work of the Chochrane Back Reviw Group”. *Spine*. 2000 Ocotober 15;25(20):2688-99.

