‘Usual’ physiotherapy is more effective than brief physiotherapy for neck pain

Synopsis


Questions For patients with neck pain, is a brief physiotherapy intervention as effective as ‘usual’ physiotherapy? Do patient preferences for treatment influence outcome? Design Non-inferiority randomised controlled trial with concealed allocation and blinded assessors. Setting Eight community services in Yorkshire and Lincolnshire, UK, involving 28 participating physiotherapists (12 trained to provide brief intervention). Patients 268 patients (average age 48 years) with subacute/chronic neck pain, GP referred, randomly assigned to brief intervention (139) or ‘usual’ physiotherapy (129). Patient preference measured independently at baseline. Similar loss to follow-up at 12 months (17% and 18% respectively). Interventions Brief intervention of up to 3 treatments encouraging self-management and early return to normal daily activities. ‘Usual’ care (variably electrotherapy, manual therapy, education, advice) determined by individual professional judgment. Outcomes Main outcome measure was Northwick Park neck pain questionnaire (NPQ), secondary outcome measures were SF-36 instrument, Tampa Kinesophobia Scale, Distress scale scored 0–10. All measures administered pre-intervention, 3 and 12 months follow-up. Results The results generally favoured ‘usual’ physiotherapy. NPQ showed significant difference at 12 months (1.99 (0.45 to 3.52)). Significant changes at 3 months in SF-36 domains of mental health (-4.68 (-8.37 to -0.98) and energy and fatigue (-4.55 (-8.80 to -0.29), and at 12 months in SF-36 domains of Role Physical (-6.70 (-12.96 to -0.44)), Role Emotional (-11.72 (-17.57 to -5.86)), Energy and Fatigue (-9.24 (-14.66 to -3.82)), Pain (-6.74 (-13.18 to -0.38)) and General Health (-8.15 (-12.35 to -3.95)). Significant changes in Tampa scale at 3 months (-2.23 (-3.73 to -0.74)) favoured the brief intervention. Patients who preferred the brief intervention and received it had similar outcomes to patients receiving ‘usual’ physiotherapy. Conclusion ‘Usual’ physiotherapy was generally more effective than brief physiotherapy intervention at 3 and 12 months follow-up. The effect of patient preference on outcome is unclear.

Commentary

The clinical implication of this methodologically strong study is that ‘usual’ physiotherapy was marginally more effective than ‘brief’ physiotherapy at 3 and 12 months follow-up. Moreover, patients who preferred, and were allocated to, the brief intervention may have an outcome as successful as that of patients given ‘usual’ care. These findings are consistent with earlier findings that patient expectations were among the key factors that influenced outcome of physiotherapy (Klaber Moffett and Richardson 1997). Research by May (2001) and Potter et al (2003) suggested that patient expectations of physiotherapy care include key components of education, self management strategies which are underpinned by effective communication, and patient-centred approaches. These findings have been validated by this author’s doctoral research at the University of South Australia, where 74 physiotherapy patients’ expectations of quality care included empowerment (education, self management strategies) and patient centred care (Kumar 2005).

The findings of this investigation, coupled with those from earlier research support the need to better understand partnership approaches between patient and physiotherapist, reflecting education, self management and early return to normal duties. These seem particularly relevant in the management of chronic musculoskeletal conditions such as neck pain.

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References


