

Treating Chronic LBP in Older Adults

MOST MDS ARE NOT READY

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A recent study published in the *Journal of the American Geriatrics Society* (Cayea, et al., November 2006) examined the differences between what medical doctors know about various contributors to chronic low back pain (CLBP) and how confident they are in diagnosing those complaints. What the investigators found helps explain the frustration many seniors regularly experience.

Currently, more than a third of "community-dwelling older adults experience an episode of back pain per year." This translates into "approximately 6 million older adults [who] suffer from recurrent low back pain." Unfortunately, rather than enjoy specific chiropractic care, these seniors routinely are "diagnosed with 'nonspecific low back pain.'" Needless to say, such a diagnosis does little to point them in the direction of the care they require.

This study asked MDs in the state of Pennsylvania to answer questions about various conditions contributing to CLBP and rate their confidence in their ability to diagnose, through physical examination, those specific contributors to CLBP. They also were presented with patient vignettes. Each vignette had two multiple-choice questions; one question focused on diagnosis and the other on treatment. Here's how the MDs scored:

- *Sacroiliac Joint Pain*: 32.2% were "very confident" in their ability to diagnose; only 4.4% answered the two questions correctly.
- *Lumbar Spinal Stenosis*: 38.6% were "very confident" in their ability to diagnose; only 12.6% answered the two questions correctly.
- *Leg-Length Discrepancy*: 27% were "very confident" in their ability to diagnose; 42% answered the two questions correctly.
- *Fibromyalgia*: 35.5% were "very confident" in their ability to diagnose; 57.1% answered the two questions correctly.
- *Myofascial Pain of the Piriformis Muscle*: Only 8.5% were "very confident" in their ability to diagnose; 68.5% answered the two questions correctly.

If that isn't enough, "[the] percentage of PCPs who felt very confident in diagnosing the individual contributors of CLBP was less than 50% for all items." And there was no correlation between an MD's knowledge of the patient's condition and their confidence in treating it.

Imagine being an older person going to your family practitioner with myofascial pain in your piriformis muscle. There is only a 8.3% chance your MD is very confident in their ability to accurately diagnose your problem. If they do decide to address your condition, and it is myofascial pain in your piriformis muscle, the doctor has a 68% chance of diagnosing and treating it correctly. The scenario gets worse with sacroiliac joint pain. In this case, you have a 33.3% chance of your MD feeling very confident they can diagnose your condition, and only a 4.3% chance they really know how to diagnose and treat it.

In all situations, the patient is likely to undergo unnecessary tests as the medical doctor attempts to bolster their lack of confidence and knowledge.

This study presents a golden opportunity to you as a doctor of chiropractic. You actually can diagnose and care for the conditions related to CLBP, and you "know that you know" how to do it. Doctors of chiropractic are the obvious referral choice for most MDs faced with CLBP. The only difficult part is making sure your local MD appreciates all you have to offer. That may involve a couple of meetings and some substantial communication on the first few patient referrals. But the time will be well-spent, particularly for the patients.

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FEBRUARY 2007