

# LOW BACK PAIN REVOLUTION

**Special Edition** 

# **LOW BACK PAIN (LBP)**

BY THE NUMBERS



cause of work-related disability in persons under 45 in US

2nd

most common reason reported for missing work 5th

most common reason for all physician visits

80%

of the population will experience LBP at some point in their lives

1 in 4

Americans experience LBP at any given time

THAT'S **78,478,510** PEOPLE!

\$135 billion

Cost of LBP to the US economy annually

(direct medical & associated costs)

## WHAT CAN BE AFFECTED BY LOW BACK PAIN?











# **The Low Back Revolution**

By Stephen E. Anderson PT, DPT, CEO, Therapeutic Associates

o what's a "revolution?" In John Lennon's iconic song, he sang, "You say you want a revolution/well, you know/we all



Stephen E. Anderson PT, DPT, CFO

want to change the world." A revolution is taking something that has been a certain way and turning it upside down to strive for a new perspective. This is exactly what

Therapeutic Associates is doing with the treatment approach to one of the most common and debilitating physical conditions in this country: low back pain.

Physical therapy is usually not what most people think of when they are restricted from normal activity due to low back pain. Yet, when we review the data, physical therapy is one of the most effective ways to decrease pain, improve function, and return people to their normal work and activity level. Studies show that the cost is significantly less and patient satisfaction is high, especially when physical therapy is provided early in the process. So how do we change

the world as it relates to dealing with low back pain?

TAI calls for a revolution. Our master clinicians have created a program based on the highest quality research literature available. Using clinical scientific research as our guide, we have eliminated treatments that lack supporting evidence. We also acknowledge that there is too much variance in treatment approaches. Our PTs across the company are committed to embracing only treatment we know to be effective in restoring function and decreasing pain, as supported by this research. We understand that this is also an important way to decrease healthcare costs; by committing to treatment we know will be effective and will take less time to reach our patients' goals.

Multiple studies have shown that when patients seek the care of a physical therapist first for acute low back pain, they improve faster, miss less time from work, and return more quickly to activities they love. The overall healthcare cost of the episode also goes down significantly. Direct access to physical therapists

(going directly to a PT before seeing a medical doctor) gets you into treatment faster, avoids unnecessary and costly imaging studies, and reduces your reliance on medication. Now that is a revolution in the treatment of low back pain! We consider this a game changer.

Starting a revolution requires everyone to be on the same page and believing in the new concept. Our physical therapists at TAI are on board. Our next step is to let others know the plan. This entire magazine is devoted to getting people the information they need so they can become part of the movement. Success will come with positive patient outcomes and reduced costs to treat the condition. We are excited to march toward making positive changes in the way we approach this health epidemic. We are confident it is a step in the right direction in improving the health of our communities and lowering overall healthcare costs. To us this is a win/ win proposition. Physical therapists are the low-cost care providers in this formula. With research to back up the vision, how could anyone not want to be a part of the revolution?

#### Contributors:

Timothy Brinker PT, DPT, OCS, COMT, FAAOMPT David Deppeler PT, DSc, OCS, FAAOMPT Chris Hoekstra PT, DPT, OCS, FAAOMPT Bill Temes PT, MS, OCS, COMT, FAAOMPT

**Rich Katz** Scott Wick Josh Benson



COMT-Certified Orthopaedic Manual Therapist (NAIOMT Level IV+), FAAOMPT – Fellow of the American Academy of Orthopaedic Manual Physical Therapy, OCS-Orthopaedic Certified Specialist

#### Therapeutic Associates, Inc.

7100 Fort Dent Way, Suite 220, Seattle, WA 98188 206-241-8488 phone • 206-241-0028 fax Dorothy Klemetson x2200 | dorothyk@taiweb.com Scott Wick x2214 | swick@taiweb.com

Visit: therapeuticassociates.com/outlook

to . . .

• Access past *Outlook* issues • Join our Email list • Join our snail mail list

and you can follow us: 🛐 🔰







# Be an Educated Healthcare Consumer

n general, the national focus on Healthcare
Reform (now the Affordable Care Act) has
increased healthcare awareness. This has had a
positive impact on our collective IQ as healthcare
consumers. We are better at researching our options for
medical intervention and looking for value.

In addition, our country's current economic state has resulted in less disposable income. Healthcare costs represent a substantial investment for most individuals and families. The challenge for consumers is navigating the various treatment options. It is often difficult to assess the validity of the information you find online or elsewhere.

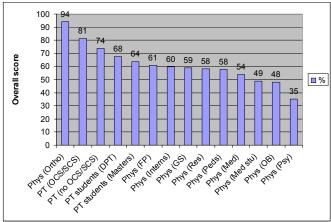
In order to actively manage your physical health, you need to know your options and your rights as a patient and healthcare consumer. The goal of this issue is to provide increased education and awareness on low back pain to help you make informed decisions.

#### Why Physical Therapy?

Physical therapists are licensed healthcare providers for the musculoskeletal system and experts in treating individuals with disabilities of the joints, muscles, and nerves. We treat these conditions in order to improve function by reducing pain and restoring motion. Physical therapists have many years of training in anatomy, kinesiology (how the body moves), and pathology

(disease and injuries to the body). They can identify where the problem exists, how serious it may be, and how best to treat it.

Our approach is non-invasive and holistic, with the goal of promoting healthy, pain-free activities that maximize productivity and enjoyment in both work and recreation. The extensive education, training, and experience required of a physical therapist make them your best choice for the treatment of your musculoskeletal system. A study performed in 2005 comparing physical therapists' knowledge in



1 Childs JD, et. al. A description of physical therapists' knowledge in managing musculoskeletal conditions. BMC musculoskeletal disorders. 2005;6:32.

managing musculoskeletal conditions showed that physical therapists rank higher than all other physician specialists, except for orthopedists (www.biomedcentral. com). This study simply reinforces what many physical therapy patients have experienced: that a physical therapist may be your best choice for the non-invasive management and maintenance of your musculoskeletal system.

#### Who needs Physical Therapy?

Statistically speaking, everyone will need physical therapy at some point in their lifetime. In general, many people know less about the mechanics of their body than they do about their own automobile or computer. Our body is a system that requires maintenance to perform optimally. We are all guilty of taking our musculoskeletal health for granted. It is not until we experience injury or disease that affects our ability to move pain-free that we begin to appreciate physical health. As healthcare providers and experts on musculoskeletal health, we encourage everyone to make a commitment to lifelong physical health. The role your physical therapist plays as your medical provider depends upon your physical needs, but physical therapy remains your best choice for prevention, management, and rehabilitation of your musculoskeletal system.

#### **Choice**

Physical therapy is a covered benefit under most insurance plans. Many patients start with their primary care physician for health concerns. As evidenced by the information provided, this may not always be your best path as a consumer for musculoskeletal conditions. Studies show there is often more value in seeking medical care from your physical therapist first.

As a healthcare consumer, you have the right to choose where you receive your care. Your insurance plan has a list of "preferred providers" for all specialties, including physical therapy, and will cover a portion of the cost of care based on your plan benefits. Like all medical intervention, patients will be responsible for a portion of the costs, like co-payments and co-insurance outlined by your plan. Therapeutic Associates is a preferred provider for most insurance plans, and as a convenience to our customers, we will gladly verify insurance for you.

#### **Physical Therapy Direct**

As licensed medical providers, physical therapists can be accessed directly without a referral or recommendation from your medical doctor. This is called Direct Access and is legal in 47 states, including Washington, Oregon, and Idaho.

That means that as a consumer of healthcare, you

can seek medical treatment for your musculoskeletal conditions, including low back pain, directly from the physical therapist of your choice. This makes your physical therapist a **first-line healthcare provider** for your musculoskeletal health.

#### The VALUE of Direct Access

Physical therapists are typically empathetic individuals with a caring demeanor. If you haven't visited a physical therapist yet, chances are you will probably need to in the near future. You may be surprised by your experience. As providers, we recognize that you have a choice where you receive your care, and we take that responsibility very seriously. We will listen to your needs, educate you on your condition, teach you the tools to self-manage symptoms, and support you in a caring and nurturing environment. Our approach is not just to treat the symptoms (though that is important too), but rather to identify the cause of the symptoms and develop a plan with the goal of fixing the issue permanently. Your active participation in treatment is required to achieve the goals of living a healthy and active lifestyle.

"Studies have shown that Medicare patients who received treatment by a physical therapist in the acute phase of low back pain were less likely to receive epidural steroid injections or lumbar surgery, or to have frequent physician office visits in the year following their initial physician visit."

#### **ACCESS**

- Convenient Locations
- Appointments available within 48 hours
- Extended hours, both early and late, to best accommodate your busy schedule

#### **Faster RELIEF**

- Immediate evaluation, diagnosis, and treatment without the delay of visiting another healthcare professional
- Pain relief, education on symptom management for self-care
- Evidence shows the sooner you receive care, the faster and more complete your healing

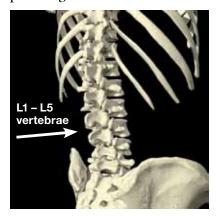
#### **Lower COSTS**

• Studies show an average savings of \$1,200 per patient episode of care under direct access



# A Look at the Low Back and Low Back Pain

our spine (or backbone) runs from the base of your skull to your pelvis. It serves as a pillar to support the body's weight and protect the spinal cord. Made up of 24 bony vertebrae stacked on top of each other, the spine forms a gentle "s" curve to help withstand great amounts of stress by providing a more even distribution of body weight.



The lumbar spine (low back) usually consists of five vertebrae, numbered L1 to L5 (some people have a sixth lumbar vertebrae). This section of the spine, which connects the thoracic spine (mid back) and the pelvis, bears the bulk of the body's weight. Your lumbar spine

is at work when you bend, stoop, sit, and lift. Because of the large amount of stress placed on this portion of the spine, it is more commonly affected by pain and injury.

If you have ever experienced low back pain, you certainly are not alone. Low back pain is so common that 80% of individuals will experience it sometime in

their lives. At any given point in time, 1 in 4 people are experiencing low back pain.

Low back pain can be broken up into 3 different categories; acute, recurrent, and chronic. Acute low back pain is the most common and comes on suddenly, typically lasting less than 3 months. Recurrent low back pain occurs with frequent episodes of acute low back pain. Chronic low back pain typically lasts longer than 3 months.

Low back pain often occurs due to overuse, strain, or injury. Overuse can be caused by too much bending, twisting, or lifting, and sometimes by too much sitting. Strains are caused by either too much force or the use of improper body mechanics. Just as often, however, the actual cause of low back pain isn't known.

Low back pain doesn't have to affect your daily life. In fact, people who see a physical therapist for their low back pain are less likely to miss out on the things they love to do in life.

This issue of Therapeutic Outlook magazine is designed to help you understand low back pain and provide the strategies you need to manage and even prevent it. You will also see how evidence-based physical therapy treatment can reduce pain and return you to normal activity without the need of painful surgery and without the side effects of prescription medication.

The "Triple Aim"

**BETTER** 

**HEALTH** 

**PATIENT** 

CENTERED

**CARE** 

# Variety: Not the Spice of Healthcare

By Rich Katz, Director of Contracting and Business Development

ealthcare has two distinct components: the clinical delivery of care and the funding and payment of that care. Both sides of the system are undergoing changes with the Affordable Care Act (ACA), commonly referred to as "Health Care Reform." The ACA requires more efficiency and effectiveness across the healthcare system and promotes simplification on the administrative side and clinical evidence and best practices on the care side. The desired outcome of this is a standardization of practice, which will create an experience which is easier to navi-

gate for patients, providers, and payers.

What does "standardization" really mean? On the administrative side, there are already common industry claim forms and agreed-upon codes for identifying patient injuries and illness. On the care side, certain aspects of medical care are already governed by strict protocols and regimens of treatment, but others are met with a variety of clinician opinions and treatment options. Rehabilitation (including physical therapy) has seen a variety of treatment approaches. You may have experienced this yourself if you have seen more than one physical therapist for the same condition. So long as there are different types of doctors, therapists, equip-

ment, and care settings, there will always be a debate about what constitutes "best practice." With increasing frequency, the funding and payment (insurance) side of healthcare is asking the clinical side—why are there so many ways to treat the same condition? Variety may be the spice of life, but not necessarily a boon in healthcare.

"Spinal fusion surgeries are on the rise in the United States, having increased by 77% between 1996 and 2011. Nearly 20% of patients undergoing a spinal fusion surgery will have another spine operation within 11 years."

Advancements in research shape treatment approaches. Clinicians need to ensure their treatment is evidence-based and

is dispensed in the most efficient and least costly way to achieve the best patient results. At

Therapeutic Associates, this is a mission that we not only preach, but practice too. Years ago, we began developing treatment guidelines and clinical assessment tools to test the different means by which patients are treated for various conditions. The most recent development of our research efforts is in our approach to treating low back pain. TAI's Clinical Education department has done compelling research into the types

of patients, clinical approaches, and resulting outcomes from different treatment methods for acute low back pain.

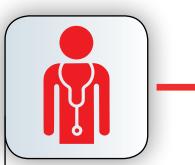
Therapeutic Associates' approach follows a detailed, decision-based model in which our therapists conduct specific tests, assess the patient's response to pain, and then follow an evidence-based path of treatment. The Low Back Revolution program is designed to standardize the approach across all our clinics to provide a better patient experience and give the payer community a needed response to their question about variation in care. The end result will be more efficient and effective treatment

of low back pain, a truly epidemic problem in healthcare that physical therapists are poised to help solve.

Our LBP approach is based on evidence and treatment guidelines supported by research. It follows the Affordable Care Act triple aim goals, as shown in the circular graphic in the center of this page.

## **PHYSICAL THERAPY DIRECT**

## TRADITIONAL APPROACH



# Primary Care Physician

Average wait time to see PCP in:

Seattle, WA 8 Days

Portland, OR 8 Days



# NSAIDs/Muscle Relaxers

May provide short-term relief, however, they do not correct the source of the pain. NSAIDs are associated with possible side effects in certain individuals.



#### Imaging (MRI/ X-ray/CT Scan)

Costly and unnecessary tests that may not show the source of your pain but instead expose you to preventable harms such as radiation.



#### **PHYSICAL THERAPY DIRECT**

Patient seeks care directly from a Physical Therapist **within 14 days** of LBP onset.

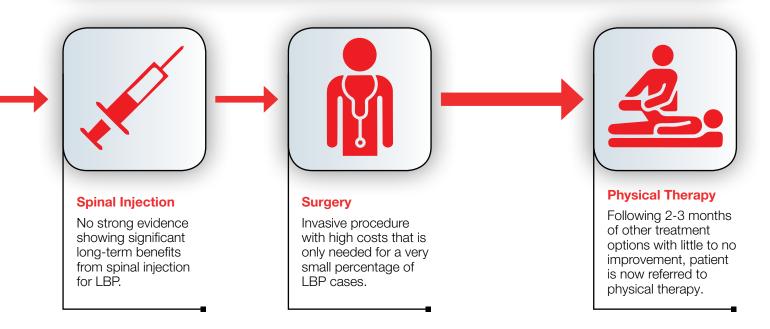
**Average Cost :: \$900 - \$1,000** 

**Treatment Duration** :: 2 - 6 weeks

Outcomes :: Excellent - some cases resulted

in pain relief after 2 visits

# CHOOSE YOUR PATH TO RECOVERY



#### TRADITIONAL APPROACH

Patient waits up to a month prior to seeking care, visits with primary care physician who directs patient through traditional treatment path.

**Average Cost** :: \$2,100 - \$2,200

**Treatment Duration** :: 2 - 3 months (+1 month waiting)

Outcomes :: Poor - 75% of patients with LBP did not fully recover after 12 months

# THE KEY NUMBER :: 14 DAYS

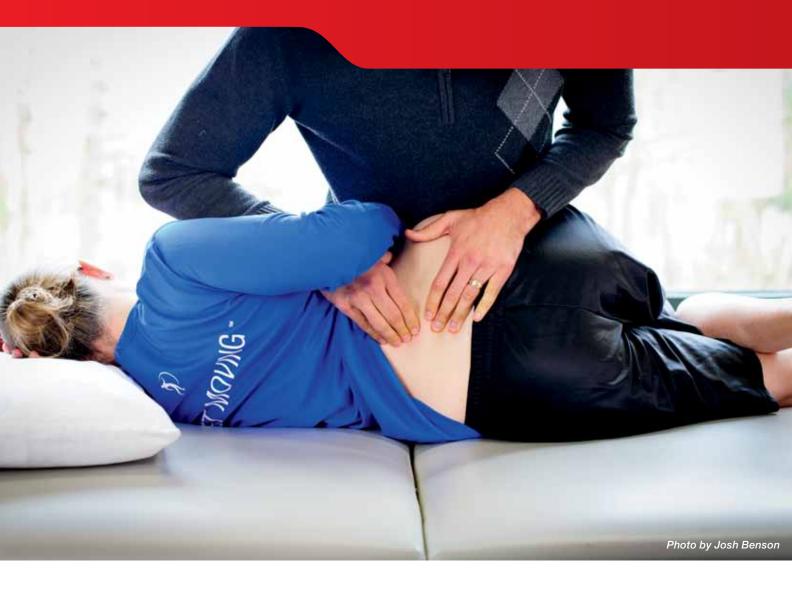
Research has shown that seeking treatment from a physical therapist within 14 days of Low Back Pain onset can significantly improve your recovery. What does this mean for you?



CONVENIENCE (appt within 48 hours)
RETURN TO FUNCTION
QUALITY OF LIFE



PAIN
WAIT TIME
MEDICAL COSTS



# **TAI LBP Revolution Treatment Classification**

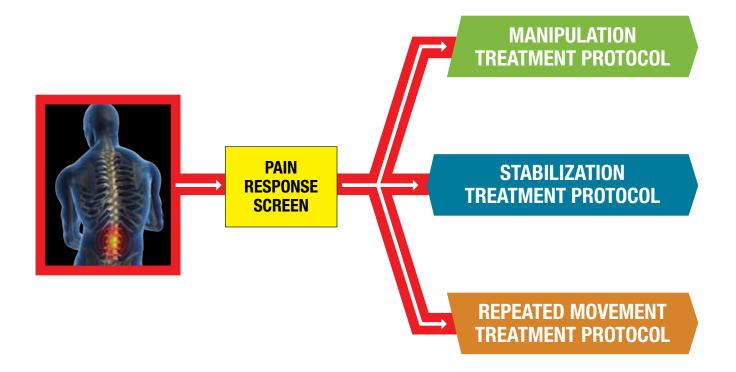
f you walk into a healthcare provider's office with complaints of low back pain, that medical professional will select from a huge range of options to treat your condition. You could go to two (or more) different providers and get two (or more) different treatment plans because of this wide range of options. Few of these treatments actually draw upon evidence to support the selected approach.

Therapeutic Associates' Low Back Pain (LBP) Revolution is designed to address variability of care. All of our therapists will follow evidence-based treatment classification systems to attain consistently successful outcomes for our patients. Much of the newer literature suggests that the lack of current treatment effectiveness stems not from inadequate management of LBP, but rather inadequate patient classification, which results in the application of potentially unnecessary intervention.

The LBP Revolution provides a clear **treatment** 

classification system using documented evidence drawn from case studies and clinical trials. If you come to one of our clinics with low back pain, your physical therapist will evaluate your condition and select the protocol that best suits your situation. A key component of our initial evaluation includes assessing the individual's response to pain. This helps the therapist determine the most effective treatment approach and is indicated in our model as "Pain Response Screen." The subsequent article "Pain Explained" will provide you some insights into how the body produces pain and general treatment approaches to help mitigate the body's response to pain.

Next, our initial evaluation will use proven Clinical Prediction Rules (CPR) to dictate which treatment classification (manipulation/mobilization, stabilization, or repeated movement) will produce the best clinical outcomes. A CPR is a tool designed to improve decision



making in clinical practice by assisting medical practitioners in making specific diagnosis, establishing prognosis, and matching patients to optimal clinical treatment approaches based on medical research findings. This approach will dictate which clinical treatment path has the highest probability of success for each individual patient.

As an example, research behind the CPR for the manipulation protocol shows patients presenting with  $\geq 4$  of the CPR factors are 24 times more likely to have a successful outcome with manipulation. Stated another

way, research shows that there is a 95 percent likelihood of successful outcome with manipulation.

It is important to note that about 34 percent of patients do not fall cleanly into any one of these classification categories. For these individuals, physical therapists will use their evaluation and clinical reasoning skills to develop a treatment plan to attain the best outcome in the shortest time possible.

To read more about the treatments involved in these protocols, visit www.therapeuticassociates. com/lowbackpain.



### LBP REVOLUTION COST SAVINGS



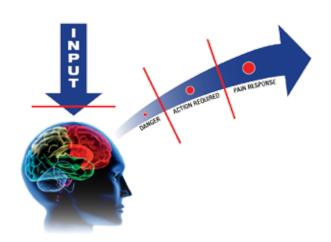


# Pain Explained — Cause and Effect? Not So Fast

ost of us think of pain as arising from an injury somewhere in the body. Think of a light and a switch. The switch turns on, which causes the light to illuminate (fig. 1). However, newer research suggests the story is not that simple. First, the pain experience involves more than simply feeling pain. It affects our mood, ability to think clearly, and anxiety level. It even affects how the body functions as a whole, right down to the cellular level. It is important we understand how pain is **created by the body and brain.** That is right—pain is created and not merely felt by the body.

#### Pain: the Useful Output

Recent research into the pain process shows that pain is actually only sensed if the brain perceives a great enough **danger signal** that it decides action is necessary. This view stresses that pain is **necessary** and useful as a powerful learning and protection tool for the body. However, that danger signal does not need



to originate in a specific tissue. The brain only knows the end message, not necessarily where the pain originated from. Think of a light attached to multiple switches. The light illuminates regardless of which switch is flipped (fig. 2).

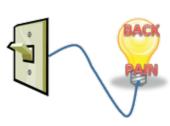


Figure 1

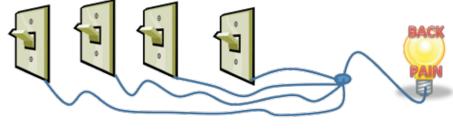


Figure 2

When the brain receives an input, it analyzes past experiences and the current environment to answer the question, "How dangerous is this really?" It then sends an appropriate output. This process is dynamic and the brain is able to both increase and decrease the output. For example, everyone knows bee stings hurt. However, if your house is on fire and your family is trapped inside, and you are stung by a bee, the body cannot let you focus on that input because there are more pressing matters. Thus, you do not feel any pain from that sting.

#### **The Back Connection**

The back is composed of thousands of moving structures that must all work in harmony to produce functional movement. Any one of those structures can become irritated and start a pain response. For the same injury, some people can push through the symptoms while others cannot. The origin of the symptoms may be the same, but how the body perceives the threat is very individualized. For example,

high-level athletes are notorious for limiting their focus on pain, which often results in injuries that are more serious. Pain is often useful and must not be ignored, but at the same time it should not receive excessive focus.

The most productive responses to back pain are to increase the body's awareness of the potentially damaged area, modify activity level slightly to allow for healing, and then return to normal activities as the healing process resolves. However, the amount of pain you experience does not always reflect the amount of tissue damage, leaving some people stuck in the pain cycle even after the healing process has completed. This is likely why many people with chronic pain have normal imaging studies. The pain is still very real but the original damaged tissue is healed.

For these individuals, the pain pathway remains turned on even though the cause of the original pain has been mitigated. In other words, the brain continues to create a danger response even though the original cause of the pain has been corrected. When this occurs, therapy must focus less on the tissues originally damaged and more on decreasing the threat signal the brain receives. This therapy will focus more on increasing function and educating the individual on a series of tools to assist in successful self-management. These tools may include activity pacing, stress management, relaxation techniques, and fitness exercises.

Most low back pain rests somewhere between useful and nonuseful pain. Your therapist is trained to evaluate your condition and develop a rehabilitation program that will get to the root of the condition with a goal of improving function, not just reducing pain. Often this process is straightforward and can resolve issues very quickly. However, occasionally it takes more time as the body must learn a new way of processing information. Each pain response is unique, and as such, each rehabilitation program must be tailored to your specific needs.

#### **Helpful Books**

Explain Pain By David Butler and Lorimer Moseley

Painful Yarns By Lorimer Moseley

Pain: The Science of Suffering By Patrick Wall

Why Do I Hurt? By Adriaan Louw

Your Nerves are Having Back Surgery By Adriaan Louw

#### **Helpful Websites**

http://www.youtube.com/watch?v=4b8oB757DKc

www.noigroup.com

www.paintoolkit.org

www.breathworks-mindfulness.org.uk

# Early Intervention = Faster Recovery

BETTER FASTER

cuity is a measurement used in medicine indicating the length of time between the onset of symptoms or injury and the time a patient seeks medical care. This data is very important to help providers determine the most effective medical approach and expected outcomes.

Statistically, patients recover FASTER the earlier they receive the right medical care. Many patients take the "wait and see" approach to low back pain, which can have a negative effect on recovery. Data pulled from our Outcomes System, representing over 20,000 patients per quarter across the U.S., shows that patients receiving care sooner experience better outcomes than those who wait to see a physical therapist.

#### **Early Intervention = Better Pain Relief**

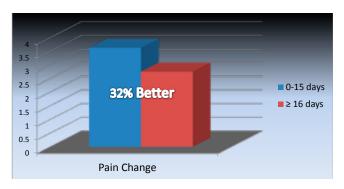
Pain is indicated on a scale of 0-10. We collect this data from our patients on their initial visit and their final visit. The graph below represents over 60,000 episodes of care over the past nine months. Reported pain scores upon initial visit, regardless of acuity, were very similar in intensity. Research shows that patients receiving physical therapy intervention for low back pain within 14 days recover much more quickly.

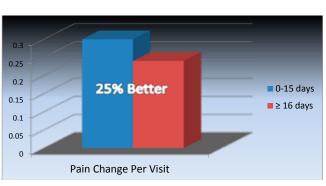
The graphs below demonstrate that patients with acuity of less than 15 days experience an average of 32 percent more pain relief over the course of therapy compared to patients over 16 days or greater acuity. The data shows that early intervention delivers an average of 25 percent more pain relief per visit as well. As depicted by the graph below, the longer patients wait to receive physical therapy intervention, the less pain relief they experience upon discharge.

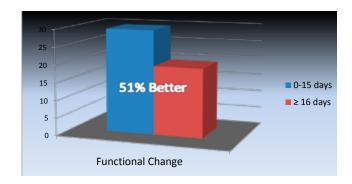
# **Early Intervention = Better Functional Outcome**

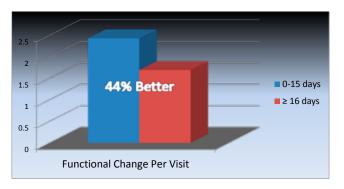
Outcomes data shows that the sooner you receive care, the more complete your recovery. In general, avoiding chronic conditions in medicine results in significantly better functional outcomes. Comparing the functional scores at intake against the functional scores at discharge shows a much higher level of functional improvement for those who sought care sooner.

Using the same data set as pain relief, the graphs below demonstrate that patients receiving care less than 15 days acuity enjoy 51 percent better functional outcomes over the course of therapy and 44 percent better functional change per visit. This data supports other research suggesting that early intervention is the single most important factor in recovery. Don't wait.









# Physical Therapy Reduced My Low Back Pain and Helped Me Move Again

n August 2012, my lower back went out. I went to the chiropractor twice, with no relief. I literally could not walk a block before my leg started to hurt. I was living on Advil to reduce the pain and couldn't get comfortable to sleep through the night. The pain radiated down to my ankle. I had to use a motorized cart when I went shopping, because I couldn't walk that far. My life was very limited.

Finally, a friend recommended physical therapy, and I got a referral from my doctor to see Bill Temes, a TAI Physical Therapist at the OMG Main Clinic. I had never been to a physical therapist before, but I knew with lower back pain, there was no easy, quick fix. My first visit was so helpful. He explained that he was like a mechanic and liked to fix things. He showed me a model of the spine, explaining how my lower back didn't have a lot of spaciousness. He was very sensitive in explaining the condition causing my sciatic nerve to compress. His plan was to create more spaciousness by doing some exercises and strengthening my core.

Throughout all my visits with Bill, he was my cheerleader and coach. The exercises he gave me were very simple and accessible. He was very positive that I could get better, which was reassuring. He listened well and seemed to care about me—a very important quality in a healer. Each visit he would give me new exercises to add to my routine and instructions on how to lift properly, which I thought I knew, but didn't.

After a month of therapy I felt my stride return and my energy come back. I couldn't walk on my heels before, but now I had more strength to keep my foot from flopping. That was proof I was indeed healing. I also used ibuprofen much less. Soon I was able to walk my dog again. She really appreciated that. I could now walk for pleasure.



Toby Finkelstein, Patient of TAI OMG Main

My experience with Bill and physical therapy was so positive. I trusted him and he was a joy to be with. The atmosphere in the office was all about being able to be active. I later joined a gym through the Silver Sneakers program offered by my insurance. Every time I lift something now, I think of Bill's guidance and help. I am truly a convert to physical therapy.

# Physical Therapy Helped Me Get Back to Normal or Better

ast fall I "threw out my back" cleaning up a rodent mess at my parents' home. In a single second, I went from being a very active person to being unable to stand fully erect, not to mention sit or walk without pain. Having seen Tim and other therapists at Therapeutic Associates previously, I scheduled an appointment to be seen by whomever had the first opening. After one visit with Tim and Caroline, I could stand upright. In just under three weeks, I was able to return to teaching fitness classes as I continued to do my physical therapy exercises and stretches at home. Today my back feels perfectly fine. I have referred family, friends, and people from my classes to their office, because if physical therapy can help, the physical therapists there will help

them get the best resolution possible. Everyone I have met at Therapeutic Associates has had the same goal as me—get out of pain, get moving, get back to normal (or better), and learn how to prevent the same issue from occurring again. Their professional, holistic approach, in conjunction with their frankness about what to expect during the recovery process and afterwards, is very

appreciated.



Jeanie Schwenk, Patient of TAI Hillsboro

Therapeutic Associates
PHYSICAL THERAPY

# **Low Back Pain Prevention**

n daily life, we often take our low back for granted and assume that our back is strong and infallible. We often ignore the sometimes dangerous positions we put ourselves in, increasing our risk of injury or pain to the low back.

Almost everything you do requires the use of the low back. It is important to understand that by taking some basic preventative measures, you can significantly reduce the risk of injuring your low back. Below are a few tips from our physical therapists on proper body mechanics for daily living.



#### Lifting

When lifting a heavy object, position your body directly in front of it. Then lift, and carry it close to your body. Bend your knees so your legs, not your back,

bear the weight. When carrying the item, turn your feet instead of twisting your back.



#### **Wearing Backpacks**

Low back pain doesn't just affect adults. Children can be affected by the backpacks they wear to school. To help children maintain proper form, physi-

cal therapists advise that backpack contents should be limited to 10 to 15 percent of the child's body weight. Wearing both straps will keep weight distributed properly. The backpack should rest evenly in the middle of the back—it should not extend below the lower back. Organize the contents by placing the heavier items closest to the back.



#### At the Office

When at your workstation, use an upright chair that has good back or lumbar support. The monitor should be positioned so your head and shoulders are

relaxed and you don't have to bend your neck forward. Also, keep your mouse close to your body. Remember to do easy exercises at your desk, such as backward shoulder rolls, and getting up frequently to stand straight and/ or walk.



#### **Traveling**

During long drives, stop every hour or so to stand up and move around. You can also place a rolled up tower about a sproximately waist level to driving. also place a rolled up towel behind your

provide lumbar support while driving.



#### **PAIN REFERENCES**

- 1. Boersma K, Linton S, Overmeer T, Jansson M, Vlaeyen J, de Jong J. Lowering fear-avoidance and enhancing function through exposure in vivo. A multiple baseline study across six patients with back pain. Pain. 2004;108:8-16.
- 2. Cleland JA, Fritz JM, Brennan GP. Predictive validity of initial fear avoidance beliefs in patients with low back pain receiving physical therapy: is the FABQ a useful screening tool for identifying patients at risk for a poor recovery? European spine journal: official publication of the European Spine Society, the European Spinal Deformity Society, and the European Section of the Cervical Spine Research Society. 2008;17:70-79.
- 3. Edwards RR, Kronfli T, Haythornthwaite JA, Smith MT, McGuire L, Page GG. Association of catastrophizing with interleukin-6 responses to acute pain. Pain. 2008;140:135-144.
- 4. Meeus M, Nijs J. Central sensitization: a biopsychosocial explanation for chronic widespread pain in patients with fibromyalgia and chronic fatigue syndrome. Clin Rheumatol. 2007;26:465-473.
- 5. Meeus M, Nijs J, Van de Wauwer N, Toeback L, Truijen S. Diffuse noxious inhibitory control is delayed in chronic fatigue syndrome: an experimental study. Pain. 2008;139:439-448.
- 6. Merskey H. Bogduk N. Classification of chronic pain. Seattle, WA: IASP Press: 1994.
- 7. Moseley GL. A pain neuromatrix approach to patients with chronic pain. Manual therapy. 2003;8:130-140.
- 8. Moseley GLP, Nicholas MKP, Hodges PWP. A Randomized Controlled Trial of Intensive Neurophysiology Education in Chronic Low Back Pain. Clinical Journal of Pain September/October. 2004;20:324-330.
- 9. Nijs J, C, Van Oosterwijck J, van Ittersum M, Meeus M. How to explain central sensitization to patients with 'unexplained' chronic musculoskeletal pain: Practice guidelines. Manual therapy. 2011;16:413-418.
- 10. Nijs J, Van Houdenhove B. From acute musculoskeletal pain to chronic widespread pain and fibromyalgia: Application of pain neurophysiology in manual therapy practice. Manual therapy. 2009;14:3-12.
- 11. Nijs J, Van Houdenhove B, Oostendorp RAB. Recognition of central sensitization in patients with musculoskeletal pain: application of pain neurophysiology in manual therapy practice. Manual therapy. 2010;15:135-141.
- 12. Peters ML, Bosscher RJ, Köke A, de Vet HCW, van der Maas LCC. Psychometric Properties of the Pain Self-Efficacy Questionnaire (PSEQ). European Journal of Psychological Assessment. 2012;28:68-75.
- 13. Picavet HSJ. Pain Catastrophizing and Kinesiophobia: Predictors of Chronic Low Back Pain. American Journal of Epidemiology. 2002;156:1028-1034.
- 14. Pincus TP, Burton AKP, Vogel SDO, Field APP. A Systematic Review of Psychological Factors as Predictors of Chronicity/Disability in Prospective Cohorts of Low Back Pain. Spine. 2002;27:E109-E120.
- 15. Roelofs J, Sluiter JK, Frings-Dresen MH, et al. Fear of movement and (re)injury in chronic musculoskeletal pain: Evidence for an invariant two-factor model of the Tampa Scale for Kinesiophobia across pain diagnoses and Dutch, Swedish, and Canadian samples. Pain. 2007;131:181-190.
- 16. Staud R, Robinson ME, Price DD. Isometric exercise has opposite effects on central pain mechanisms in fibromyalgia patients compared to normal controls. Pain. 2005;118:176-184.
- 17. Sullivan MJL, Bishop SR, Pivik J. The Pain Catastrophizing Scale: Development and Validation. Psychological Assessment. 1995;7:524-532.
- 18. Wall P. Introduction to the edition after this one. In: Wall P, Melzach R, eds. The Textbook of Pain. Edinburgh: Churchill Livingstone; 1994:
- 19. Watkins LR, Maier SF. The pain of being sick: implications of immune-to-brain communication for understanding pain. Annual Review of Psychology. 2000;51:29-57.

#### ACUTE LBP REFERENCES

- $1.\ Ayre\ M,\ Tyson\ G.\ The\ role\ of\ self-efficacy\ and\ fear-avoidance\ in\ the\ prediction\ of\ disability.\ Australian\ Psychologist.\ 2001; 36:250-253.$
- 2. Becker A, Held H, Redaelli M, et al. Low Back Pain in Primary Care: Costs of Care and Prediction of Future Health Care Utilization. Spine. 2010;35:1714-1720.
- 3. Blackmore CC, Mecklenburg RS, Kaplan GS. At Virginia Mason, Collaboration Among Providers, Employers, And Health Plans To Transform Care Cut Costs And Improved Quality. Health Affairs. 2011;30:1680-1687.
- 4. Brennan GP, Fritz JM, Hunter SJ, Thackeray A, Delitto AP, Erhard RE. Identifying Subgroups of Patients With Acute/Subacute "Nonspecific" Low Back Pain: Results of a Randomized Clinical Trial. Spine. 2006;31:623-631.
- 5. Childs JD, Fritz JM, Flynn TW, et al. A Clinical Prediction Rule To Identify Patients with Low Back Pain Most Likely To Benefit from Spinal Manipulation: A Validation Study. Annals of Internal Medicine. 2004;141:920-W-166.
- 6. Childs JD, Fritz JM, Piva SR, Erhard RE. Clinical decision making in the identification of patients likely to benefit from spinal manipulation: a traditional versus an evidence-based approach. Journal of Orthopaedic & Sports Physical Therapy. 2003;33:259-272.
- 7. Clare HA, Adams R, Maher CG. A systematic review of efficacy of McKenzie therapy for spinal pain. Australian Journal of Physiotherapy. 2004;50:209-216.
- 8. Coste J, Delecoeuillerie G, Cohen de Lara A, Le Parc JM, Paolaggi JB. Clinical course and prognostic factors in acute low back pain: an inception cohort study in primary care practice. Bmj. 1994;308:577-580.
- 9. Croft PR, Macfarlane GJ, Papageorgiou AC, Thomas E, Silman AJ. Outcome of low back pain in general practice: a prospective study. Bmj. 1998;316:1356-1359.
- 10. Delitto A, George SZ, Van Dillen LR, et al. Low back pain. The Journal of orthopaedic and sports physical therapy. 2012;42:A1-57.
- 11. Flynn T, Fritz J, Whitman J, et al. A Clinical Prediction Rule for Classifying Patients with Low Back Pain Who Demonstrate Short-Term Improvement With Spinal Manipulation. Spine. 2002;27:2835-2843.
- 12. Foster NE, Thomas E, Bishop A, Dunn KM, Main CJ. Distinctiveness of psychological obstacles to recovery in low back pain patients in primary care. Pain. 2010;148:398-406.
- 13. Freburger JK, Holmes GM, Agans RP, et al. The rising prevalence of chronic low back pain. Archives of internal medicine. 2009;169:251-258.
- 14. Fritz JM, Childs JD, Wainner RS, Flynn TW. Primary care referral of patients with low back pain to physical therapy: impact on future health care utilization and costs. Spine. 2012;37:2114-2121.
- 15. Fritz JM, Brennan GP, Clifford SN, Hunter SJ, Thackeray A. An Examination of the Reliability of a Classification Algorithm for Subgrouping Patients With Low Back Pain. Spine. 2006;31:77-82.
- 16. Fritz JM, Cleland JA, Brennan GP. Does Adherence to the Guideline Recommendation for Active Treatments Improve the Quality of Care for Patients With Acute Low Back Pain Delivered by Physical Therapists?. Medical Care. 2007;45:973-980.
- 17. Hayden J, van Tulder MW, Malmivaara A, Koes BW. Exercise therapy for treatment of non-specific low back pain. Cochrane Database of Systematic Reviews. 2011;
- 18. Hicks GE, Fritz JM, Delitto A, McGill SM. Preliminary development of a clinical prediction rule for determining which patients with low back pain will respond to a stabilization exercise program. Archives of physical medicine and rehabilitation. 2005;86:1753-1762.
- 19. Hides JAP, Richardson CAP, Jull GAM. Multifidus Muscle Recovery Is Not Automatic After Resolution of Acute, First-Episode Low Back Pain. Spine. 1996;21:2763-2769.
- 20. Hides JA, Jull GA, Richardson CA. Long-Term Effects of Specific Stabilizing Exercises for First-Episode Low Back Pain. Spine. 2001;26:e243-e248.
- 21. Koumantakis GA. Trunk Muscle Stabilization Training Plus General Exercise Versus General Exercise Only: Randomized Controlled Trial of Patients With Recurrent Low Back Pain. Physical therapy. 2005;85:209-225.
- 22. Lin CW, Haas M, Maher CG, Machado LA, van Tulder MW. Cost-effectiveness of general practice care for low back pain: a systematic review. European spine journal: official publication of the European Spine Society, the European Spinal Deformity Society, and the European Section of the Cervical Spine Research Society. 2011;20:1012-1023.
- 23. Long AB, Donelson RMD, Fung TP. Does it Matter Which Exercise?: A Randomized Control Trial of Exercise for Low Back Pain. Spine. 2004;29:2593-2602.
- 24. Luo X, Pietrobon R, Sun S, Liu G, Hey L. Estimates and patterns of direct health care expenditures among individuals with back pain in the United States. Spine. 2004;29:79.
- 25. Moseley GLP, Nicholas MKP, Hodges PWP. A Randomized Controlled Trial of Intensive Neurophysiology Education in Chronic Low Back Pain. Clinical Journal of Pain September/October. 2004;20:324-330.
- 26. Riddle DL. Classification and low back pain: A review of the literature and critical analysis of selected. Physical therapy. 1998;78:708.
- 27. Ritzwoller DP, Crounse L, Shetterly S, Rublee D. The association of comorbidities, utilization and costs for patients identified with low back pain. BMC musculoskeletal disorders. 2006;7:72.
- 28. Stanton TR, Fritz JM, Hancock MJ, et al. Evaluation of a Treatment-Based Classification Algorithm for Low Back Pain: A Cross-Sectional Study. Physical therapy. 2011;91:496-509.
- 29. Team UBT. United Kingdom back pain exercise and manipulation (UK BEAM) randomised trial: effectiveness of physical treatments for back pain in primary care. Bmj. 2004;329:1377.
- 30. Team UKBT. United Kingdom back pain exercise and manipulation (UK BEAM) randomized trial: Cost effectiveness of physical treatments for back pain in primary care. 2004.
- 31. Yílmaz FAFDFB. EFFICACY OF DYNAMIC LUMBAR STABILIZATION EXERCISE IN LUMBAR MICRODISCECTOMY. Journal of Rehabilitation Medicine (Taylor & Francis Ltd). 2003;35:163-167. 

  \*WA Spinal Manipulation: WA is one of two states that prohibit physical therapists from performing spinal manipulation by statute, the other being Arkansas. An advanced form of mobilization, manipulation is a skilled technique that is performed at the end of joint range using a thrusting technique taught in entry level PT programs. WA state does allow spinal mobilization which has been proven to be effective in low back pain.



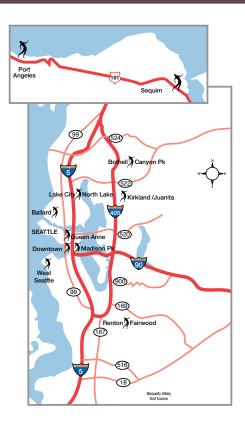
## **Better, Faster, More Affordable**

"How Virginia Mason Medical Center took a common complaint and delivered uncommon health care"

Local medical providers, working with a major insurance carrier and their employer customers, took a hard look at Low Back Pain treatment and associated outcomes. What was determined through their evaluation process was that Physical Therapy was the only treatment that added value. "The study showed that 90 percent of medical intervention was no help at all," says Dr. Robert Mecklenburg, then chief of medicine at Virginia Mason. "Does an appointment with an orthopedic surgeon, a neurologist, a neurosurgeon help for uncomplicated back pain? The evidence says no. Does an MRI help? No. As far as we could tell, the only thing the evidence showed (that) was worth anything was Physical Therapy."

This study changed the way Virginia Mason treats low back pain by putting physical therapy as the first line provider with amazing results.

Reference: Seattle Business Magazine, July 2011 by Charles Kenney http://www.seattlebusinessmag.com/article/better-faster-more-affordable?page=0,0



# Western Washington

#### **SEATTLE AREA**

therapeuticassociates.com/Seattle



BALLARD PT Julie Dresch PT, MS, OCS, CMPT, Director 206-789-7975 TPI CERTIFICATION



North Lake Physical Therapy
Chuck Hanson PT, OCS, Director
206-361-4745
TPI CERTIFICATION



RENTON
Fairwood Physical Therapy
Nicole Smyth Macaluso PT, DPT,
OCS, Director
425-272-0252
NEW LOCATION



BOTHELL Canyon Park Physical Therapy Christopher Leck PT, DPT, SCS, CSCS, Director 425-489-3420



MADISON PARK PT Maren Bisson PT, MPT, Director 206-324-5389



SEATTLE PT
Megan Houser PT, DPT, OCS,
Director
206-623-4570
TPI CERTIFICATION



KIRKLAND
Juanita Physical Therapy
Ben Kingan PT, DPT, CSCS,
Director
425-823-8119



QUEEN ANNE PT
Jennifer Lesko PT, MS, Director
206-352-0105
TPI CERTIFICATION



WEST SEATTLE PT Erica Clark PT, DPT, Director 206-932-8363 TPI CERTIFICATION

#### **PORT ANGELES AREA**

therapeuticassociates.com/OlympicPeninsula



PORT ANGELES AREA Beth Sandoval PT, DPT, OCS Director

PORT ANGELES
360-452-6216
NEW LOCATION SUMMER 2013

SEQUIM 360-683-3710

#### CREDENTIAL KEY:

ATC-Athletic Training Certification, CMPT-Certified Manual Therapist (NAIOMT Level III), CMP-Certified Mulligan Practitioner, COMT-Certified Orthopaedic Manual Therapist (NAIOMT Level IV+), CPI-Certified Pilates Instructor, CSCS-Certified Strength & Conditioning Specialist, FAAOMPT – Fellow of the American Academy of Orthopaedic Manual Physical Therapy, LAT-Licensed Athletic Trainer, MTC-Manual Therapy Certification, OCS-Orthopaedic Certified Specialist, SCS-Sports Certified Specialist

# Spokane

#### therapeuticassociates.com/ Spokane



LIBERTY LAKE PT Steve Allen PT, OCS, FAAOMPT, Director 509-891-2258



MEAD
Mt Spokane Physical Therapy
Gale Anderson PT, MSPT,
OCS, FAAOMPT, Director
509-468-4861



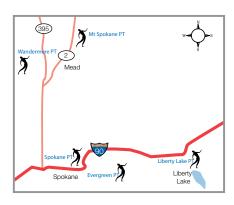
NORTH SPOKANE Wandermere Physical Therapy Jim Moore PT, OCS, ATC, FAAOMPT, Director 509-466-4379



SPOKANE VALLEY Evergreen Physical Therapy Jeff Bresnahan PT, DPT, Director 509-926-5367



DOWNTOWN SPOKANE Spokane Physical Therapy Bill Olson PT, CMPT, Director 509-624-4035



# Yakima Valley

#### therapeuticassociates.com/Yakima



YAKIMA VALLEY Robb Jacobs PT, DPT, Director

SELAH PT 509-697-9109 NEW LOCATION! WEST VALLEY PT

Formerly Yakima PT 509-453-3103 NEW LOCATION!



# Tri Cities

#### therapeuticassociates.com/TriCities



RICHLAND PT Lee Ann Carlson PT, Director 509-946-8497

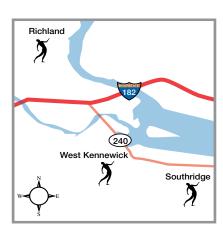


RICHLAND PT Christine Taylor PT, Director 509-946-8497



KENNEWICK
Kenneth Call PT, DPT, Director
WEST KENNEWICK PT
509-783-1962
TPI CERTIFICATION

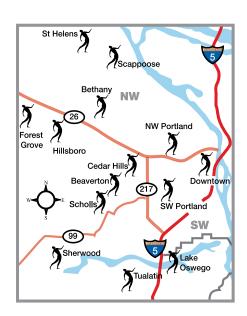
SOUTHRIDGE PT 509-783-5644



#### CREDENTIAL KEY:

ATC-Athletic Training Certification, CMPT-Certified Manual Therapist (NAIOMT Level III), CMP-Certified Muligan Practitioner, COMT-Certified Orthopaedic Manual Therapist (NAIOMT Level IV+), CPI-Certified Pilates Instructor, CSCS-Certified Strength & Conditioning Specialist, FAAOMPT – Fellow of the American Academy of Orthopaedic Manual Physical Therapy, LAT-Licensed Athletic Trainer, MTC-Manual Therapy Certification, OCS-Orthopaedic Certified Specialist, SCS-Sports Certified Specialist

According to APTA's 2012 LBP Survey, women take medication for low back pain more often than men. To relieve pain, 3 out of 4 women (75%) with LBP take over-thecounter or prescription medications as compared with 67% of men.



# Portland Metro Area

therapeuticassociates.com/Portland

#### WEST PORTLAND



**BEAVERTON PT** Zachary R Jones PT, DPT, Director 503-644-3311



**FOREST GROVE PT** Scott Hein PT, DPT, Director 503-357-9810



SCAPPOOSE Olya Kurkoski PT, **DPT, Director** 503-543-0254



**SCHOLLS PT** Zachary R Jones PT, DPT, Director 503-521-0500 **NEW CLINIC** 



**BETHANY PT** Jessica Dorrington PT, MPT, OCS, CMPT, Dir. 503-466-2254 TPI CERTIFICATION



HILLSBORO PT Timothy O Brinker PT, OCS, FAAOMPT, Director 503-844-9294



SHERWOOD PT Chris Hoekstra PT, DPT, OCS, COMT, FAAOMPT, Director 503-625-1691



SW PORTLAND Darin Borter PT, DPT, OCS, COMT, Director 503-244-0570

**STAFFORD** 



CEDAR HILLS PT Kelly Reed PT, OCS, COMT, Director 503-292-3583



LAKE OSWEGO PT Shawn Dailey PT, DPT, Director 503-635-0844 TPI CERTIFICATION **NEW LOCATION FALL 2013** 



SHERWOOD PT Laura Evans PT, DPT, OCS, Director 503-625-1691



HILLS PT Stephen A Barsotti PT, Director 503-692-4934 **STAFFORD** HILLS PT Adam Wachter PT,



**CEDAR** HILLS PT Aimee Jackson PT. MSPT, Director 503-292-3583



**NW PORTLAND** Todd J Cruz PT, MPT, Director 503-227-3479 TPI CERTIFICATION



SCHOLLS PT Amy Shepro Tanous PT, **DPT**, Director 503-521-0500 **NEW CLINIC** 



**TPI CERTIFICATION** MPT, CSCS, Director 503-692-4934 TPI CERTIFICATION



**DOWNTOWN** Tony Rocklin PT, DPT, COMT, Director 503-450-0591



ST HELENS PT H. Patrick Corrigan PT, Director 503-397-1914

ATC-Athletic Training Certification, CMPT-Certified Manual Therapist (NAIOMT Level III), CMP-Certified Mulligan Practitioner, COMT-Certified Orthopaedic Manual Therapist (NAIOMT Level IV+), CPI-Certified Pilates Instructor, CSCS-Certified Strength & Conditioning Specialist, FAAOMPT - Fellow of the American Academy of Orthopaedic Manual Physical Therapy, LAT-Licensed Athletic Trainer, MTC-Manual Therapy Certification, OCS-Orthopaedic Certified Specialist, SCS-Sports Certified Specialist

#### **EAST PORTLAND** —



CLACKAMAS PT Mark McCurdy PT, MPT, COMT, Director 503-659-9155



EAST PORTLAND PT
Peter Dills PT, DPT, Director
503-253-0924
NEW DIRECTOR



GRESHAM PT John Parr PT, CMPT, Director 503-666-7644 TPI CERTIFICATION



N PORTLAND PT P.A.C.E. David V McHenry PT, DPT, SCS, Director 503-283-8133



NE PORTLAND PT Aubree Benson PT, DPT, Director 503-493-4463



OREGON CITY PT Matt Rogers PT, DPT, OCS, Director 503-655-4877 NEW CLINIC



SE PORTLAND PT Daniel Renelt PT, DPT, Director 503-774-3585

#### **SW WASHINGTON -**



VANCOUVER PT
Corinne Schaefer PT, DPT, SCS,
Director
360-514-9383
TPI CERTIFICATION



# Salem

#### therapeuticassociates.com/Salem



SALEM NORTH
Valley Physical Therapy
Evan Jones PT, OCS, Director
503-378-7434
NEW LOCATION SUMMER 2013



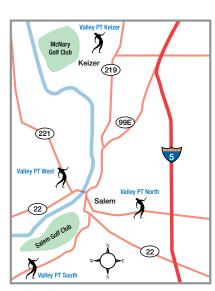
SALEM SOUTH
Valley Physical Therapy
Jeffrey R Blanchard PT, MS,
OCS, Director
503-585-4824



KEIZER Valley Physical Therapy Ashleigh Young PT, DPT, Director 503-463-4221



SALEM WEST Valley Physical Therapy Gina Paine PT, DPT, Director 503-363-6770

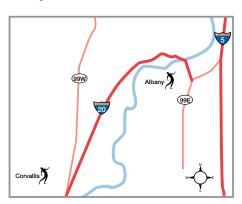


# Mid-Willamette Valley

#### therapeuticassociates.com/MidValley

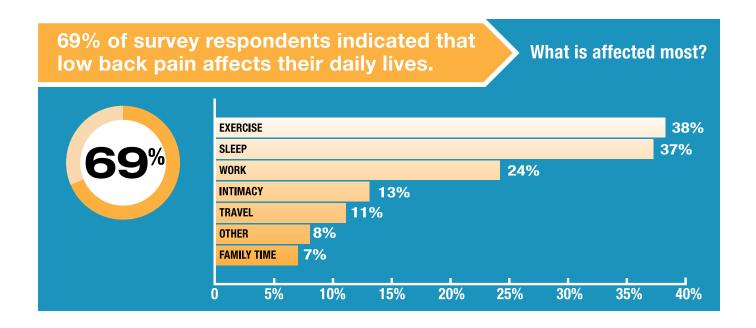


ALBANY
Mid Valley Physical Therapy
Gregory Pick PT, OCS,
Director
541-967-1224
CORVALLIS
Angela Lewis PT, DPT,
OCS, ATC, Director
541-757-0878



#### **CREDENTIAL KEY:**

ATC-Athletic Training Certification, CMPT-Certified Manual Therapist (NAIOMT Level III), CMP-Certified Mulligan Practitioner, COMT-Certified Orthopaedic Manual Therapist (NAIOMT Level IV+), CPI-Certified Pilates Instructor, CSCS-Certified Strength & Conditioning Specialist, FAAOMPT—Fellow of the American Academy of Orthopaedic Manual Physical Therapy, LAT-Licensed Athletic Trainer, MTC-Manual Therapy Certification, OCS-Orthopaedic Certified Specialist, SSCS-Sonots Certified Specialist, SSCS-Sonots Certified Specialist



# Eugene

#### therapeuticassociates.com/Eugene



WEST EUGENE PT Bradley Schwin PT, MS, 0CS, Executive Director 541-484-9632



541-688-9140

541-736-8870 NEW DIRECTOR OMG NORTHSIDE Valerie Hilton PT, DPT, OCS, Director







OMG SOUTHTOWNE Hannah Shallice PT, MSPT, Director 541-242-4470



OMG WEST Amy Temes Clifton PT, DPT, 0CS, Director 541-463-2191



# Southern Oregon

#### therapeuticassociates.com/SouthernOregon



ROSEBURG Central Physical Therapy Jeffrey S Jones PT, Director 541-673-1808



GRANTS
PASS PT
Eric Medley PT, MSPT,
CSCS, Director
541-479-0765



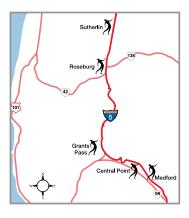
CENTRAL
POINT PT
David B Standifer PT,
Director
541-664-2800
NEW LOCATION



Jay A Ruettgers PT, DPT, ATC, CSCS, Director 541-779-1041 NEW LOCATION FALL 2013



SUTHERLIN PT Dan Hirtle PT, Director 541-459-8459



#### CREDENTIAL KEY:

ATC-Athletic Training Certification, CMPT-Certified Manual Therapist (NAIOMT Level III), CMP-Certified Muligan Practitioner, COMT-Certified Orthopaedic Manual Therapist (NAIOMT Level IV+), CPI-Certified Pliates Instructor, CSCS-Certified Strength & Conditioning Specialist, FAAOMPT – Fellow of the American Academy of Orthopaedic Manual Physical Therapy, LAT-Licensed Athletic Trainer, MTC-Manual Therapy Certification, OCS-Orthopaedic Certified Specialist, SCS-Sports Certified Specialist

"Most of us will experience low back pain at some point in our lives, but it does not mean we have to suffer through it. Patients tell me all the time, 'I wish I came to you sooner.' With the right treatment, people can reduce or eliminate low back pain and get back to doing what they love."

~James Imgang, PT, PhD, ATC, FAPTA, president of the Orthopaedic Section of the American Physical Therapy Association Movement: the often overlooked way to managing low back pain

4 IN 10 · Try exercise · Never see a medical professional



Stay active, and do as much of your normal routine as possible (bed rest for longer than a day can actually slow down your recovery)

# Central Oregon

therapeuticassociates.com/CentralOregon



BEND PT Chuck Brockman PT, MPT, OCS, CSCS, Director 541-388-7738



BEND IN THE ATHLETIC CLUB Laura Cooper PT, DPT, CSCS, Director 541-382-7890 TPI CERTIFICATION



REDMOND PT Eric Coughlin PT, MSPT, 0CS, Director 541-923-7494 NEW DIRECTOR



SISTERS IN THE ATHLETIC CLUB Matt Kirchoff PT, DPT, Director 541-549-3574 NEW DIRECTOR

# Southern Idaho

#### therapeuticassociates.com/Idaho



BOISE PT
Park Center
Matt Booth PT, DPT, OCS,
Director
208-433-9211
TPI CERTIFICATION



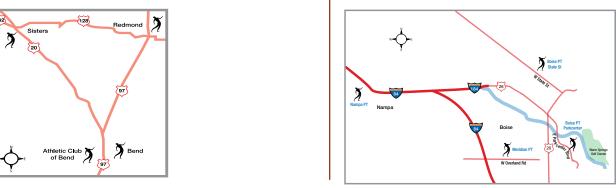
THERAPEUTIC ASSOCIATES PT-MERIDIAN Brian Weiderman PT, DPT, OCS, Director 208-888-7765 NEW CLINIC



BOISE PT State Street Robert Barnes PT, DPT, OCS, Director 208-336-8433 TPI CERTIFICATION



NAMPA PT Derek Stiegemeier PT, DPT, Director 208-442-0577



#### CREDENTIAL KEY:

ATC-Athletic Training Certification, CMPT-Certified Manual Therapist (NAIOMT Level III), CMP-Certified Muliligan Practitioner, COMT-Certified Orthopaedic Manual Therapist (NAIOMT Level IV+), CPI-Certified Pilates Instructor, CSCS-Certified Strength & Conditioning Specialist, FAAOMPT – Fellow of the American Academy of Orthopaedic Manual Physical Therapy, LAT-Licensed Athletic Trainer, MTC-Manual Therapy Certification, OCS-Orthopaedic Certified Specialist, SCS-Sports Certified Specialist







## **EXPERIENCING LBP AND UNSURE WHAT TO DO?**

Visit us online and take our self-assessment test to determine the best treatment option based upon your current symptoms.

- Simple
- Do it in the convenience of your own home
- Safe and effective treatment option advice in minutes
- Optional exercises to help reduce symptoms specific to your condition

Take a more active and educated role in the identification, treatment and care of your body's ailments!