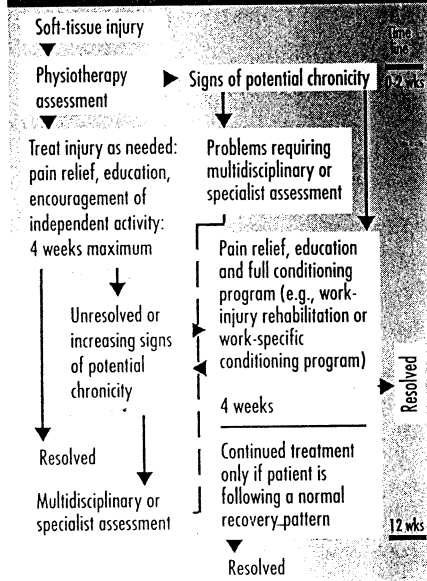


## Will a soft-tissue injury respond well to physio?

For those who struggle with the management of soft-tissue injuries, a group of physiotherapy clinics has just released practice guidelines that it believes will help determine when physiotherapy is likely to succeed in bringing someone back to work (and by when) and who may need a more involved multidisciplinary approach. "We were getting a lot of employers and disability insurance companies asking if there is any data that indicates what is reasonable and necessary," says company president Brenda Rusnak, explaining why the Active Physiotherapy Rehabilitation Group decided to produce the guidelines.

### CLINICAL PRACTICE GUIDELINES



The guidelines suggest certain time lines and approaches based upon the likelihood of a soft-tissue injury responding well to physiotherapy or, alternately, developing into a chronic problem. These are outlined in the flowchart above and the box at right. The guidelines are based upon an analysis of over 3,000 physiotherapy files from Active Group clinics across Canada — 90 per cent being motor vehicle accident files and the other 10 per cent being workers' compensation (WCB) and short- and long-term disability (STD/LTD) files. •

### SIGNS OF POTENTIAL CHRONICITY

#### Strong indicators on initial assessment

- When the initial assessment or first visit to a particular physiotherapy clinic takes place **more than four weeks** after the accident, the more likely it is that the patient will be treated longer; as the delay in getting treatment increases, the poorer the results are likely to be.
- When it is a **repeat patient** who has been previously treated for the injury, especially at a different facility, the less likely the chances of success\*; the more treatments the person has previously received, the lower the likelihood of success.
- When the **first language** of the patient and the treating facility are not the same, the slower the recovery and the lower the likelihood of success.
- When the patient has **low personal efficacy** — that is, does not feel he or she has very much personal control over life events — the slower the recovery and the lower the likelihood of success.
- When the patient is still **taking medications** for the primary diagnosis, the slower the recovery and the lower the likelihood of success; the longer the person has been taking the medication, the lower the likelihood of success.

#### Moderate indicators on initial assessment

- The **older** the patient, the longer the recovery and the lower the likelihood of success; physiotherapy is most effective and recovery times the quickest for those under 20.
- When the patient is **not working**, the longer the recovery and the lower the likelihood of success.
- When the patient is also suffering from some other **systemic or chronic disease**, such as diabetes, rheumatoid arthritis, etc., the slower the recovery and the more likely it is that the patient will be discharged with restrictions.
- When the patient is being **compensated** for the injury, the lower the likelihood of success.
- The longer the person has been at his or her **current job**, the lower the likelihood of success.
- The more **physically demanding** the job of the patient is, the longer the time in treatment.
- The lower the **education level** of the patient, the slower the recovery and the lower the likelihood of success.
- If the **primary diagnosis** is fracture/dislocation, the lower the likelihood of success; likelihood for success increases when the primary diagnosis is an inflammatory/musculoskeletal condition or a sprain/strain, in that order.

#### Strong indicators as treatment progresses

- When the patient has **missed or cancelled more than three appointments**, he or she is likely to need twice as many treatments; as the number of missed appointments increases, the lower the likelihood of success.
- When the **number of calendar days in treatment** is higher than the average, the lower the likelihood of success.
- When the **number of treatments given** is higher than the average, the lower the likelihood of success.

\* Success is defined as when the patient returns to work on his or her own or when it is recommended that the patient return (with or without restrictions).