Physical Therapy Management of Low Back Pain: A Case-Based Approach

Julia Chevan and Phyllis A. Clapis (editors)

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Upon seeing this book described in its title as “A Case-Based Approach,” a reader might expect a series of different clinical presentations of low back pain (LBP). Editors Julia Chevan and Phyllis Clapis use a different strategy, however, innovatively turning this convention on its head by presenting a single case and making physical therapy “approaches” to managing LBP the variable of analysis.

The editors created one hypothetical LBP case, then consulted with nine experts in given approaches to treating LBP. Each expert then wrote a chapter describing his or her approach to evaluating and treating this case. The result is an excellent primer on a series of physical therapy approaches to LBP: Cyriax, Kaltenborn–Evjenth, Maitland, McKenzie, Mulligan, Paris, osteopathic, movement system impairments syndromes (a.k.a. Sahrman), and treatment-based classification.

Chevan and Clapis present their book as an introduction to various models that physical therapists use to make sense of LBP, and in this sense it is very successful. By nature, a design that focuses on breadth will inherently lack depth, and the book does not explore any one approach in sufficient detail to allow a clinician to change his or her practice without additional reading or training. As a result, strict adherents of any of the above-listed approaches may take issue with the superficial coverage of their preferred models of care. Nonetheless, I appreciate the value of this resource, having lived the experience of initial orthopaedics training that was a seamless and undeclared synthesis of multiple approaches—a synthesis that unravelled confusingly in the clinical environment through the clashes and contradictions of different approaches.

The book’s chapters follow a consistent format: each author offers general background to the chosen approach before describing his or her plans to evaluate and intervene in the case. The number of photographs to demonstrate techniques, and of tables and figures to demonstrate principles, varies by chapter, but in general these additions are clear and complement the text nicely.

Chevan and Clapis bookend the approach-specific chapters with their own contributions to contextualize trends in LBP and physical therapy responses to it. Most notable is the final (synthesis) chapter, in which the editors emphasize that rarely is

any given physical therapist’s practice with respect to LBP confined to any one of the approaches described; practice underpinned by combinations of approaches is far more common. They therefore seek to find commonalities among the multiple approaches to demonstrate a synthesis of philosophies. In this endeavour, they are brief and superficial, which I felt was wise, considering the nearly endless list of possible combinations. Other readers, however, may be disappointed that the editors neither suggest specific evaluation and treatment combinations nor declare preferences among the possibilities.

Given contemporary trends in physical therapy, one potential weakness of this book is its limited emphasis on evidence-based practice. Since it is the chapter authors who decide how to use research evidence to describe their approach to LBP and justify its relevance to the case, there is considerable variation in how evidence is integrated and presented.

In addition, I question why *these* nine approaches were chosen for inclusion. The editors, both physical therapy educators in the United States, state in the introduction that “we selected models that were brought to our attention by our students” (p. xx). Although this strategy could be considered a reasonable starting point, I would suggest a more systematic process to identify and delineate physical therapy approaches and select those that are most relevant. That said, I do appreciate the book’s intention to link each approach to additional resources, including opportunities for continuing education. Nonetheless, Canadian physical therapists will recognize the influence of some of the approaches in existing continuing education offerings.

By identifying and differentiating physical therapy approaches to LBP through their application to a practical case, this book particularly serves students or new clinicians looking to establish the foundations of their own clinical practice and to choose from the array of educational options available. Similarly, it could be helpful to clinical supervisors working with physical therapy students or to experienced clinicians willing to question their own philosophies and explore the different ways in which colleagues make sense of LBP.

Canadian physical therapists have at our disposal an exciting but daunting array of approaches to address LBP. These approaches can often be synthesized but will sometimes conflict, creating confusion as to what we actually do or should do. I fully agree with Chevan and Clapis, therefore, in feeling that “it is important that the therapist be able to acknowledge the models from which they are ‘borrowing’” (p. 329). By making these approaches explicit, this book helps physical therapists differentiate and know the origins of various approaches, and thus makes an important contribution to the physical therapy literature.

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