

Rehabilitation

RD Herbert et al. BMJ. October (2001) #7316 p 788.

Physiotherapy is employed in the care of a wide range of ills including soft tissue injuries.

This review article provides an overview of the effectiveness of physiotherapy and is based on an extensive database of clinical trial.

The archive of RCTs and reviews of physiotherapy is available at <http://www.cchs.usyd.edu.au/pedro> known as Pedro. Trials are rated for methodological quality.

Recommendations for prevention and treatment of chronic MSK pain are: don't get chronic get active; return to normal activity. Massage and manual therapy and other physical modalities are not proven or are variable.

Therapeutic exercise as part of a return to normal activity programme does work.

Exercise along with Cognitive Behavioural Therapy works.

Comment

The strongest recommendations seem to show that physiotherapy does not improve recovery from chronic MSK pain.

It could be argued that physiotherapy could play a role in recovery if it helps overcome obstacles (such as temporary pain relief) to return to normal activity. While there was no evidence in the review to support this, it would be presumed by most practitioners. Anecdotal support for this presumption is persistent and strong.

If, as a service provider, one insists on providing physio for MSK injuries it would be better to make sure it is properly delivered: not just massage, physical modalities and manual manipulations.

Refusal to accept physio need not be a sign of that there is no injury or symptoms, it could be that the injured party has read BMJ and does not see the point of attending sessions.

