Functional Restoration As A Treatment Approach to Chronic Low Back Pain

There are many different ways to treat chronic low back pain (LBP). Not all work equally well. Some seem to fit certain patients better than others. There is a wide range of symptoms and response to treatment observed with the many people affected by chronic LBP.

In this report, the use of functional restoration (FR) as a treatment approach is reviewed. Evidence to support its role is presented. FR is a method used to treat chronic pain patients. It is a holistic approach that takes into account social, psychological, and physical factors affecting pain and disability.

FR was first developed in the late 1980s. It provided an alternative way to manage chronic LBP. Many Physical Therapists, occupational therapists, and rehab specialists adopted this treatment idea. It is a team approach based on the idea that the individual treatment methods work better when combined together at the same time.

Physical capacity and other measures of function were included in the FR assessment. Goals of the program included decreased pain and decreased use of medication. Restoring activities of daily living (ADLs) and getting the patient back to work were also important.

The program was designed to make sure the patient had enough physical capacity to return to work. There should be no danger of reinjury or the need for further health-care related to this episode of back pain.

The success of such programming has been verified by various studies. And the results are better than with less intensive or usual (standard) care. Studies show that the results are equally good around the world.

Patients in different countries with different economic and social conditions had comparable positive outcomes. The FR approach has been shown to help prevent chronic disability in patients with LBP.

However, the cost may seem higher than standard or traditional care. Third party payers have resisted paying for such programs. Studies have shown that FR patients are less likely to use pain-relieving medications. They are more likely to return to work compared with the treatment-as-usual group. The overall cost of the treatment-as-usual group was actually twice as much as the FR group over a year's time.

The authors conclude that FR is a good choice for patients with chronic LBP who have not been helped by other, less expensive programs. FR is also recommended after surgery for patients who have not regained enough function to return to work. Patients must be motivated to manage their pain and work toward goals of full recovery and return to work.