Trials have consistently shown that there is no advantage from routine imaging of non-specific low back pain, and there are some potential harms. Imaging is instead recommended for cases of low back pain where there is a suspicion of an underlying medically serious disease, like cancer or infection. In people who present to primary care with low back pain, medically serious disease is uncommon. Patients with a higher likelihood of medically serious disease as the cause of their low back pain can be identified by red flags, like a history of cancer. A recent Australian study revealed that most people experiencing acute low back pain expect imaging, believing it will identify the cause of their pain and so was considered a prerequisite for effective care.

These views conflict with the available evidence on imaging.

Cervical spine imaging of every trauma patient is costly and results in significant radiation exposure to a large number of patients, very few of whom will have a spinal column injury. The Canadian C-Spine rule identifies patients who can safely be managed without imaging with high sensitivity.

Most clinically significant acute ankle injuries can be diagnosed with history, examination, and selective use of plain radiography. The Ottawa Ankle Rules dictate selective use of plain radiography in patients with acute ankle injury is useful in identifying patients who have sustained clinically important fracture, dislocation, and osteochondral injuries. However, acute ligamentous injuries involving the anterior talofibular ligament can be diagnosed clinically and treated symptomatically. When there are persistent symptoms, which raise suspicion of either instability or other internal derangement such as osteochondral injury, MRI can be used if the non-urgent weight bearing x-rays show no abnormality.
4. Don’t routinely use incentive spirometry after upper abdominal and cardiac surgery.

Postoperative pulmonary complications occur in ~40% of patients undergoing open coronary artery surgery and upper abdominal surgery. A Cochrane review of 592 open coronary artery surgery patients found no significant benefit of incentive spirometry over no treatment for atelectasis, pneumonia, or length of hospital stay. Another Cochrane review of 1834 upper abdominal surgery patients found no significant benefit on pulmonary complication risk of incentive spirometry over no treatment, deep breathing exercises, or other physiotherapy. Further research into incentive spirometry could be conducted, particularly in some subgroups such as high-risk patients. However, these Cochrane reviews identify a substantial pool of existing evidence that has not demonstrated any benefits of incentive spirometry. Other interventions, such as preoperative inspiratory muscle training do improve postoperative outcomes in these patients, when added to established standard care such as early mobilisation. Therefore, until evidence of a benefit from incentive spirometry becomes available, it is recommended that it not be routinely used in these surgical populations.

5. Avoid using electrotherapy modalities in the management of patients with low back pain.

Although used in clinical practice for many years, current evidence-based clinical practice guidelines do not endorse electrotherapy modalities (such as ultrasound, laser, interferential) in the management of low back pain, due to lack of evidence of effects on clinically relevant outcomes. Instead, patients with (sub)acute low back pain should be reassured of a favourable prognosis, advised to stay active, and be referred for prescribed analgesia if necessary. For chronic low back pain, helpful interventions include short-term use of medication/manipulation/acupuncture, supervised exercise therapy, cognitive behavioural therapy and multidisciplinary treatment.

6. Don’t provide ongoing manual therapy for patients with adhesive capsulitis of the shoulder.

Adhesive capsulitis (also termed frozen shoulder) is a condition characterised by spontaneous onset of pain, progressive restriction of movement of the shoulder and disability that restricts activities of daily living, work and leisure. Most studies indicate that it is a self-limiting condition lasting up to two to three years, although 40% people may experience clinically detectable restriction of movement and disability beyond this time point without significant pain. Well-designed randomised trials have not demonstrated any worthwhile clinical benefits for ongoing physiotherapy beyond the benefits of a simple home exercise program.
SUPPORTING EVIDENCE


Webster BS, Choi YS, Bauer AZ, Cifuentes M, Pransky G. The Cascade of Medical Services and Associated Longitudinal Costs Due to Nonadherent Magnetic Resonance Imaging for Low Back Pain Spine 2014;39:1433-1440.


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HOW THIS LIST WAS MADE

The APA sought nominations from fellows and associates of the Australian College of Physiotherapy, directors of the Physiotherapy Evidence Database, clinical specialist APA members and academic physiotherapists to form an expert panel. The APA invited all members to submit evidence about interventions related to physiotherapy that should be questioned. From members’ submissions and the expert group’s research, the expert group formed a shortlist of 8 recommendations. The expert group then considered the shortlist in terms of the extent of the health problem, usage of the test or intervention, and the evidence that the test or intervention is inappropriate. From this analysis, the expert panel selected five recommendations to put to APA members. In a second round of consultation, the APA received nearly 2500 responses, and almost 900 comments. The expert panel then considered feedback and refined the recommendations. This resulted in the 6 recommendations put forward below, for which there was overwhelming majority support.

Last reviewed: March 2016
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Choosing Wisely Australia® is enabling clinicians, consumers and healthcare stakeholders to start important conversations about tests, treatments and procedures where evidence shows they provide no benefit and in some cases, lead to harm. This initiative is being led by Australia’s medical colleges and societies and is facilitated by NPS MedicineWise.

About Australian Physiotherapy Association (APA)
The Australian Physiotherapy Association (APA) is the peak body representing the interests of Australian physiotherapists and their patients. The APA is a national organisation with non-autonomous state and territory branches and specialty subgroups. The organisation has more than 19,000 members and over 300 members in volunteer positions on committees or working parties.

About NPS MedicineWise
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