

Light physical conditioning programmes for workers with back pain

NICE has developed the Cochrane Quality and Productivity (QP) topics to help the NHS identify practices which could be significantly reduced or stopped completely, releasing cash and/or resources without negatively affecting the quality of NHS care. Each topic has been derived from a Cochrane systematic review that has concluded that the evidence shows that the practice is harmful or ineffective and should not be used, or that there is insufficient evidence to support widespread use of the practice

Summary

NICE summary of review conclusions

Evidence shows that light physical conditioning programs are not effective and should not be used

Reducing or stopping light physical conditioning programs for workers with back pain is likely to have minimal impact on the quality of patient care in the NHS but is likely to result in productivity savings.

The 'Implications for practice' section of the Cochrane review stated:

'For workers with acute back pain a physical conditioning program is not effective in reducing sickness absence duration. Light physical conditioning programs do not reduce sickness absence in workers with subacute nor with chronic back pain. There is conflicting evidence regarding the effectiveness of intense physical conditioning program versus usual care for workers with subacute back pain. It might be that including workplace visits or execution of the intervention at the workplace is the component that renders a physical conditioning programme effective. For workers with chronic back pain, there is moderate quality evidence that intense physical conditioning programs have a small but significant effect on sickness absence compared to care as usual. There is conflicting evidence on the effect of intense physical conditioning programs versus exercise therapy for workers with chronic back pain.'

Details of Cochrane review

Cochrane review title

Physical conditioning programs for improving work outcomes in workers with back pain

Citation

[Schaafsma F, Schonstein E, Whelan KM, Ulvestad E, Kenny DT, Verbeek JH. Physical conditioning programs for improving work outcomes in workers with back pain. Cochrane Database of Systematic Reviews 2010, Issue 1. Art. No.: CD001822. DOI: 10.1002/14651858.pub2](#)

When the review content was assessed as up to date

26 December 2008

QIPP category

Acute/urgent care

Cochrane Quality and Productivity topics

Relevant codes	OPCS	ICD10	HRG
	U508, U509, U513	M545	VC24, VC42, VC10, HC24

Programme budget

Problems of the musculoskeletal system

Evidence

On the basis of 23 randomised-controlled trials (3676 workers), eight physical-conditioning programmes were compared with usual care or with other types of intervention, such as standard exercise therapy. Participants had back pain of differing duration and various follow-up times were used. The physical conditioning programmes were categorised as 'light' or 'intense' depending on their intensity and duration.

Results showed that light physical-conditioning programmes had no significant effect on length of sickness absence for workers with subacute or chronic back pain. In workers with acute back pain, there was no effect on sickness absence. Conflicting results were found for intense physical conditioning programmes for workers with subacute and chronic back pain.

Relevant NICE guidance

[Low back pain: early management of persistent non-specific back pain – NICE clinical guideline 88](#)

(Published: May 2009, expected review date: May 2012)

This guideline applies to non-specific low back pain present for between 6 weeks and 1 year. Physical conditioning programmes were not specifically mentioned in the guideline.

Physical activity and exercise

Consider offering a structured exercise programme tailored to the person:

- This should comprise up to a maximum of eight sessions over a period of up to 12 weeks.
- Offer a group supervised exercise programme, in a group of up to ten people.
- A one-to-one supervised exercise programme may be offered if a group programme is not suitable for a particular person.

Combined physical and psychological treatment programme

Consider referral for a combined physical and psychological treatment programme, comprising around 100 hours over a maximum of 8 weeks, for people who:

- have received at least one less intensive treatment (see section 1.2.5) and
- have high disability and/or significant psychological distress.

[Management of long-term sickness and incapacity for work – NICE public health guidance 19](#)

(Published: March 2009)

Physical conditioning programmes were not specifically mentioned in the guideline.

Recommendation for research 3: return-to-work programmes and interventions

Research councils, Government departments including the Department for Work and

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Pensions, local and regional authorities and primary care trusts, national and other research commissioners and funders such as the National Institute for Health Research should take action as described below.

Determine if the following help those experiencing long-term or recurring short- or long-term sickness absence or recipients of incapacity benefit (or employment and support allowance) return to work. Commission independent evaluations to achieve this. The evaluations should take into account the content of research recommendation 2.

- Expert Patients' Programme; • Conditions Management Programme.
 - Regional NHS Employability schemes; • Job retention schemes; • Fit for work schemes; • Pathways to Work and any other similar programmes or interventions, such as rehabilitation or psychosocial interventions which aim to promote a return to work; • Clinical combined with return-to-work interventions for low back pain, musculoskeletal disorders and mental health problems; • Multidisciplinary interventions which aim to prevent the occurrence of long-term or recurring short-term sickness absence or the move from short- to long-term sickness absence.
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Potential productivity savings

Estimate of current NHS use

The current NHS usage cannot be estimated.

A third of adults in the UK (13.4 million people) will have back pain at some point in their life. 20% of people (2.7 million) with back pain consult GPs – although not all will be workers who receive physical conditioning programmes.

Level of productivity savings anticipated

Cannot be quantified and will depend on current NHS usage.

Patients can be redirected to programmes that are effective. We assumed that exercise programmes are delivered within the NHS by physiotherapists who can offer alternative programmes without further investment.

Type of saving

Minimal impact on cash, but high levels of improved productivity are forecast

Any costs required to achieve the savings

No additional resources are needed, but if this therapy is not offered, then alternative treatments may be needed.

Potential impact on quality of NHS care

Impact on clinical quality

Clinical quality will be improved by reducing the use of ineffective therapies

Impact on patient safety

Not anticipated to have any impact on patient safety

Impact on patient and carer experience

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Improved patient and carer experience anticipated due to not having to participate in unnecessary light physical conditioning programmes

Likely ease of implementation

Time taken to implement

Can be achieved in the medium term: 3 months to 1 year

Healthcare sectors affected

Affects multiple organisations, involving multi-agency working

Stakeholder support

Likely to get a mixed reception, such as staff understand and support the change, but patients affected are unhappy
