

From: [REDACTED]

Sent on: Thursday, September 14, 2023 10:26:54 PM

To: VBHC <[REDACTED]>

CC: [REDACTED]
[REDACTED]
[REDACTED]

Subject: FW: Consultation on the Model of care for the management of low back pain

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Dear Troy,

Australian Chiropractors Association thank you for the invitation to provide feedback on the revised *Model of care for the management of low back pain – summary (the model)*. Your office was contacted with a request for an extension of time to submit feedback. Subsequently Annette Keay contacted us and advised we could submit by **Friday 15 September 2023**. Given the online portal is no longer available, our response will be below in the body of this email.

ACA agree with the overarching sentiment of the revised model to reduce reliance on opioids as interventions and to look towards other evidence-based options.

Do you have feedback on how the model can best be implemented to ensure people with low back pain receive best practice treatment?

- Clear communications are required via multiple channels to ALL stakeholders, particularly the patient, on what services and therapies can be utilised for the management of LBP.

Are there any barriers to implementation?

- Perceived lack of understanding of the role of various professions and the scope of services that they provide as provided within an evidenced based approach to therapeutic interventions in LBP.
- Limited evidence on the use and superiority of heat or cryotherapy for acute LBP.
- Limited discussion of the scope or type of injury referred to as "Acute LBP".
- Describe the scope of conditions and intensity of pain parameters that are represented by "acute LBP". To describe ALL injuries, fracture, sprains, strains etc as being managed equally by heat is way ahead of the literature base.

What resources would facilitate adoption of these recommendations in practice?

- Provision of the model to all stakeholders as a part of the referral process to reinforce steps and flow.
- Distribution of information via websites of all stakeholders and possibly individual practitioner websites.

General Commentary

Patients and referring professionals need to have a clear idea of who can treat low back pain, albeit with different approaches. There can be much anxiety in workers compensation patients when practitioners are dismissed by stakeholders unaware of the spectrum of potential practitioners entitled to provide care to patients.

The model refers to allied health and physical therapies but this terminology is potentially confusing. The term "physical therapy" may be confused with physiotherapy alone, rather than the range of "physical practitioners" including chiropractic, osteopathy and exercise physiology, as examples. The use of the statement "physical therapies" throughout the flow chart continues this potential

confusion. It would be better placed to use "evidence based manual therapies" by SIRA approved allied health practitioners.

It is suggested that patients be advised of recognised providers approved by SIRA and for SIRA to continue to publish advice for patients on their website. Where patients can approach a trusted, known health professional and receive good treatment and support, they are more likely to remain at work, stay active and recover more quickly. By listing these professions there is clarity for patients, providers, general practitioners, and case workers. This will likely lead to less anxiety and conflict between parties. The list would be in the form of a glossary of SIRA approved manual therapists:

- Chiropractors
- Exercise Physiologists
- Osteopaths
- Physiotherapists

While some evidence exists for use of heat in chronic pain, the use of cryotherapy in acute cases is often favoured clinically.

Evidenced based approaches - recommendation for heat applied universally is not supported by the science on acute low back pain. The science is very limited for acute pain management by heat or cryotherapy. Practically, a short course of cryotherapy often reduces pain (clinical observations (as seen with injuries in sport). Due to the limited amount of evidence in support, we recommend a less absolute recommendation for the use of heat.

Any questions regarding our submission please contact me on [REDACTED]

Regards

[REDACTED]
[REDACTED]
[REDACTED]

[Australian Chiropractors Association](#)

[REDACTED]
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