

MESSAGE FROM LAWRENCE DOTT, CEO, MII

December 2006

Robin McKenzie has requested I inform you of a significant development which we consider to be one of the major advancements of Mechanical Diagnosis and Therapy in the history of the Institute. Dr Ron Donelson has recently written a book, which is about to be published, titled "Rapidly Reversible Low Back Pain - An Evidence-Based Pathway to Widespread Recoveries and Savings". To follow are the forewords to Dr. Donelson's book written by Donald Kollisch, MD; F. Todd Wetzel, MD; Kevin F. Spratt, PhD; Donald R. Murphy, DC, DACAN; Robin McKenzie and David M. Ferriss, MD, MPH. We request you review the Foreword given that it endorses MDT as a logical and methodologically consistent approach for establishing evidence as an effective method for diagnosis, assessment and treatment of low back pain.

We strongly recommend Dr. Donelson's book to you and all your colleagues.

Best Wishes,

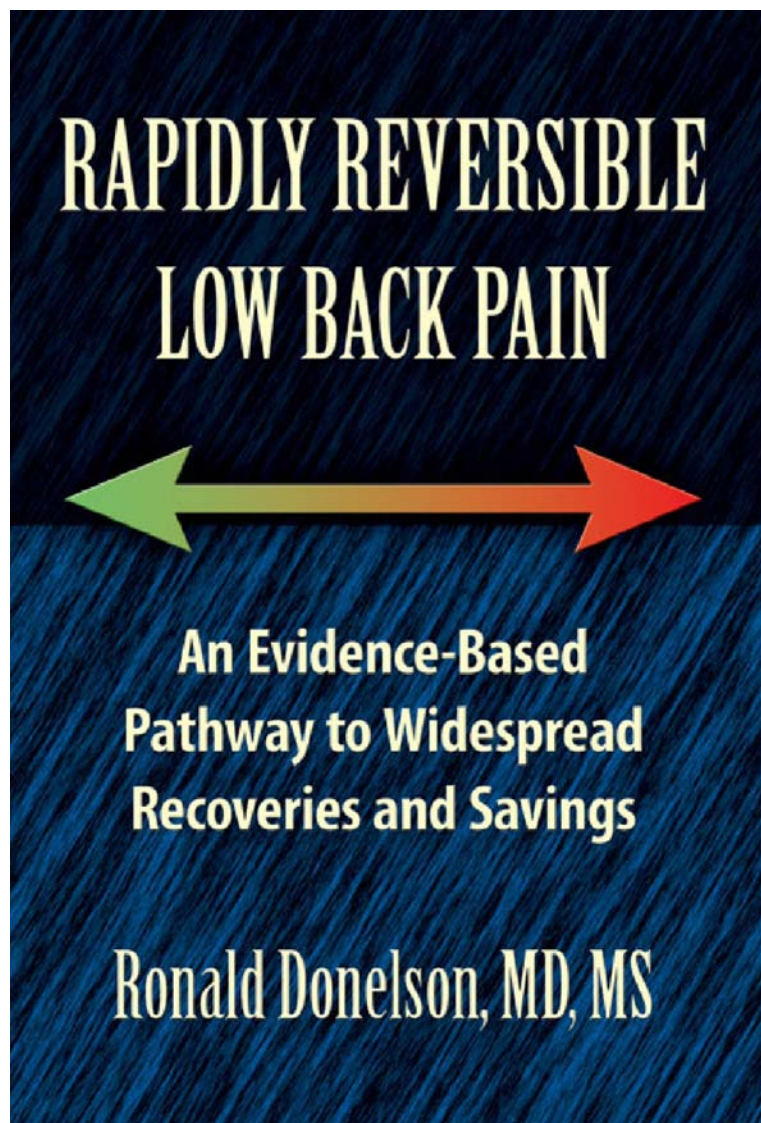
Lawrence Dott
Chief Executive Officer
McKenzie Institute International

RAPIDLY REVERSIBLE LOW BACK PAIN:

An Evidence-Based Pathway to Widespread Recoveries and Savings

By Ronald Donelson, MD, MS

SelfCare First, LLC - Hanover, New Hampshire



Foreword

*Comments by Donald Kollisch, F. Todd Wetzel, Kevin F. Spratt,
Donald R. Murphy, Robin McKenzie and David M. Ferriss*

It will be a very bright day indeed when we have a viable non-operative treatment for Low Back Pain (LBP) due to Degenerative Disc Disease (DDD). That day is closer than we realize, as Dr. Donelson notes in *Rapidly Reversible Low Back Pain*. As supported by an increasing body of reputable scientific knowledge, it is now possible to classify non-specific LBP as well as sciatica into validated subgroups for which there are subgroup specific treatments.

When asked by my long time friend and colleague, Dr. Donelson, to review his manuscript, I had a very pleasant surprise. Far from being a dry summary of scientific data, I found that I literally could not put this book down. This text is a lively and masterful summary of the *misuse* of research methodologies that has led us to miss the point as we continue to ask the wrong research questions, being seduced more by trial design than the actual relevance of trial content. Not only does Dr. Donelson offer penetrating insight into the value of our past and current non-Randomized Controlled Trials (RCTs) and RCT research inventory, but he also proposes truly elegant directions for future research.

This book is also important because of the practical clinical insight into the management of LBP it provides. Arguably, the most important task of the surgeon is patient selection, namely offering the right procedure for the right patient leading to a successful outcome. Not only does MDT have value as a *treatment* technique for LBP due to DDD, it has the additional advantage of helping the surgeon *determine* who would benefit from surgery if MDT is not effective.

For example, many patients thought to be exclusively surgical candidates are still capable of non-surgical recovery if given the opportunity to be assessed using MDT methods delivered by a qualified practitioner.

Several published studies document this. One always finds it comforting when the emerging evidence reflects one's own experience: in my nearly twenty years of surgical practice, MDT assessment consistently yields not only clinical success, i.e. good non-surgical outcomes but, as noted above, enhances the precision of my surgical selection process and thereby improves surgical outcomes.

One final point. As one reads the scientific literature, the following should be kept in mind: since MDT assessment and care has not been commonly offered to date in the various surgical studies, one must wonder how many patients would have improved with MDT to where they chose to forgo surgery entirely?

Read and enjoy.

*F. Todd Wetzel, MD
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As family practitioners, we've all had experience treating our patients with low back pain. We follow the guidelines taught to us by our residency teachers; we follow the formal clinical guidelines published by various groups; or we simply (and reasonably) base our management on our training, reading, and experience. Sadly, not only are our management proposals sometimes hard to sell to our patients, but they so often simply do not work. Yes, our patients sometimes recover—whether due to our medications and PT referrals or simply due to time—but often they don't. And also often, their pain recurs in the future. We also are wary of the downward spiral that we trigger when we use opioid medications.

Most of us want to provide care that doesn't treat the low back as a "black box." We'd rather utilize active interventions rather than passive waiting. And we'd like to have an explanatory model which has educational validity for our patients, is intellectually stimulating, and points to care that works. We need to find alternatives that help patients manage their own low back pain.

*Rapidly Reversible Low Back Pain* provides the office-based family practitioner or internist with the means to more actively diagnose and treat low back pain. This book's review of the evidence for the causes and treatment of back pain is comprehensive and compelling and its recommendations for future research are interesting for the academic.

While some of us may find such a thorough review of research to be more than we care to wade through, it nevertheless nicely explains why the methods it advocates are not more prominently featured in low back pain clinical guidelines.

So I would encourage perseverance through these sections, because the rest of the book provides a refreshing, evidence-based approach to objectively determine non-pharmacologic means of helping our patients gain control of their pain and recover more quickly and simply. The recommended care promotes objective decision-making and offers new insights into avoiding the need for medication, imaging, or specialist referral, including for low back surgery.

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My training is as a psychometrician, research methodologist, and statistician. Early in my training, I learned a practical lesson from a speaker about levels of evidence. The lessons learned were that, generally speaking, the lowest form of evidence is when an advocate finds that their approach is better, and the highest form of evidence is when an advocate finds that a competing approach is better.

Since Dr. Donelson is an unabashed advocate for the McKenzie/Mechanical Diagnosis & Therapy (MDT) paradigm, for the casual reader, and certainly for those “competing” with the MDT approach, this book might be classified as an example of the lowest form of evidence. I would argue otherwise for a number of reasons. First, Dr. Donelson does not attempt to camouflage his position in the hope of convincing those more likely to believe evidence reported by a neutral observer. There is no need to “beware of wolves in sheep’s clothing” here.

Second, a major theme in the book is about how information becomes “common knowledge” or part of guidelines, rather than the content of that common knowledge. All good scientists must be ever vigilant that “desired” evidence is not touted more than accurate evidence. Third, Dr. Donelson is, in my experience, an unusual advocate who can and will change his mind based on evidence. Fourth, Dr. Donelson has been careful to limit his advocacy to a clearly defined group of patients, and does not claim to have the answer for every patient presenting with LBP. This is not a “one size fits all” approach. Finally, and perhaps most importantly, the underlying model for MDT represents a logical and methodologically consistent approach for establishing evidence that is robust in diminishing rival hypotheses for explaining observed outcomes. As carefully and repeatedly reported in the book, the MDT system, and much of the research done to evaluate it, has focused on firmly linking assessment with diagnosis, followed by providing theoretical underpinnings for treatment based on the diagnosis, and then carefully evaluating patient outcomes to inform treatment modifications. As a reasonably neutral outside observer, the series of studies conceived and implemented to evaluate MDT, so well-documented by Dr. Donelson, is impressive.

However, given the current state of so-called “evidence-based” low back care, it seems safe to say that the medical community as a whole sends too many patients down the more costly, invasive, and not necessarily more efficacious surgical path than the far less costly, non-invasive, and usually more efficacious MDT path. This is understandable in the case of the surgeons, and maybe even for general practitioners who might feel safer in sending patients down the more traveled path, but for payers to be willing to spend so much more for care, with no strong evidence that patients will benefit more, is hard to understand. If the existing MDT-based research is accurate, with 70% of acute and 50% of chronic idiopathic LBP cases, as well as sciatica, successfully treated with subgroup-specific interventions, it seems to me this would allow the clinical and scientific community a fabulous opportunity to more closely focus on finding new or existing treatments efficacious for the remaining 30 and 50 percent of LBP patients. This would represent a major paradigm shift in treating patients with LBP, similar to what was observed in Dentistry in the 1950s and 60s in the United States, where virtual eradication of tooth decay due to broadly adopted preventative measures allowed the profession to move away from filling cavities and focus on other aspects of oral disease and care.

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The much-vaunted randomized controlled trial has been severely limited in its role in providing useful information and solutions for the LBP epidemic. In *Rapidly Reversible Low Back Pain*, Dr. Donelson offers a research strategy for effectively dealing with these deficiencies that brings evidence-based common sense to this epidemic problem.

He does this first by exposing the short-sightedness of the health care system's past and present response, and then offers solutions, backing his recommendations with solid evidence.

Much of the confusion regarding LBP arises from the fact that it so often becomes a multifactorial problem. Psychosocial factors, deconditioning, and central pain hypersensitivity likely all play a role in perpetuating chronic LBP. In *Rapidly Reversible Low Back Pain*, Dr. Donelson brings badly needed logic, common sense, *and evidence* to this complex problem and, for the first time, places psychosocial factors in their proper perspective.

In my experience, there is no more powerful way to remedy a patient's fear and psychological distress than to do as Dr. Donelson emphasizes: provide each patient with specific maneuvers that first reduce his or her own pain and then either keep it away or enable him or her to deal effectively with it should it recur. He also doesn't minimize the importance of psychosocial and other factors but puts it all in proper context, providing a practical approach to dealing effectively with the problem as a whole.

As a practitioner whose training focused on manual treatments, I found the chapter on manual therapy particularly interesting. It contained important messages for all manual practitioners, including this essential message: manual therapy can be a very useful tool if used for the right purposes, but it can also cause great harm—not from actual tissue injury but from something far more damaging in the long run—patient dependency.

*Rapidly Reversible Low Back Pain* is a must-read for anyone interested in having a major impact on the LBP epidemic.

*Donald R. Murphy, DC, DACAN  
Clinical Director, Rhode Island Spine Center  
Clinical Assistant Professor, Brown University Medical School  
Adjunct Associate Professor of Research, New York Chiropractic College  
Providence, RI USA*

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Of course from my own point of view, it is a very important book that Dr Donelson has presented here. It is the most comprehensive review yet of my work.

I am likewise pleased that the content so precisely draws attention to the flaws in the scientific process which are exposed so accurately here. It is deplorable that those responsible for issuing guidelines for the management of people with common mechanical back pain have seen fit to spurn a system of treatment that fulfils and provides in so many ways all of the requirements that they have said are essential if we are to improve patient care of the back. Classification, reliability, validity, safety, self care, patient independence and efficacy have all been demonstrated in the many studies presented in this book.

When will they ever learn?

*Robin McKenzie, CNZM, OBE. FCSP. (Hon) FNZSP. (Hon) Dip MT.
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New Zealand*

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Dr. Donelson has made an outstanding contribution to our understanding of the assessment and management of low back pain by laying out clearly and concisely the extensive evidence supporting the incorporation of the Mechanical Diagnosis and Therapy paradigm for the assessment and management of low back pain. He constructively presents simple and logical research remedies to advance more rapidly our understanding of LBP and to identify more effective assessment and management methods than what have been produced over the past 25 years.

This book should be of great value to clinicians, researchers, managed care and disease management organizations, and the patients they serve.

*David M. Ferriss, MD, MPH, Medical Officer  
Clinical Program Development  
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