

What's New for May 2023?

Evidence Express

Division d'orthopédie
ASSOCIATION CANADIENNE DE PHYSIOTHÉRAPIE



Orthopaedic Division
CANADIAN PHYSIOTHERAPY ASSOCIATION



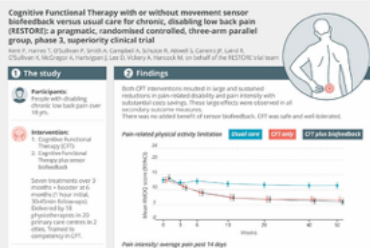
RESTORE Clinical Trial for Back Pain

Home Patient Journey Cognitive Functional Therapy Clinician Journey Research Team Contact

RESTORE Clinical Trial for back pain

Hot off the press! Cognitive functional therapy for persistent low back pain. See what they found and [access the paper free](#) for a limited time.

RESTORE Trial Infographic



May 2023 National Physiotherapy Month

Physiotherapy: Leading Action Toward Better Pain Management and Rehabilitation

Physiotherapists Stand Ready to Help Reduce the Strain on the Canadian Health Care System

Read the [CPA's position paper](#) on the role PTs can play in the management of persistent pain!

Editorials

Introducing Australia's clinical care standard for low back pain

Christopher C. Maher¹, Aline Archambault², Rachelle Buchbinder³, Simon D. French⁴, Julia Morphet⁵, Michael K. Nicholas⁶, Peter O'Sullivan⁷, Marie Perrotta⁸, Michael J. Yelland⁹, Leo Zeller¹⁰, Nivene Saad¹¹, Elizabeth Marles¹², Alice L. Bhausaie¹³, Christina Lane¹⁴

A new clinical care standard provides evidence-based guidance to help clinicians deliver best care for low back pain.

The Standard provides 8 quality statements:

1. Initial clinical assessment focuses on screening for serious pathology.
2. Consideration of psychosocial factors that may affect recovery.
3. Imaging is reserved for suspected serious pathology.
4. Education and advice about their condition.
5. Encourage self-management and physical activity.
6. Physical and/or psychological interventions.
7. Judicious use of pain medication.
8. Review and referral for persons who have not recovered or deteriorated.

[More Resources](#)

[CLINICAL COMMENTARY]

LIESBET DE BAETS, PhD, PT¹ • ANN MEULDERIS, PhD, PT² • STEFAAN VAN DAMME, PhD, PT³
J.P. CARRERO, PhD, PT⁴ • THOMAS MATHIEVE, PhD, PT⁵

Understanding Discrepancies in a Person's Fear of Movement and Avoidance Behavior: A Guide for Musculoskeletal Rehabilitation Clinicians Who Support People With Chronic Musculoskeletal Pain

A person-centred approach is needed to evaluate fear of movement and avoidance behaviour in people with chronic MSK pain. This clinical case outlines how this may be done.

[Access at JOSPT](#)



Broken Machines or Active Bodies? Part 1. Ways of Talking About Health and Why It Matters (Bunzli S et al. 2023)

Common osteoarthritis misconceptions

*Joint pain is always a sign of damage.
Joint pain only gets worse with time.
Weight-bearing damages your joints.*

This editorial series raises awareness of how we talk about health using osteoarthritis as a case example. Follow the series at [JOSPT](#).

CHRONIC PAIN: THE LONG ROAD TO DISCOVERY

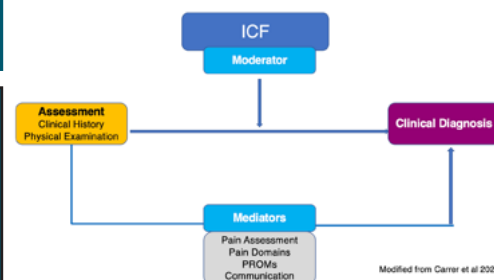
Science is providing insights, and viable treatments are available. But millions of people are still without help. By Lucy Odling-Smee

Chronic pain can be treated so why are millions still suffering?

Philip Kass spends 90% of his day lying on a twin bed in a sparsely decorated room that used to belong to his niece. He takes most meals with a plate balanced on his chest and he usually watches television because reading is too stressful.

"I'm barely living...."

[Read more](#)



Modified from Carrer et al 2023

A proposed framework (Carrer et al 2023) for guiding clinical assessment of Chronic Musculoskeletal Pain (CMP) based on a narrative review of the current literature and considering the ICF model, specific assessment of pain and effective clinician-patient communication.

The ICF model acts as a moderator of CMP assessment, allowing clinicians to implement the biopsychosocial model.

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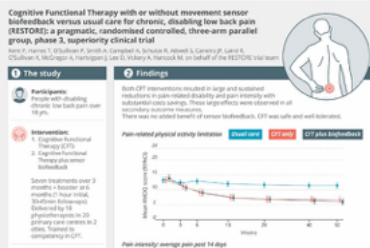
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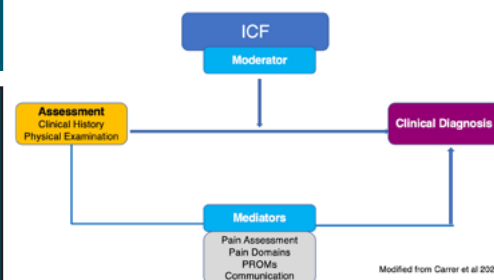
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Common bias available at [JOSPT](#)

Musculoskeletal Science and Practice
Journal homepage: www.elsevier.com/locate/jmsp

Review article
The attitudes and beliefs about manual therapy held by patients experiencing low back pain: a scoping review

Mark Thomas¹, Oliver P. Thomson², David C. Kothandaraman³, Adèle Stewart-Lord⁴

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³University College of Chiropractic, 201 Borough Road, London, SE16 5NL, UK

IN THIS SCOPING REVIEW, THE AUTHORS FOUND THAT THE CURRENT EVIDENCE SUGGESTS THAT MANUAL THERAPY IS BELIEVED TO BE EFFECTIVE IN THE SHORT TERM AND IS A PREFERRED OPTION IN THE MANAGEMENT OF LBP WITH ACCEPTED LEVELS OF POST-TREATMENT SORENESS. PATIENTS BELIEVE IN A BIOMECHANICAL MECHANISM.