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## A. Standardization of outcome assessment in lower back pain

A study in the European Spine Journal reviewed several parameters of outcome assessment for lower back pain and several tools, typically questionnaires, for assessing change with lower back pain patients. The goal was to use one tool which was simple, practical, valid, reliable and sensitive to change. The added benefit would be standardization of outcome assessment in research studies and in routine quality management assessment of centers. The researchers looked at six psychometric characteristics using six specific questions: pain, function, symptom specific well-being, work

disability, social disability and satisfaction with care.

Each of these psychometric characteristics were extracted from previously validated questionnaires. With the exception of symptom specific well-being, each question correlated quite highly with its corresponding reference questionnaire, demonstrating validity. Testing for reliability also fared quite well. Sensitivity to change, or responsiveness, also scored well for most items. The overall conclusion was that these six core items provide usefulness that for all intents and purposes is as good as the full length questionnaires.

Mannion, A, et al. Outcome Assessment In Low Back Pain: How Low Can You Go? European Spine Journal 2005; 14:1014-1026.

## II) Pressure pain thresholds of trigger points and spinal manipulation.

A recent study published in Journal of Manipulative and Physiological Therapeutics analyzed the immediate effects of a single episode of spinal manipulation to the cervical spine upon the pressure pain threshold of trigger points located in the upper trapezius muscle. The experimental group, those receiving manipulation, showed a trend towards increased pressure pain threshold while the control group showed a trend toward decreased pressure pain threshold. The exact mechanism of action for this increased pain threshold post manipulation is

unknown. Previous studies have identified a transient elevation of serum beta-endorphins post manipulation not produced by simply mobilizing a joint. In addition, manipulation has been shown to stimulate large myelinated afferent fibers innervating spinal facet joints, which tend to have an inhibitory effect upon unmyelinated nociceptive fibers entering the spinal cord at the same level.

Ruiz-Saez M, et al. Changes in pressure pain sensitivity in latent myofascial trigger points in the upper trapezius

muscle after a cervical spine manipulation in the pain free subjects. J Manipulative and Physiological Therapeutics 2007; 30(8): 578-583.

## B. Office News

Shoreline Spine & Pain Associates would like to introduce a new treatment procedure now offered. This new modality is called **Graston Technique**. Graston is an augmented soft tissue mobilization technique. The treatment procedure utilizes stainless steel instruments that mobilize soft tissue. This technique is used by practitioners who treat high level Olympic and professional athletes as well

as typical patients who suffer from soft tissue conditions.

The Doctors of Shoreline Spine & Pain Associates have been invited to lecture through the **Connecticut Interlocal Risk Management Agency**. This lecture will educate municipal employees and supervisors on low back pain injuries and prevention. It is scheduled March 11<sup>th</sup> in Madison, CT.



## C. Question of the month

### Do electronic health records (EHRs) actually help to improve quality of patient care?

A recent study in Archives of Internal Medicine concluded that EHR use was not associated with better quality ambulatory care. How could this be? There is a national push to get all providers electronically connected within the next 10 years. If no less than the federal government is helping to drive this process, how can quality not be a primary consequence of EHR use? In 1999 the Institute of Medicine published a review titled "To err is human." Their recommendation was to implement EHRs on a broad basis to reduce

prescription errors, reduce redundancy of care and improve overall quality of care. Prior studies were able to show increases in quality of care at 4 institutions which were considered 'benchmarks' for implementation of EHRs. In the current study, only 2 of 17 quality markers improved with the use of EHRs. So why the difference? The study suggests that the EHRs reviewed may be more 'rudimentary and lacking in clinical decision support and not focused on quality improvement.' Ensuring that your EHR is customizable, that is that allow the provider to utilize the EHR as an individual and improve the functionality. The ability of an EHR to include specific customizable features which improve upon quality is imperative. As an example, in the

care of back pain patients, the EHR must include some type of feature which notifies the doctor if "RED FLAGS" are present. If a RED FLAG is entered in the patient chart, such as a history of cancer, the EHR should have the capacity of 'flagging' the record each time a provider accesses this chart. Kraus, S. Future Health Software. Why digital can't mean generic: looking for health care quality outcomes with electronic health records. Dynamic Chiropractic 2007; 25(25).

Linder JA, et al. Electronic health record use and the quality of ambulatory care in the US. Archives of Internal Medicine, 2007; 167:1400-05.

*"Specializing in the evaluation, treatment, and rehabilitation of musculoskeletal conditions."*

## D. Contact Us

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Please be aware that Drs. Coulis and Furtado are available to give

a 20 minute lunchtime presentation on how a medical physician can best collaborate with a chiropractor. They are also available to give 45 minute grand round type lectures on Introduction to Chiropractic and Non-Surgical Management of Lower Back Pain. Please contact our office to schedule either Dr. Coulis or Dr Furtado to come to your office.

If you would like some additional literature about our office and the services we provide, please contact our office and request our Introduction to the Shoreline Spine & Pain Associates package.