

עורכת: ד"ר מיכל אהרונוביץ, החוג לפיזיותרפיה, מכללת צפת
 אישורים לפרסום התקצירים התקבלו מההוצאות לאור של כתבי העת.

J Orthop Sports Phys Ther. 2014 Dec;44(12):925-36.
 doi:10.2519/jospt.2014.5272

Physical therapists' level of mckenzie education, functional outcomes, and utilization in patients with low back pain.

Deutscher D¹, Werneke MW², Gottlieb D¹, Fritz JM^{3,4}, Resnik L^{5,6}.

- ¹ Physical Therapy Service, Maccabi Healthcare Services, Tel Aviv, Israel.
- ² CentraState Medical Center, Freehold, NJ.
- ³ Intermountain Healthcare, Salt Lake City, UT.
- ⁴ Department of Physical Therapy, University of Utah, Salt Lake City, UT.
- ⁵ Providence VA Medical Center, Providence, RI.
- ⁶ Department of Health Services, Policy, and Practice, Brown University, Providence, RI.

Abstract

STUDY DESIGN:

Longitudinal, prospective, observational cohort.

OBJECTIVE:

To examine associations between McKenzie training, functional status (FS) at discharge, and number of physical therapy visits (utilization) in patients receiving physical therapy for low back pain.

BACKGROUND:

The McKenzie method is commonly used in treating patients with low back pain.

METHODS:

A McKenzie postgraduate educational program was initiated in a large outpatient physical therapy service. Functional status data were collected at intake and at discharge. Separate hierarchical linear mixed models were used to examine associations between physical therapists' McKenzie training level (none; Parts A, B, C, and D; and credentialed), FS score at discharge, and utilization, controlling for patient risk factors.

RESULTS:

The final data set included 20 882 patients (mean ± SD age, 51 ± 16 years; 57% women) who completed FS surveys at both admission and discharge. Patients treated by physical therapists with any McKenzie training had better outcomes (additional 0.7 to 1.3 FS points; P<.05 to <.001) and fewer visits (0.6 to 0.9, P<.001) compared to patients treated by physical therapists with no training. For patients treated by therapists with no versus some McKenzie education, 65% versus 70% achieved at least the minimal clinically important improvement, respectively. There were no significant differences in outcomes or utilization by level of McKenzie training.

CONCLUSION:

There was a slightly greater improvement of 0.7 to 1.3 points in FS at discharge in patients receiving physical therapy for low back pain by physical therapists who underwent McKenzie training. This difference was clinically important for an additional 5% of patients who achieved the minimal clinically important improvement when treated by therapists with some McKenzie training. Reduction in physical therapy utilization was 0.6 to 0.9 visits, with the fewest visits utilized by patients of physical therapists at the McKenzie Part D and credentialed levels. Together, these findings suggest improved cost-effectiveness at advanced McKenzie training levels. Ways to improve ongoing education and patient outcomes were proposed.

Int J Sports Med. 2015 Jan;36(1):67-74.
doi: 10.1055/s-0034-1384550.

The association between hallux valgus and proximal joint alignment in young female dancers.

Steinberg N¹, Siev-Ner I², Zeev A³, Dar G⁴.

¹ Anatomy and Anthropology, Sackler Faculty of Medicine, Tel-Aviv University, Tel Aviv, Israel.

² Orthopedic Rehabilitation, Sheba Medical Center, Tel-Hashomer, Tel-Hashomer, Israel.

³ Wingate College of Physical Education and Sports Sciences, Wingate Institute, Netanya, Israel.

⁴ Department of Physical Therapy, Faculty of Social Welfare & Health Studies, University of Haifa, Haifa, Israel.

Abstract

Very little is known about the relationship between proximal joint alignment and hallux valgus among young dancers. This study sought to determine the extent to which spinal and lower extremity alignments are involved in hallux valgus, and to identify predicting variables for its development in young dancers. A group of 1336 young female dancers aged 8-16 years, and 226 control participants of the same age cohort were screened for the presence of hallux valgus, body physique characteristics, joint range of motion, and anatomical anomalies. Hallux valgus was common in the 2 young female populations studied. Among the dancers, 40.0% had bilateral hallux valgus and 7.3% unilateral. Among the controls, 32.3% had bilateral and 1.8% unilateral hallux valgus ($\chi^2=8.27$, $df=1$, $p=0.004$). Following logistic regression analysis, age (OR=1.028, 95% CI=0.968-1.091), genu varum (OR=1.514; CI=1.139-2.013) and scoliosis (OR=2.089; CI=1.113-3.921) were found to be significant predicting factors for hallux valgus in the dancer group, whereas in the control group, the predicting factors were age (OR=0.911, 95% CI=0.801-1.036) and ankle plantar flexion

range of motion (OR=0.972; CI=0.951-0.992). In conclusion, it was found that spinal deformity, lower extremity alignment, and joint range of motion are strongly related to hallux valgus.