**Conclusion:** In a difficult-to-treat patient cohort, HF10 Therapy is a promising option when back surgery fails to provide adequate relief.

**Keywords:** Low Back Pain, Post-Surgical Pain, Failed Back Surgery Syndrome, Spinal Cord Stimulation, High Frequency SCS

**References:**

**P96 - INTERDISCIPLINARY FASCIA THERAPY (IFT METHOD) IN CHRONIC LOW BACK PAIN: AN EFFECTIVENESS TRIAL WITH 206 OUTPATIENTS**

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**Introduction:** Low back pain (acute and chronic) is difficult to treat and outcomes are quite varied, even when multicomponent approaches are utilized. This state of affairs necessitates continued exploration of ways to improve upon existing outcomes.

**Purpose/Aim:** The aim of this study was to explore the preliminary outcomes of a novel application of myofascial triggerpoint therapy, administered in a community-based (as opposed to a university-based research) setting, with a large sample of patients, all treated in a common manner. The data reported here were collected over 6 years (from 2011 until 2016). Exclusionary criteria were minimal. Thus, this study is best conceived as an effectiveness rather than an efficacy trial.

**Materials and Methods:** 206 patients (93 men, 113 women) with chronic low back pain (average pain=7.2 years) were recruited and treated at the Center for Integrative Therapy, Stuttgart, Germany. All patients received a standardized course of IFT, which is a manual and a tool assisted myofascial trigger point release (MTPR) method that is augmented with heart rate variability (HRV) training. Number of sessions completed by patients ranged from 8 to 12, with an average of 10 treatments. Prior to and following treatment completion all patients filled out the Brief Pain Inventory (BPI) and the Pain Disability Index (PDI). The BPI and PDI assess pain intensity and reduction of life quality, respectively. Statistical analyses included the paired t-test and Cohen’s d-test. The study was undertaken in accordance with the Declaration of Helsinki and was financed through patient donations.

**Results:** Scores on the BPI and PDI questionnaires indicated significant reductions (p<0.001) in pain (momentary, strongest, minimal, and average pain of the last 24 hours), as well as significant improvements (p<0.001) in disturbances of general activity, mood, normal working, relationship to other humans, sleep, walking ability and zest for life. Paired t-tests and Wilcoxon signed rank tests sum scores of four questions concerning pain intensity (65% reduction) and of seven questions concerning pain disability (69% reduction) also revealed significant reductions (p<0.001). Cohen’s d revealed large effect sizes for these 2 primary measures of outcome; 1.6 and 1.5, respectively.

**Conclusions:** IFT shows promise of being an effective therapy modality for the treatment of chronic low back pain. The findings are strengthened by using standard, accepted measures of pain outcome (the BPI and PDI questionnaires) and administering treatment in a workday clinic, with no special patient selection or staff training procedures. Although promising, more controlled investigations are needed in order to document the role and value of this newer, integrative approach to management of recurrent back pain.

**Keywords:** Chronic Low Back Pain; Interdisciplinary Fascia Therapy; Effectiveness Trial; Brief Pain Inventory; Pain Disability Index
References:

**P97 - A RANDOMIZED CONTROLLED TRIAL OF CHIROPRACTIC AND PHYSICAL THERAPY FOR BALANCE IMPAIRMENTS AND CHRONIC LOW BACK PAIN IN COMMUNITY DWELLING GERIATIC PATIENTS**

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**Introduction:** Postural control problems effect between 28% and 35% of individuals over the age 65 and increases with age. Affecting one third of elderly individuals, falls are a leading cause of injury. Musculoskeletal pain in the elderly impacts 20% to 49% of people between the ages of 65 and 75, is a leading falls risk factor, and a robust predictor of morbidity.

**Purpose/Aim:** This prospective, randomized controlled single blinded clinical trial evaluated chiropractic care or physical therapy as a treatment for geriatric patients with balance problems and chronic low back pain (68.5%) or without low back pain (31.5%).

**Materials and Methods:** One hundred and sixty eight consecutively enrolled community dwelling adults between the ages of 60 and 85 years old (72.8 +/- 6.8) were randomly assigned to 6 weeks of either chiropractic care or physical therapy (12-18 visits). Testing occurred prior to randomization, after 6 weeks of treatment, and again at week 12. Functional and self-report outcome measures for balance included the Berg Balance Scale, Performance Oriented Mobility Assessment, Timed Up and Go Test, and NeuroCom balance tests. Pain was assessed with the Visual Analog Scale, 21-Point Box Scale, and pressure algometry. Quality of life healthcare questionnaires included Oswestry, SF-36, and Falls Efficacy Scales for confidence in performing everyday activities. Data analysis for this intent-to-treat design was a mixed-model analysis of variance (ANOVA) (p < 0.05) and Bonferroni correction (p < 0.017 and p < 0.025) for main treatment effects and between group effects. The data met the Kolmogorov–Smirnov goodness of fit test. This study was set in a university biomedical and healthcare research facility and university ethics committee approval was obtained and written informed consent was obtained from all study participants.

**Results:** The chiropractic care and physical therapy groups had statistically significant (p<0.001; 95% CI) within group effects for pain reduction at week 6 for Box 21 current pain scores (52.7%, 50.9%); Box 21 least pain scores (40.4%, 45.4%); Box 21 worst pain scores (42.1%, 37.2%); Box 21 usual pain scores (41.1%, 46.7%); and Box 21 number of days per week in pain scores (24.3%, 18.9%). There were no significant between group effects. Reaction time (Limits of Stability test), fear of falling (Falls Efficacy Scale), balance and gait (Performance Oriented Mobility Assessment), and walking speed (Timed get-up and go test) all showed significant within but not between group effects for improved function (p<0.001; 95% CI).

**Conclusion:** Chiropractic care and physical therapy are effective treatment options for the geriatric patient with balance and gait deficits and chronic low back pain.

**Keywords:** Geriatric; back pain; chiropractic; physical Therapy