



HEALTH HOLDING

HAFA ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Rehabilitation Centre		
Document:	Multidisciplinary Policy and Procedure		
Title:	Physiotherapy Protocol for Low Back Pain		
Applies To:	All Physiotherapist, Physicians and Nurses		
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1. PURPOSE:

- 1.1 Ensure that women who suffer from lower back pain, whether they are pregnant or after childbirth, are dealt with properly.

2. DEFINITIONS:

- 2.1 Premenstrual syndrome (PMS): a condition many women get before their periods. It has many potential symptoms: physical symptoms, such as: lower back pain, headache, fatigue, bloating
- 2.2 Endometriosis: is a condition where the tissue that lines the uterus, known as endometrial tissue, grows outside the uterus.
- 2.3 Perinatal period: The period of time during which pregnancy occurs and up to a year after birth
- 2.4 Postnatal period begins immediately after childbirth
- 2.5 Radiculopathy: irritation of or injury to a nerve root (as from being compressed) that typically causes pain, numbness, or weakness in the part of the body, which is supplied with nerves from that root.

3. POLICY:

- 3.1 Patient should have a referral form from Gynecologists, Orthopedics or Rehab doctors.
- 3.2 Patient will be evaluated and assessed by the Physiotherapist.
- 3.3 Appointment will be given depending on the availability of the therapist schedule and severity of the case.
- 3.4 The patient's condition is re-evaluated after one month of treatment or after any change her condition if she needs a consultation from a rehabilitation doctor or discharging the patient.
- 3.5 The patient is given home exercises after the first treatment session.

4. PROCEDURE:

- 4.1 The patient initially has referral form from Gynecologist, Orthopedic or Rehab doctors whom should provide the patient with complete referral form.
- 4.2 The doctor will determine the goals of treatment after the initial evaluation
- 4.3 In the first visit, the physiotherapist must explain the patient's condition and provide the necessary information and precautions to be followed to reduce back pain in the patient's daily life.
- 4.4 There are some red flags that a physiotherapist should take note of:
 - 4.4.1 Have back pain associated with serious trauma (like a car accident or a major fall)
 - 4.4.2 Have cancer or have a history of cancer
 - 4.4.3 Have trouble going to the bathroom or can't hold your urine or stool
 - 4.4.4 Are experiencing neurological dysfunction like leg weakness or numbness
 - 4.4.5 Lose sensation around the groin area
 - 4.4.6 Have a fever in associated with your back pain
- 4.5 Treatment with Precaution:
 - 4.5.1 Perinatal and postnatal period

- 4.6 Management /Plan in treating lower back pain :
 - 4.6.1 Treating lower back pain depending on the causes of pain: Some causes of low back pain are specific to women
 - 4.6.1.1 Premenstrual syndrome (PMS).
 - 4.6.1.2 Pregnancy: Back pain is common during pregnancy.
 - 4.6.1.3 Sudden Muscle or Ligament Strain.
 - 4.6.1.4 Sciatica.
 - 4.6.1.5 Bulging or Herniated Disc.
 - 4.6.1.6 Scoliosis.
 - 4.6.1.7 Poor Posture.
 - 4.6.2 Management for lower back pain in acute stage
 - 4.6.2.1 Bed rest: Short-term bed rest may be recommended with severe back pain and muscle spasms.
 - 4.6.2.2 Ice and heat application: Applying heat and ice alternately to the lower back is helpful to relax the muscles and decrease muscle inflammation.
 - 4.6.2.3 Medications
 - 4.6.2.4 Exercise approach to promote rapid healing
 - 4.6.2.5 Use Transcutaneous electrical nerve stimulation (TENS)
 - 4.6.3 Management for lower back pain in chronic stage
 - 4.6.3.1 Use pain killer modality.
 - 4.6.3.2 Back exercises eg (Stretching , strengthening)
- 4.7 Frequency and duration of treatment:
 - 4.7.1 Frequency of visits will depend on severity of the case (1-3 times / week).
 - 4.7.2 Timing will depend on the availability of the physiotherapist & patient condition.
- 4.8 The therapist must explain to the patient the condition, home instructions, and exercises
- 4.9 Discharge Planning:
 - 4.9.1 Any patient after 1mont of treatment is re-evaluated by the therapist to see if the planned goal has been reached or not.
 - 4.9.2 If the patient exceeds 1 month of treatment or more without any noticeable improvement, a consultation is requested from the rehabilitation doctor or to take an opinion based on the rehabilitation program. Either the patient is discharged to complete the treatment at home or he is transferred to a higher rehabilitation center for intensive treatment
 - 4.9.3 If the patient's condition improves during the 1month treatment period, during which the treatment method is changed according to the patient's need and the treatment period is extended according to the vision of the therapist and upon achieving the desired goal, the patient is discharged.
 - 4.9.4 Any patient who reaches the treatment goals set by the therapist is re-evaluated and discharged.
 - 4.9.5 Patients who were recently discharged from rehabilitation after one month of treatment and became the utmost goal of treatment is to maintenance only will not be accepted in the Rehabilitation Department.

5. MATERIALS AND EQUIPMENT:

- 5.1 Hot Moist Pack (HMP) Hydro-collator unit.
- 5.2 Transcutaneous electrical nerve stimulation (TENS)
- 5.3 Ergometer.
- 5.4 Vestibular Ball.
- 5.5 Treadmill.

6. RESPONSIBILITIES:

- 6.1 Physician: Assess, diagnose and prescribe medicine.
- 6.2 Physiotherapist: Initial assessment, evaluates and fills out the General Evaluation Form and documents data in the Referral Form.

- 6.3 Nurse: Triage, and if the patient is more than 12, she should help male physiotherapist to do physiotherapy.

7. APPENDICES:

- 7.1 Referral form. . (Electronic)
- 7.2 Assessment forms. . (Electronic)
- 7.3 Follow up notes. . (Electronic)
- 7.4 Discharge form. . (Electronic)
- 7.5 Education form. . (Electronic)

8. REFERENCES:

- 8.1 Physiotherapy Department Protocols in MCH- Al-Jouf.
- 8.2 Rehabilitation center in king Khaled Hospital- Hafer-Albatin

9. APPROVALS:

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