Dreiländertagung ACHD 2021 – Chronischer Schmerz

Schweizer Paraplegiker Zentrum

SWISS PAIN SOCIETY

Zurich University of Applied Sciences zh aw

Unterschiede in der Diagnostik zwischen Orthopädie und Physiotherapie

- Too much medicine…

Prof. Dr. Hannu Luomajoki, PT OMT

Leiter Master Program MSK Physiotherapie ZHAW

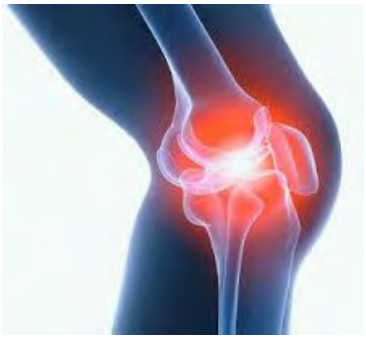
Was ich sagen werde

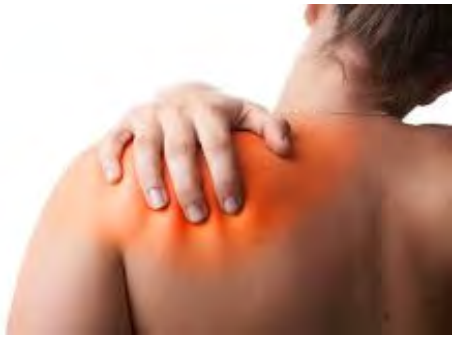
- Value based health care – was ist eigentlich wichtig?
- Struktur basiertes Diagnostizieren ist überwertet, teuer, und manchmal sogar schädlich
- Es wird zu viel operiert
- In den häufigsten msk Diagnosen ist physiotherapeutisches Vorgehen gleich effektiv wie das orthopädisches Operieren, aber kostet weniger und hat viel tiefere Risiken und Nebenwirkungen
- Ein ganzheitlicheres Vorgehen beim Diagnostizieren / Befunden ist nötig und muss in Zukunft viel höheren Stellenwert haben

Muskuloskelettale Beschwerden verursachen die grössten Kosten im Gesundheitswesen

Beschwerden am Bewegungsapparat sind der häufigste Grund für Hospitalisationen und Operationen - 11% aller Gesundheitskosten (insg. 33 Milliarden / Jahr). (Bundesamt für Statistik http://www.bfs.admin.ch/).

Schmerzen des Bewegungsapparates verursachen in der Schweiz jährlich 220 000 Hospitalisationen und über 150‘000 Operationen.





Zurich University of Applied Sciences

zh aw

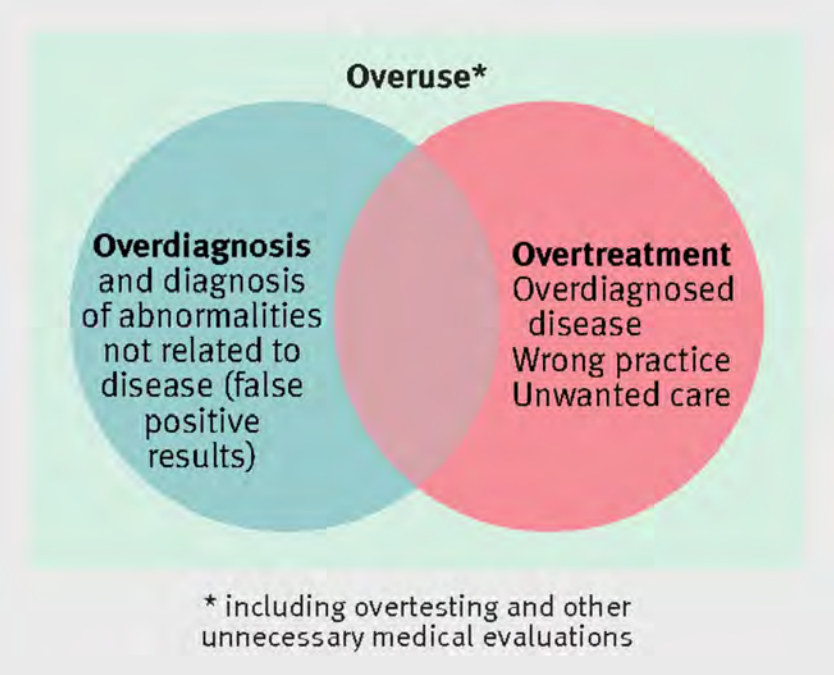
[VIEWPOINT]

JEREMY S. LEWIS, PT, PhD, FCSP[1-3] • CHAD E. COOK, PT, MBA, PhD, FAPTA[4,5]
TAMMY C. HOFFMANN, PhD[6] • PETER O'SULLIVAN, PT, PhD[7,8]

The Elephant in the Room: Too Much Medicine in Musculoskeletal Practice

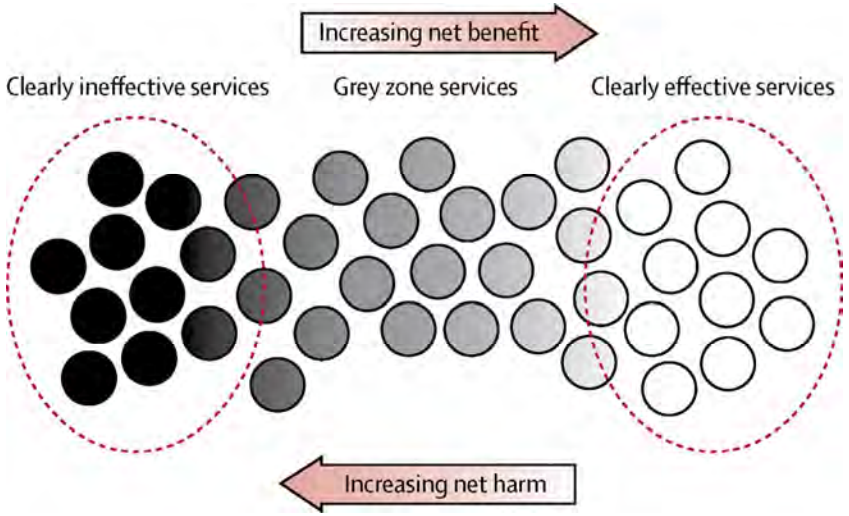
J Orthop Sports Phys Ther 2020;50(1):1-4. doi:10.2519/jospt.2020.0601

High value care vs. Low value care



…high value care means…

Do meaningful things low cost which



Entmystifizieren

Zurich University of Applied Sciences

zh aw

Beispiel strukturelle Befunde in MR-Untersuchungen: Vergleiche zwischen Gesunden und Patienten mit Rückenschmerzen

Kein Unterschied zwischen Gesunden und Patienten!

Systematic Literature Review of Imaging Features of Spinal Degeneration in Asymptomatic Populations

W. Brinjikji, P.H. Luetmer, B. Comstock, B.W. Bresnahan, L.E. Chen, R.A. Deyo, S. Halabi, J.A. Turner, A.L. Avins, K. James, J.T. Wald, D.F. Kallmes, and J.G. Jarvik

Table 2: Age-specific prevalence estimates of degenerative spine imaging findings in asymptomatic patients[a]

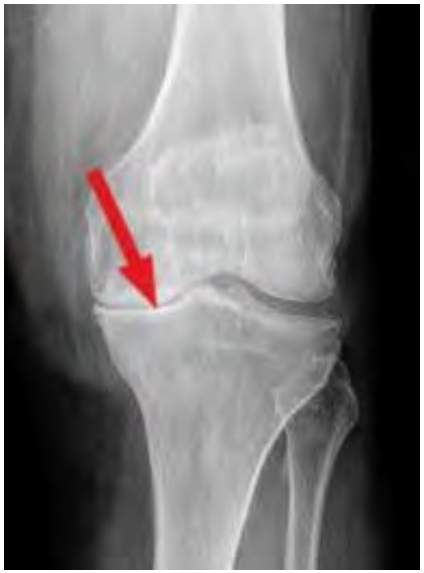
	Age (yr)						
Imaging Finding	20	30	40	50	60	70	80
Disk degeneration	37%	52%	68%	80%	88%	93%	96%
Disk signal loss	17%	33%	54%	73%	86%	94%	97%
Disk height loss	24%	34%	45%	56%	67%	76%	84%
Disk bulge	30%	40%	50%	60%	69%	77%	84%
Disk protrusion	29%	31%	33%	36%	38%	40%	43%
Annular fissure	19%	20%	22%	23%	25%	27%	29%
Facet degeneration	4%	9%	18%	32%	50%	69%	83%
Spondylolisthesis	3%	5%	8%	14%	23%	35%	50%

[a] Prevalence rates estimated with a generalized linear mixed-effects model for the age-specific prevalence estimate (binomial outcome) clustering on study and adjusting for the midpoint of each reported age interval of the study.

BMJ

Prevalence of abnormalities in knees detected by MRI in adults without knee osteoarthritis: population based observational study (Framingham Osteoarthritis Study)

BMJ 2012;345:e5339 doi: 10.1136/bmj.e5339 (Published 29 August 2012)



Fast jeder über 50 J. hat pathologische Befunde im Knie

Abstract

Objective **To examine use of magnetic resonance imaging (MRI) of knees with no radiographic evidence of osteoarthritis** Participants **710 people aged >50 who had no radiographic evidence of knee osteoarthritis** (Kellgren-Lawrence grade 0) and who underwent MRI of the knee.

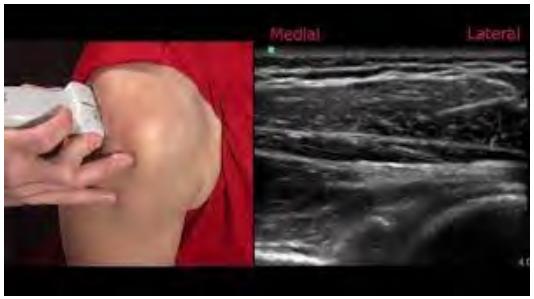
The prevalence of at least one type of pathology ("any abnormality") was high in both painful (90-97%, depending on pain definition) and painless (86-88%) knees.

Conclusions MRI shows lesions in the tibiofemoral joint in most middle aged and elderly people in whom knee radiographs do not show any features of osteoarthritis, regardless of pain.

LH(1

Ultrasound of the Shoulder: Asymptomatic Findings in Men

Gandikota Girish, Lucas G. Lobo, Jon A. Jacobson, Yoav Morag, Bruce Miller, David A. Jamadar



AJR:197, October 2011

Fast alle Gesunde haben «Pathologien» in US Untersuchung!

MATERIALS AND METHODS. The study sample comprised **51 consecutively enrolled subjects who had no symptoms in either shoulder.**

RESULTS. Twenty-five right and 26 left shoulders were imaged. The subject age range was 40–70 years. **Ultrasound showed subacromial-subdeltoid bursal thickening in 78% (40/51) of the subjects, acromioclavicular joint osteoarthritis in 65% (33/51), supraspinatus tendinosis in 39% (20/51), subscapularis tendinosis in 25% (13/51), partial-thickness tear of the bursal side of the supraspinatus tendon in 22% (11/51), and posterior glenoid labral abnormality in 14% (7/51).** All other findings had a prevalence of 10% or less.

CONCLUSION. Asymptomatic shoulder abnormalities were found **in 96% of the subjects**.

Folie 8

LH(1

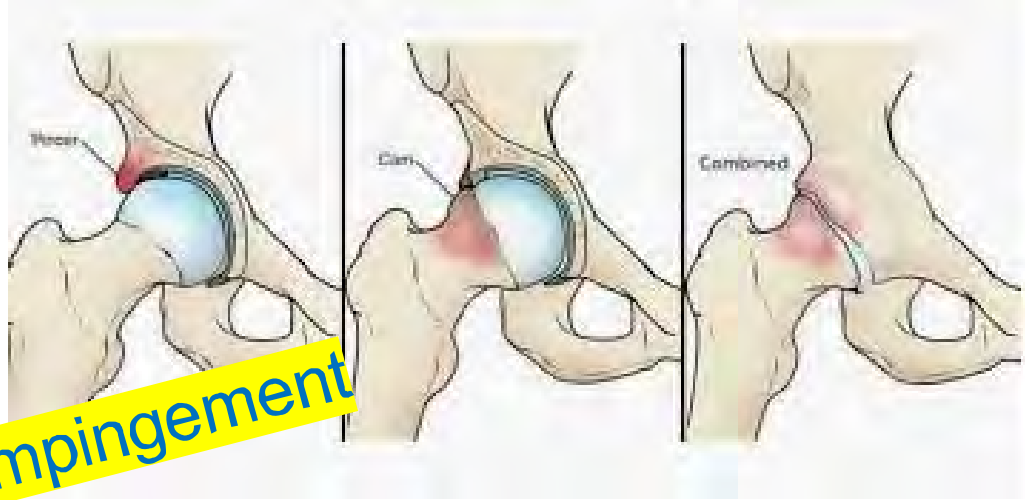
Luomajoki Hannu (luom); 17.08.2020

Prevalence of Radiographic Findings Thought to Be Associated with Femoroacetabular Impingement in a Population-based Cohort of 2081 Healthy Young Adults[1]

Lene B. Laborie, MD
Trude G. Lehmann, MD
Ingvild Ø. Engesæter, MD
Deborah M. Eastwood, MB, FRCS
Lars B. Engesæter, MD, PhD
Karen Rosendahl, MD, PhD

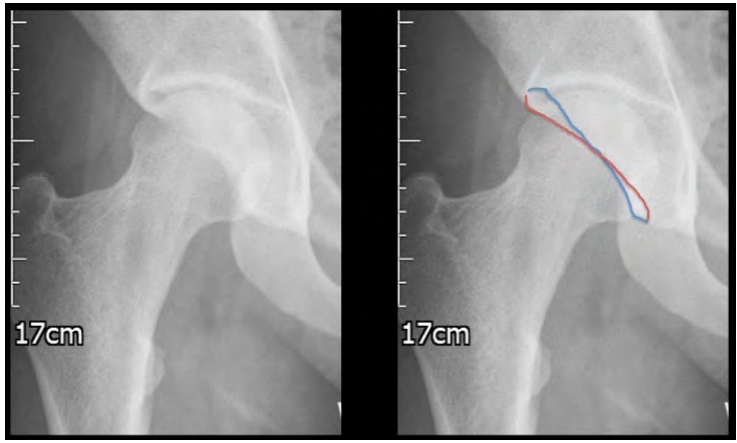
radiology.rsna.org n *Radiology:* Volume 260: Number 2—

August 2011



Jeder zweite Gesunde hat Hüftimpingement

Cam-type deformities were seen in 868 male and 1192 female (n=2081) participants, respectively, as follows: pistol-grip deformity, 187 (21.5%) and 39 (3.3%); focal femoral neck prominence, 89 (10.3%) and 31 (2.6 %); and flattening of the lateral femoral head, 125 (14.4%) and 74 (6.2%). Pincer-type deformities were seen in the same numbers of male and female participants, respectively, as follows: posterior wall sign, 203 (23.4%) and 131 (11.0%); and excessive acetabular coverage, 127 (14.6%) and 58 (4.9%) (all P.001, according to sex distribution). **The crossover sign was seen in 446 (51.4%) and 542 (45.5%) of the male and female participants,** respectively (P = .004).



Case courtesy of Dr Robert Foley,

Radiopaedia.org, rID: 69934

Décary et al. BMC Musculoskeletal Disorders (2017) 18:445
DOI 10.1186/s12891-017-1799-3

BMC Musculoskeletal Disorders

RESEARCH ARTICLE Open Access

Diagnostic validity and triage concordance of a physiotherapist compared to physicians' diagnoses for common knee disorders

S. Décary[1,2*], M. Fallaha[3], B. Pelletier[3], P. Frémont[4], J. Martel-Pelletier[5], J.-P. Pelletier[5], D. E. Feldman[1], M.-P. S…, P.-A. Vendittoli[2,3] and F. Desmeules[1,2]

Abstract

Background: Emergence of more autonomous roles for physiotherapi… their diagnostic capabilities. Therefore, we aimed to evaluate diagnos… tween a physiotherapist and expert physicians and to assess the d… s musculoskeletal examination (ME) without imaging.

Methods: This is a prospective diagnostic stu… nts consulting for any knee complaint were independently diagnosed and … physiotherapist and one expert physician (orthopaedic surgeons or sport medici… physiotherapist completed only a ME, while the physicians also had access to imaging to make th… Raw agreement proportions and Cohen's kappa (k) were calculated to assess inter-rater agreement. Se… vity (Se) and specificity (Sp), as well as positive and negative likelihood ratios (LR+/–) were calculated to assess the validity of the ME compared to the physicians' composite diagnosis.

Results: Primary knee diagnoses included anterior cruciate ligament injury ($n = 8$), meniscal injury ($n = 36$), patellofemoral pain ($n = 45$) and osteoarthritis ($n = 79$). Diagnostic inter-rater agreement between the physiotherapist and physicians was high (k = 0.89; 95% CI:0.83–0.94). Inter-rater agreement for triage recommendations of surgical candidates was good (k = 0.73; 95% CI:0.60–0.86). Se and Sp of the physiotherapist's ME ranged from 82.0 to 100.0% and 96.0 to 100.0% respectively and LR+/– ranged from 23.2 to 30.5 and from 0.03 to 0.09 respectively.

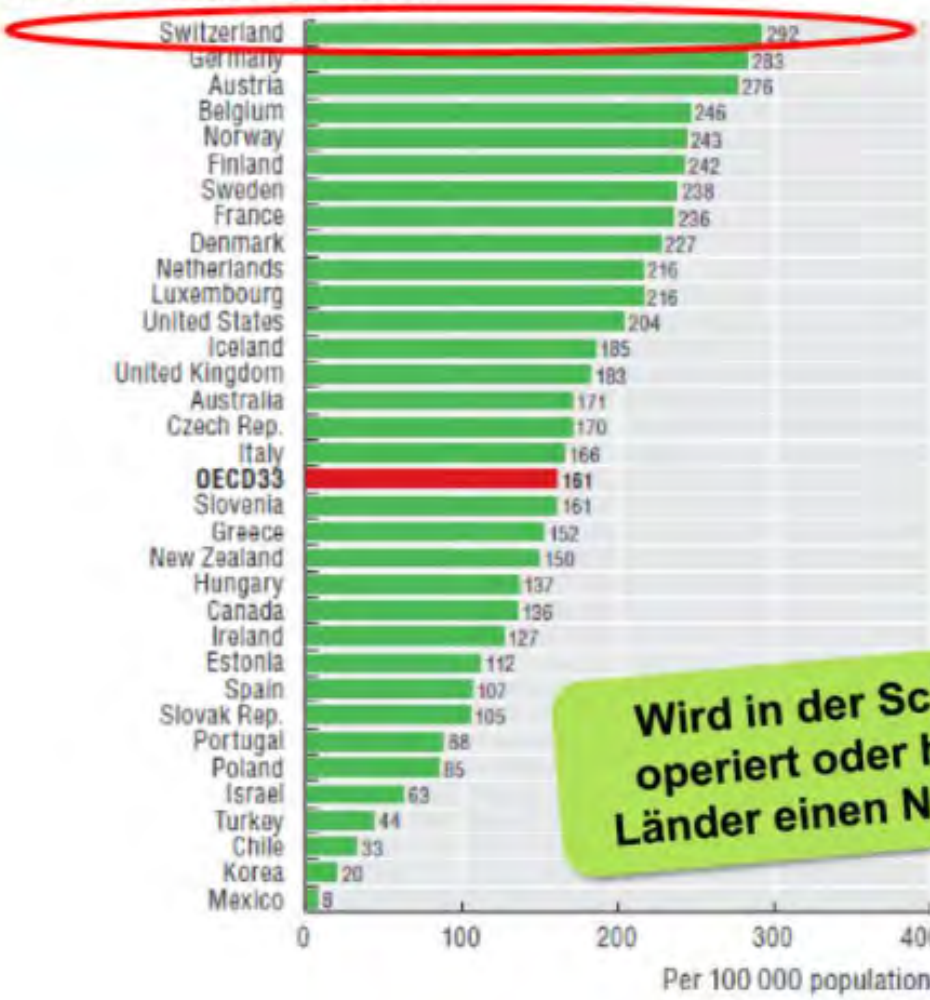
Conclusions: There was high diagnostic agreement and good triage concordance between the physiotherapist and physicians. The ME without imaging may be sufficient to diagnose or exclude common knee disorders for a large proportion of patients. Replication in a larger study will be required as well as further assessment of innovative multidisciplinary care trajectories to improve care of patients with common musculoskeletal disorders.

Keywords: Diagnosis, Knee disorders, Physiotherapist

Physios können gleich gut untersuchen wie Orthopäden… Ohne Rö und Mri…

Hüftgelenkersatz - Überarztung?

Hip replacement surgery World Champion = Switzerland



Wird in der Schweiz zu viel operiert oder haben andere Länder einen Nachholbedarf?

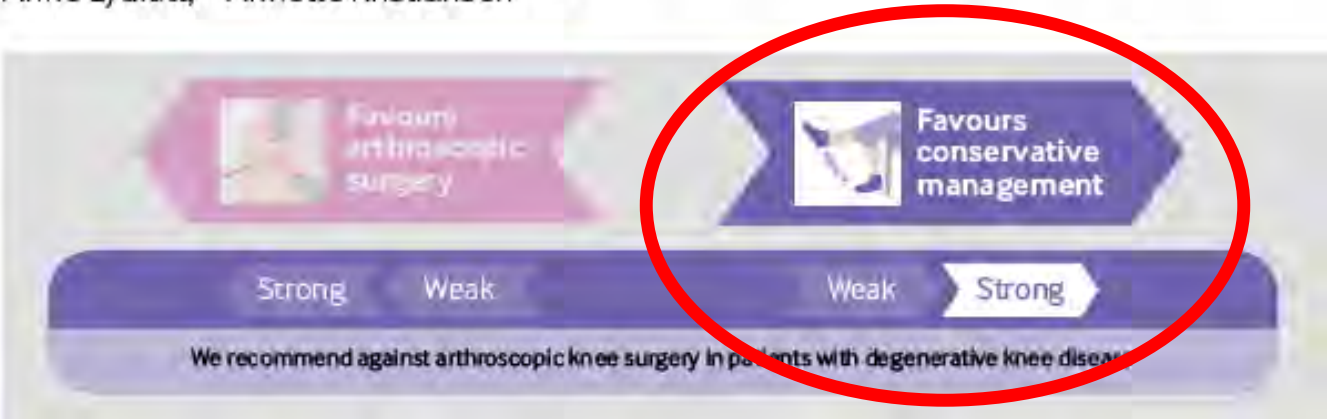
Comparis, Felix Schneuwly

Source: OECD Health Statistics 2015, http://dx.doi.org/10.1787/health-data-en.
StatLink http://dx.doi.org/10.1787/888933281026

Arthroscopic surgery for degenerative knee arthritis and meniscal tears: a clinical practice guideline

Beispiel Arthroskopie Knie

Reed A C Siemieniuk,[1 2] Ian A Harris,[3 4] Thomas Agoritsas,[1 5] Rudolf W Poolman,[6] Romina Brignardello-Petersen,[1 7] Stijn Van de Velde,[8] Rachelle Buchbinder,[9 10] Martin Englund,[11] Lyubov Lytvyn,[12] Casey Quinlan,[13] Lise Helsingen,[14] Gunnar Knutsen,[15] Nina Rydland Olsen,[16] Helen Macdonald,[17] Louise Hailey,[18] Hazel M Wilson,[19] Anne Lydiatt,[20] Annette Kristiansen[21 22]



BMJ 2017;357:j1982 doi: 10.1136/bmj.j1982 This BMJ Rapid Recommendation

Example knee arthrocopy

Arthroscopic surgery for degenerative knee: systematic review and meta-analysis of benefits and harms

J B Thorlund,[1] C B Juhl,[1,2] E M Roos,[1] L S Lohmander[1,3,4]

Vergleich Effekte…

the bmj | BMJ 2015;350:h2747

WHAT THIS STUDY ADDS

Interventions that include arthroscopy are associated with a small benefit and with harms; the small benefit is inconsequential and of short duration

The benefit is markedly smaller than that seen from exercise therapy as treatment for knee osteoarthritis

These findings do not support the practice of arthroscopic surgery as treatment for middle aged or older patients with knee pain with or without signs of osteoarthritis

- **CH: ca. 20’000 Arthroscopies / year**
- **Effect sizes: Surgery ca 0.14 (costs ambulant ca 3000.- CHF)**
- **Physio and training: 0.5 – 0.64 (3 months training by physio MTT = 700.-)**

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

A Randomized Trial of Treatment for Acute Anterior Cruciate Ligament Tears

Richard B. Frobell, Ph.D., Ewa M. Roos, P.T., Ph.D., Harald P. Roos, M.D., Ph.D., Jonas Ranstam, Ph.D., and L. Stefan Lohmander, M.D., Ph.D.

Beispiel Kreuzband

N=121

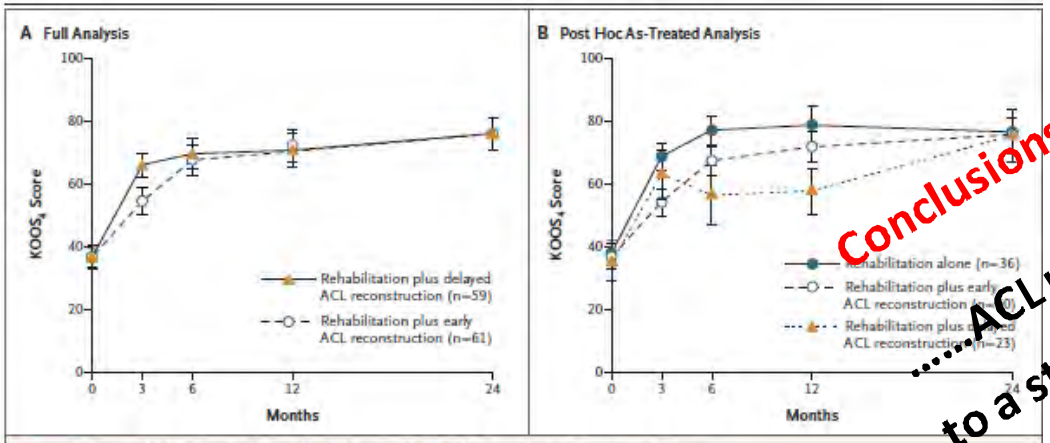


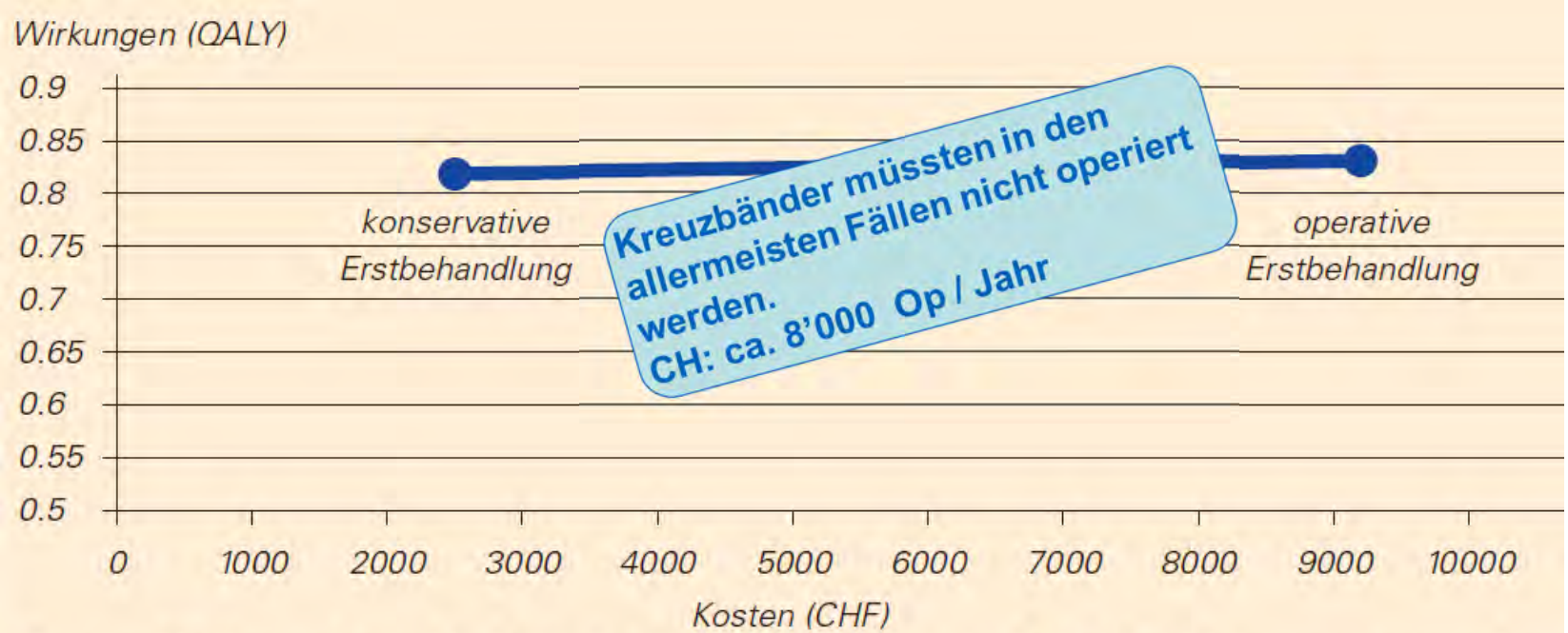
Figure 2. Mean KOOS$_4$ Scores during the 2-Year Study Period, According to Treatment Group.

Conclusions

.....ACL reconstruction was not superior to a strategy of rehabilitation plus optional delayed ACL reconstruction.

Grössere Kosten, Effekte gleich…

swiss medical board



Kosten-Wirksamkeits-Verhältnis: Pro Fall können rund CHF 6'700.– gespart werden, wenn Kreuzbandrisse mit Physiotherapie anstatt operativ behandelt werden. Das Behandlungsresultat ist dabei gleich [1].

Subacromial decompression surgery for adults with shoulder pain: a clinical practice guideline

Per Olav Vandvik,[1 2] Tuomas Lähdeoja,[3 4] Clare Ardern,[5 6] Rachelle Buchbinder,[7] Jaydeep Moro,[8] Jens Ivar Brox,[9] Jako Burgers,[10 11] Qiukui Hao,[12 13] Teemu Karjalainen,[7] Michel van den Bekerom,[14] Julia Noorduyn,[14] Lyubov Lytvyn,[13] Reed A C Siemieniuk,[13] Alexandra Albin,[15] Sean Chua Shunjie,[16] Florian Fisch,[17] Laurie Proulx,[18] Gordon Guyatt,[13] Thomas Agoritsas,[19] Rudolf W Poolman[14]

Shoulder

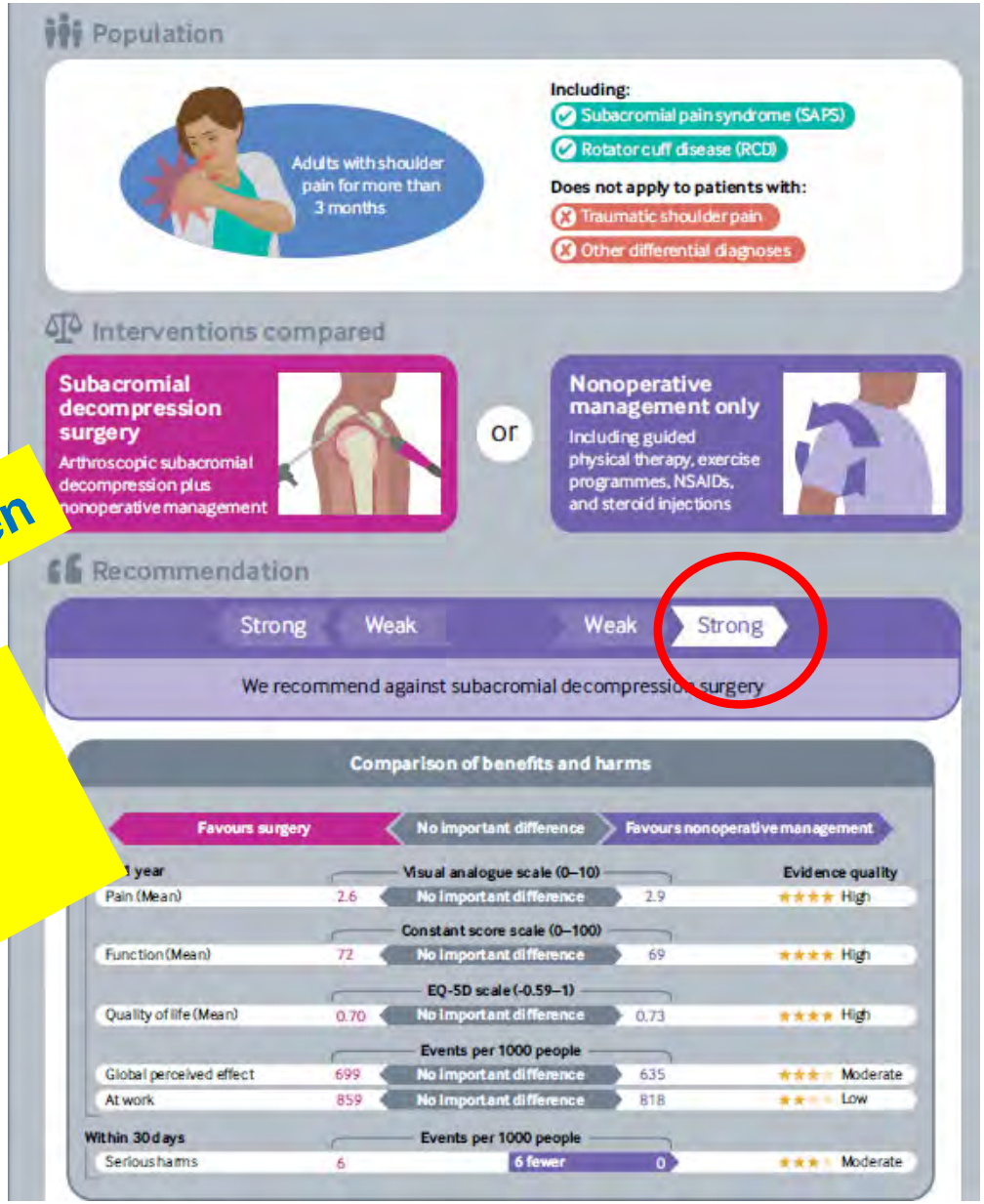
BMJ 2019;364:l294

doi: 10.1136/b

Kräftige Empfehlung gegen Operieren

In CH – 10 000 Schulter Op's wegen Rotatoren Manchette

Zurich Universities of Applied Sciences and Arts



Oft wird zu schnell operiert

EINGRIFFE. In den allermeisten Fällen ist nicht klar, warum jemand Rückenschmerzen hat. Eine Operation ist dann keine gute Idee.

Beobachter 19 / 2018

Rückenschmerzen – die teure Behandlung ist selten die beste

Rückenprobleme plagen jeden Zweiten mindestens einmal im Jahr, sind aber meist unspezifisch und harmlos. Würde man bei ihrer Behandlung stärker auf Physiotherapie setzen, liessen sich die Kosten erheblich eindämmen. Von Hannu Luo…

NZZ Mittwoch, 9. Juli 2014 ^ Nr…

Zurich University of Applied Sciences

Zitronenpreis Schw. ortopädiegesellschaft…

Hannu Luomajoki

MedMove 2015

Zurich Universities of Applied Sciences and

MedMove 2015

majoki, zhaw Winterthur.

schmerzen sind wie
en»

lagen fast jeden Zeitgenossen mindestens
. Meist sind diese jedoch unspezifisch und
en diese Leiden vermehrt konventionell, also
herapie, behandelt, liessen sich deutlich
nen.

Arzt Spital Pflege 2014

PHYSIO ZUERST!

Ist das Knie verletzt, legen sich viele unters Messer. Das ist nicht zwingend die beste Entscheidung: Studien zeigen, dass Physiotherapie genauso wirksam ist wie operieren. Die Gesundheitskosten wegen unnötiger Eingriffe sind enorm. Einer, der nicht müde wird, dies zu predigen, ist ZHAW-Professor Hannu Luomajoki.

Vitamin G 2016

EXPERT OPINION ON PHARMACOTHERAPY, 2018
VOL. 19, NO. 6, 537–545
https://doi.org/10.1080/14656566.2018.1454430

Taylor & Francis
Taylor & Francis Group

REVIEW

Pharmacotherapy for chronic non-specific low back pain: current and future options

Bart W. Koes, Daan Backes and Patrick J. E. Bindels

Department of General Practice, Erasmus MC, Rotterdam, The Netherlands

Medikamente…

Table 1. Summary of the evidence on the efficacy of pharmacological treatments on pain and function in patients with chronic low back pain.

Pharmacological treatment	Evidenc	Effect on pain	Effect on function
Paracetamol/acetaminophen	1 RCT	Uncertain	Uncertain
NSAIDS	13 RCTs	Small	Small
Muscle relaxants (skeletal)	3 RCTs	Uncertain	Uncertain
Benzodiazepines	2 RCTs	Small	Uncertain
Tricyclic antidepressants	4 RCTs	No	No
Selective serotonin reuptake inhibitors	3 RCTs	No	No
Duloxetine	3 RCTs	Small	Small
Anticonvulsants	2 RCTs	No	No
Tramadol	5 RCTs	Small	Small
Buprenorphine	2 RCTs	Small	Uncertain
Strong opioids[a]	6 RCTs	Small	Small
Other:			
Tanezumab	4 RCTs	Small-moderate	Small
Botulinum toxin injections	1 RCT	Small	Small
Melatonin	3 CTs	Small	Small

[a]morphine, hydromorphone, oxycodone, oxymorphone, and tapentadol.

ernüchternd

Expert opinion: The overall impression of the efficacy of pharmacological treatments for patients with chronic low back pain is rather sobering. The effects on pain reduction and improvement of function are commonly small to moderate and short lasting when compared to placebo. At the same time, the various types of drugs are not without side-effects. This holds especially true for serious side-effects

Anticonvulsants in the treatment of low back pain and lumbar radicular pain: a systematic review and meta-analysis

Oliver Enke MBBS MSc, Heather A. New MBBS MPH, Charles H. New MBBS, Stephanie Mathieson PhD, Andrew J. McLachlan PhD, Jane Latimer PhD, Christopher G. Maher PhD, C.-W. Christine Lin PhD

■ Cite as: *CMAJ* 2018 July 3;190:E786-93. doi: 10.1503/cmaj.171333

Results: Nine trials compared topiramate, gabapentin or pregabalin to placebo in 859 unique participants.

Fourteen of 15 comparisons found anticonvulsants **were not effective to reduce pain** or disability in low back pain or lumbar radicular pain; for example, there **was high-quality evidence of no effect** of gabapentinoids versus placebo on chronic low back pain in the short term (pooled mean difference [MD] –0.0, 95% confidence interval [CI] –0.8 to 0.7) or for lumbar radicular pain in the immediate term (pooled MD –0.1, 95% CI –0.7 to 0.5). **The lack of efficacy is accompanied by increased risk of adverse events from use of gabapentinoids, for which the level of evidence is high.**

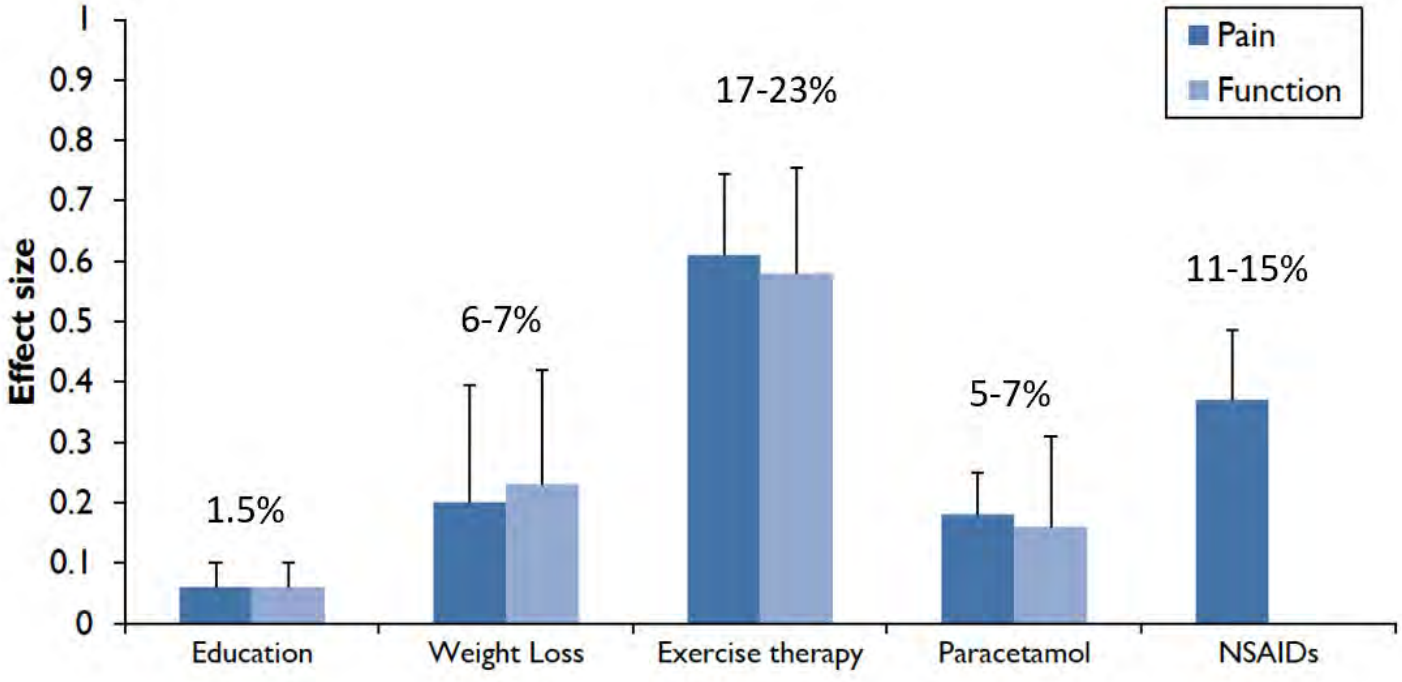
Interpretation: There is moderate- to high-quality evidence that **anticonvulsants are ineffective** for treatment of low back pain or lumbar radicular pain. There is high-quality evidence that gabapentinoids have a higher risk for adverse events.

Zurich University of Applied Sciences

zh aw

Lyrica & Co… also clear evidence of … no effectivity….

Übungstherapie ist der beste nicht operative Schmerzlinderer!



Osteoarthritis and Cartilage

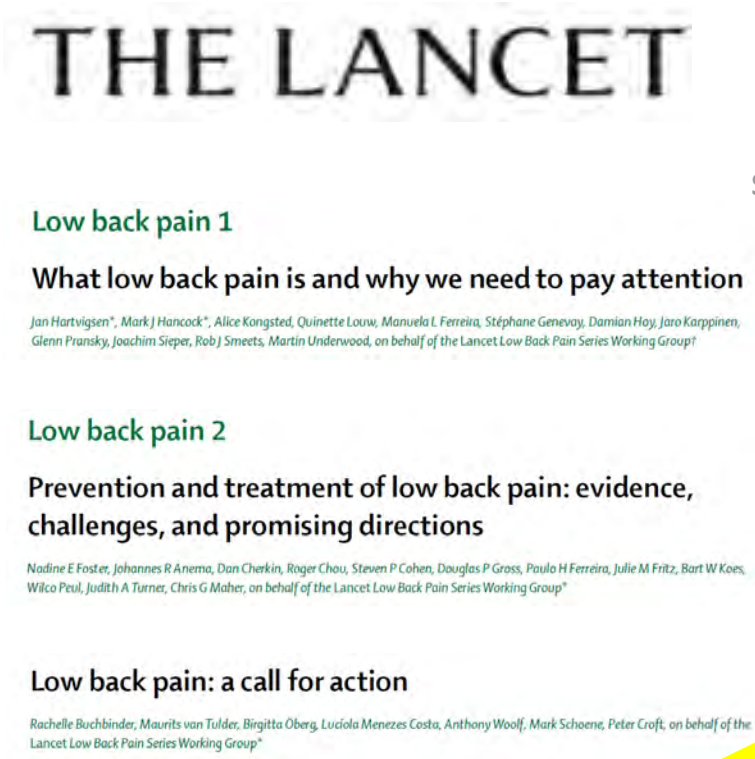
OARSI guidelines for the non-surgical management of knee osteoarthritis

T.E. McAlindon, R.R. Bannuru, M.C. Sullivan, N.K. Arden, F. Berenbaum, S.M. Bierma-Zeinstra, G.A. Hawker, Y. Henrotin, D.J. Hunter, H. Kawaguchi, K. Kwoh, S. Lohmander, F. Rannou, E.M. Roos, M. Underwood

… und Rückenschmerzen…?

Zurich University of Applied Sciences

zh aw



THE LANCET

Series March 2018

Low back pain 1

What low back pain is and why we need to pay attention

Jan Hartvigsen*, Mark J Hancock*, Alice Kongsted, Quinette Louw, Manuela L Ferreira, Stéphane Genevay, Damian Hoy, Jaro Karppinen, Glenn Pransky, Joachim Sieper, Rob J Smeets, Martin Underwood, on behalf of the Lancet Low Back Pain Series Working Group†

Low back pain 2

Prevention and treatment of low back pain: evidence, challenges, and promising directions

Nadine E Foster, Johannes R Anema, Dan Cherkin, Roger Chou, Steven P Cohen, Douglas P Gross, Paulo H Ferreira, Julie M Fritz, Bart W Koes, Wilco Peul, Judith A Turner, Chris G Maher, on behalf of the Lancet Low Back Pain Series Working Group*

Low back pain: a call for action

Rachelle Buchbinder, Maurits van Tulder, Birgitta Öberg, Lucíola Menezes Costa, Anthony Woolf, Mark Schoene, Peter Croft, on behalf of the Lancet Low Back Pain Series Working Group*

… In etwa alles was wir machen mit Rückenschmerzen…

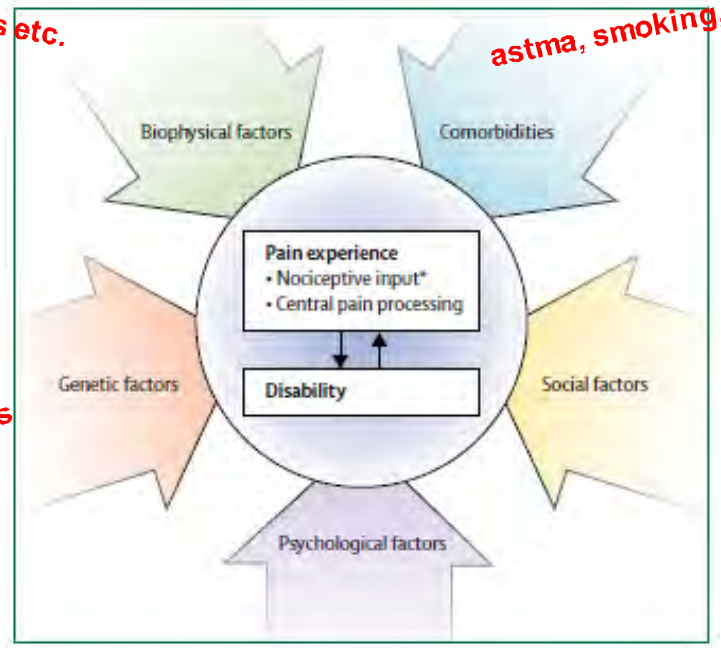
… ist falsch…

Structural factors; degeneration, discs, facet joints,

modic changes, stenosis etc.

Diabetes, overweight, inactive lifestyle,

astma, smoking, sleeping



Genetics and epigenetics

Work, Family, support

Low back pain 1

What low back pain is and why we need to pay attention

Depression, catastrophizing, fear avoidance, iatrogenic factors

The Lancet series on low back pain: reflections and clinical implications

Kieran O'Sullivan,[1,2] Peter B O'Sullivan,[3,4] Mary O'Keeffe[5]

Br J Sports Med April 2019 Vol 53 No 7

- Low back pain (LBP) is a major global challenge, and back-related disability is increasing.
- The majority of LBP is not serious and cannot be linked to a specific structure.
- Most red flags have limited diagnostic accuracy.
- Imaging use is often inappropriate for non-specific LBP.
- Non-pharmacological treatments such as advice and activity should be first-line options in the treatment of non-specific LBP.
- Opioids have small effects, but have substantial risks.
- Psychosocial factors are important contributors to LBP and associated disability.
- A systems approach to LBP involving clinical pathway redesign, changes to payment systems and legislation, and integrated health and workplace strategies is needed.
- Advocate the concept of positive health for LBP—the ability to adapt and to self-manage in the face of social, physical and emotional challenges.
- Need to change widespread misconceptions about the causes, prognosis and effectiveness of different treatments for LBP.

Zurich University of Applied Sciences

zh aw

ACP American College of Physicians™ Leading Internal Medicine, Improving Lives

CLINICAL GUIDELINE

Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians

Amir Qaseem, MD, PhD, MHA; Timothy J. Wilt, MD, MPH; Robert M. McLean, MD; and Mary Ann Forciea, MD; for the Clinical Guidelines Committee of the American College of Physicians*

Feb 2017

Ann Intern Med. doi:10.7326/M16-2367 Annals.org

Recommendation 1: *…most patients with acute or subacute low back pain improve over time regardless of treatment, clinicians and patients should select* ***nonpharmacologic treatment*** *….with superficial heat (moderate-quality evidence), massage, acupuncture, or spinal manipulation (low-quality evidence).*

This article was published at Annals.org on 14 February 2017.

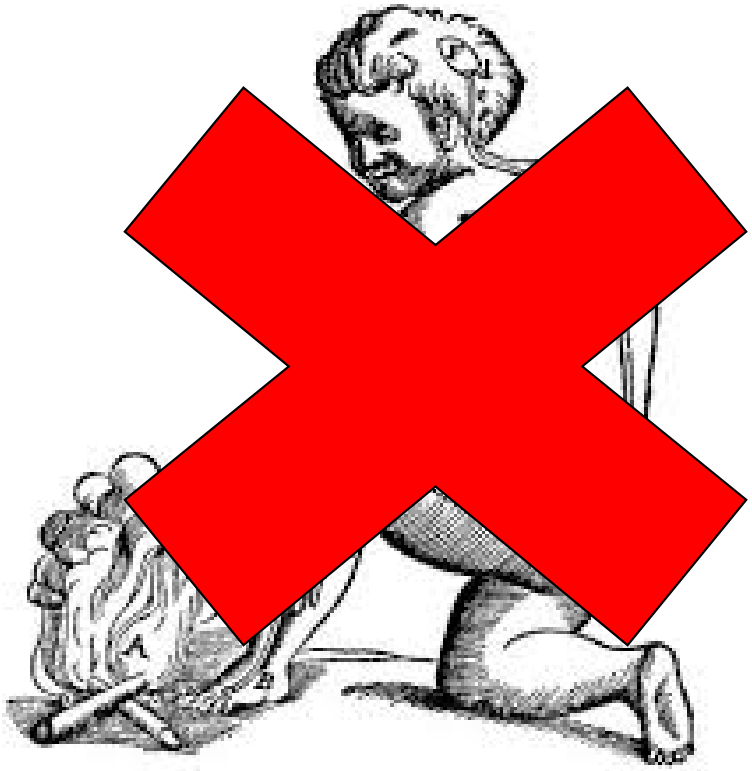
Recommendation 2: *…..chronic low back pain, clinicians and patients should initially select* ***nonpharmacologic treatment with exercise****, multidisciplinary rehabilitation, acupuncture, mindfulness-based stress reduction (moderate-quality evidence), tai chi, yoga, motor control exercise, progressive relaxation, electromyography biofeedback, low-level laser therapy, operant therapy, cognitive behavioral therapy, or spinal manipulation (low-quality evidence). (Grade: strong recommendation)*

Recommendation 3: *In patients with chronic low back pain* ***who have had an inadequate response to nonpharmacologic*** *therapy, clinicians and patients should consider pharmacologic treatment with nonsteroidal anti-inflammatory drugs as first-line therapy, or tramadol or duloxetine as second-line therapy. Clinicians should only consider opioids as an option in patients who have failed the aforementioned treatments and only if the potential benefits outweigh known risks and realistic benefits with patients. (Grade: weak recommendation, moderate-quality evidence)*

…… Low cost treatments should be preferred…..!

Warum funktioniert Physiotherapie so gut?

Strukturorientiertes Vorgehen…



René Descartes 1596 - 1650

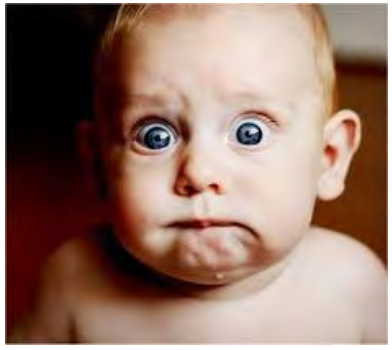
Nicht wichtig sind…

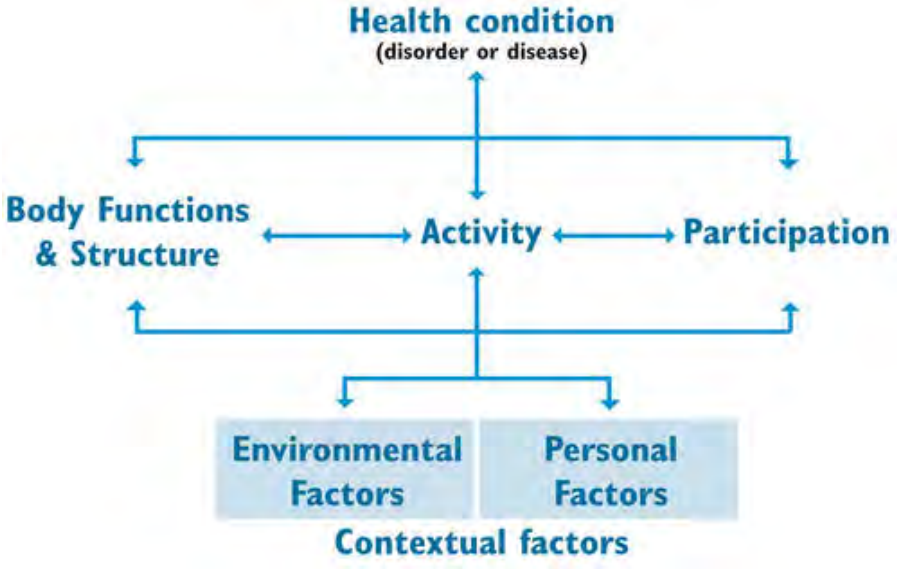
Strukturen…und sog. Objektive Befunde

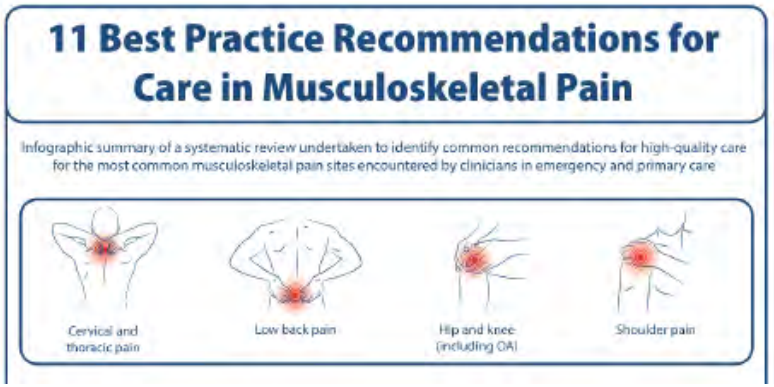
Sondern

Aktivität und…

Partizipation

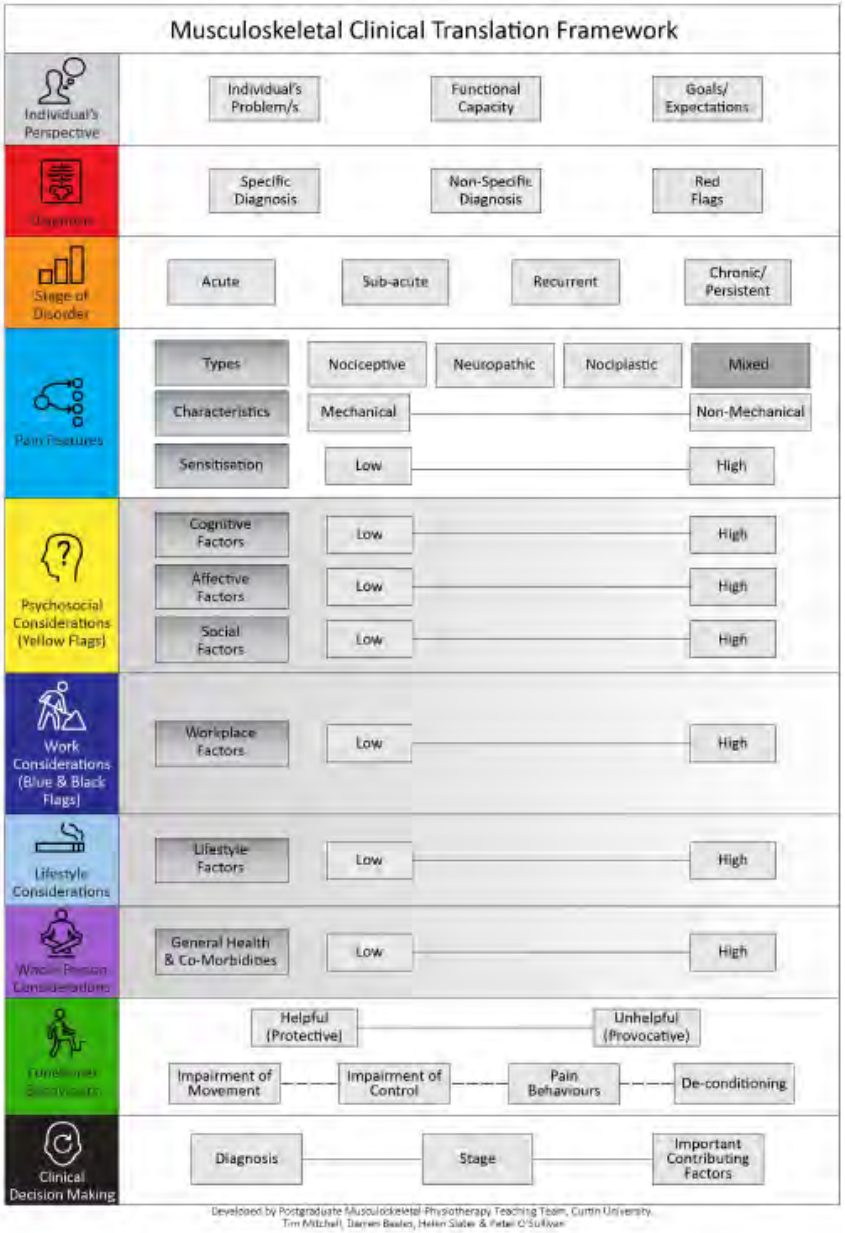






Lin I, Rankin A, Wiles L, et al. Br J Sports Med

2019;**53**:1250.



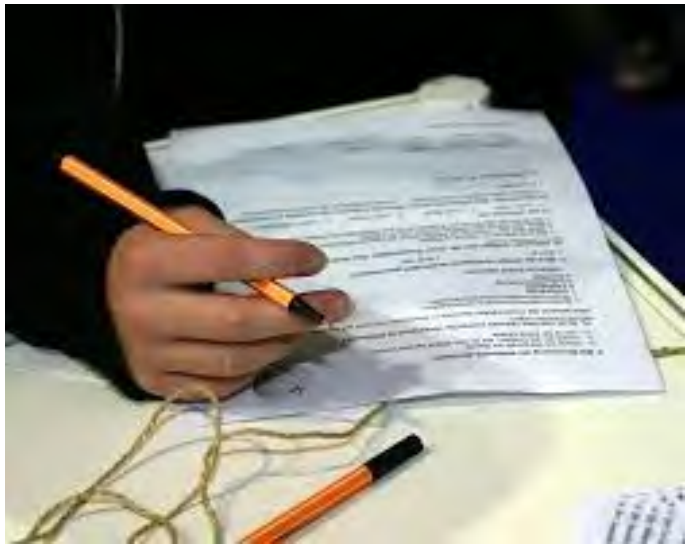
Zurich University of Applied Sciences

zh aw

Welche Resultate sind wichtig?

PROMs
Patient Related Outcome Measures

Fragebogen
Roland Morris
Oswestry
Neck diasability index
DASH
Hoos, Koos, Woamc
Etc.,



Örebro short version

Zurich Universities of Applied Sciences and Arts

1. **Wo haben Sie ihre Schmerzen? (Mehrfachnennung möglich)**

☐ Nacken ☐ Schultern ☐ oberer Rücken ☐ unterer Rücken ☐ Beine ☐ anderes Körperteil

2. **Wie stark waren Ihre Rückenschmerzen in der letzten Woche?**

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

keine Schmerzen … *stärkste vorstellbare Schmerzen*

3. **Ich kann eine Stunde lang leichte Arbeit verrichten.**

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

ohne Beeinträchtigung möglich … *wegen Schmerzen überhaupt nicht möglich*

4. **Ich kann eine Stunde lang spazieren gehen.**

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

ohne Beeinträchtigung möglich … *wegen Schmerzen überhaupt nicht möglich*

5. **Ich kann meine übliche Hausarbeit erledigen.**

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

ohne Beeinträchtigung möglich … *wegen Schmerzen überhaupt nicht möglich*

6. **Ich kann die Einkäufe erledigen.**

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

ohne Beeinträchtigung möglich … *wegen Schmerzen überhaupt nicht möglich*

7. **Waren Sie in der letzten Woche traurig oder niedergeschlagen?**

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

überhaupt nicht … *in extremer Weise*

8. **Wie angespannt oder besorgt haben Sie sich in der letzten Woche gefühlt?**

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

vollkommen ruhig und entspannt … *vollkommen angespannt und besorgt*

9. **Körperliche Aktivität verstärkt meine Rückenschmerzen.**

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

stimmt gar nicht … *stimmt vollkommen*

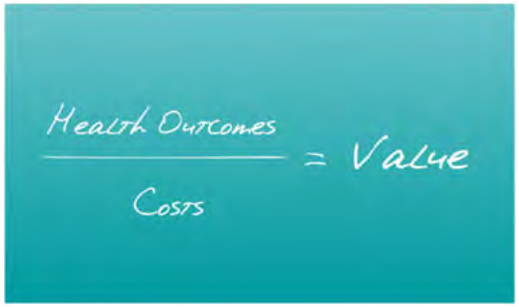
10. **Zunehmende Rückenschmerzen zeigen mir, dass ich das, was ich gerade tue, unterbrechen sollte, bis der Schmerz nachlässt.**

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

stimmt gar nicht … *stimmt vollkommen*

Was wird empfohlen?
- In value based healthcare

Was sind die Resultate und was sind die Kosten?
Welche Resultate sind wichtig?
- PROMs (patient rated outcome measures)
Was sind die Risiken?
Was sind die Langzeiteffekte?

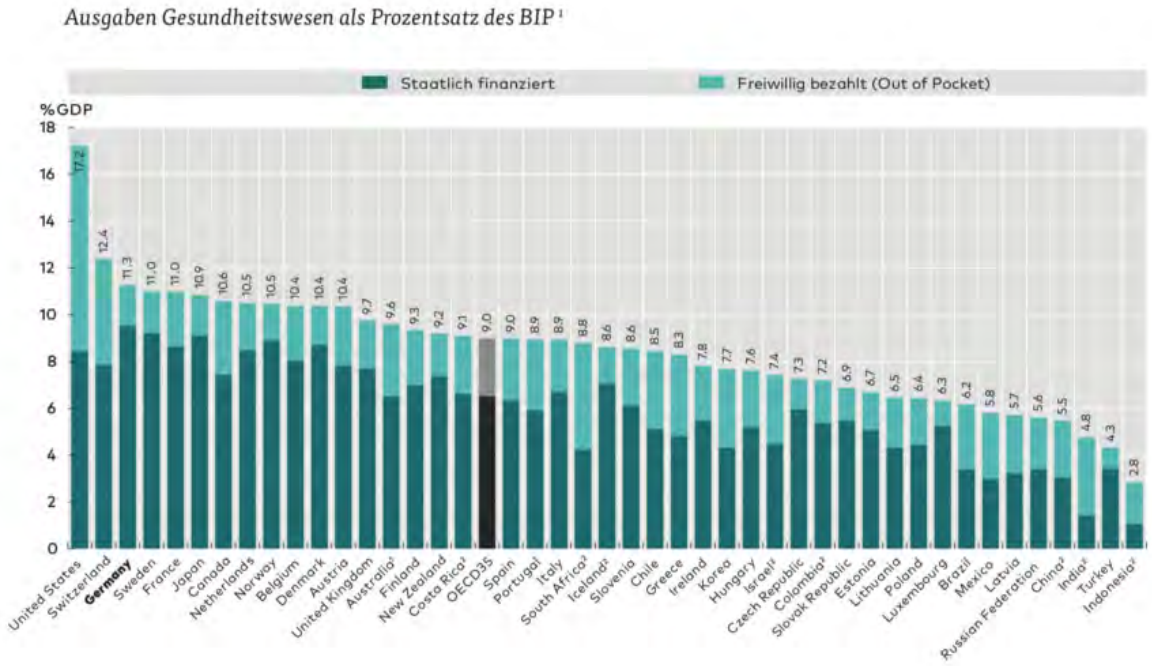


The NEW ENGLAND JOURNAL of MEDICINE

Perspective
DECEMBER 23, 2010

What Is Value in Health Care?

Michael E. Porter, Ph.D.



Was habe ich gesagt?

- Value based health care – was ist eigentlich wichtig?
- Es wird zu viel operiert
- Struktur basiertes Diagnostizieren ist überwertet, teuer, und manchmal sogar schädlich
- In den häufigsten msk Diagnosen ist physiotherapeutisches Vorgehen gleich effektiv wie das orthopädisches Operieren, aber kostet weniger und hat viel tiefere Risiken und Nebenwirkungen

- Ein ganzheitlicheres Vorgehen beim Diagnostizieren / Befunden ist nötig und muss in Zukunft viel höheren Stellenwert haben

Kiitos!

luom@zhaw.ch