

Knowledge of and Adherence to Radiographic Guidelines for Low Back Pain: A Survey of Chiropractors in NL

Objective

To determine the level of knowledge, adherence to and beliefs about clinical practice guidelines related to the use of lumbar radiography for low back pain (LBP) in NL.

Practice Points

1. LBP due to serious pathology (e.g., tumour, infection, inflammatory arthropathy) is rare; most cases of LBP are considered non-specific, with no pathoanatomical cause.
2. Radiography is not recommended for the management of LBP in the absence of red flags (i.e., signs/symptoms of serious pathology).
3. In the chiropractic profession, lumbar spine radiography utilisation rates vary widely worldwide from 25 to 93%.

Methods

1. All chiropractors registered in NL were invited to participate in an online survey from May–June 2018. 49 of 52 chiropractors responded.
2. The survey consisted of demographic questions, questions on participants' awareness of published guidelines, and questions related to their beliefs about lumbar spine radiographs for LBP.
3. Written clinical vignettes were used to assess participants' level of adherence to LBP guideline recommendations on the use of lumbar spine radiography. The vignettes were designed to reflect patients who typically present to chiropractors with acute LBP.

Results

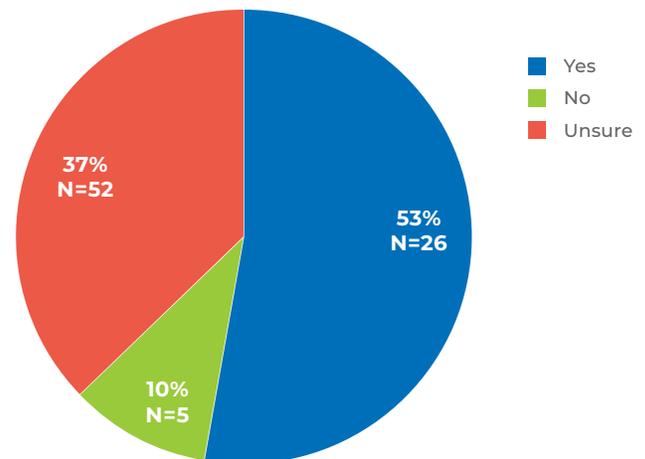


Figure 1. Awareness of Current Radiographic Guidelines for LBP

- 53% of the participants (26 of 49) were aware of current radiographic guidelines for LBP, 10% were not, and 35% were unsure.

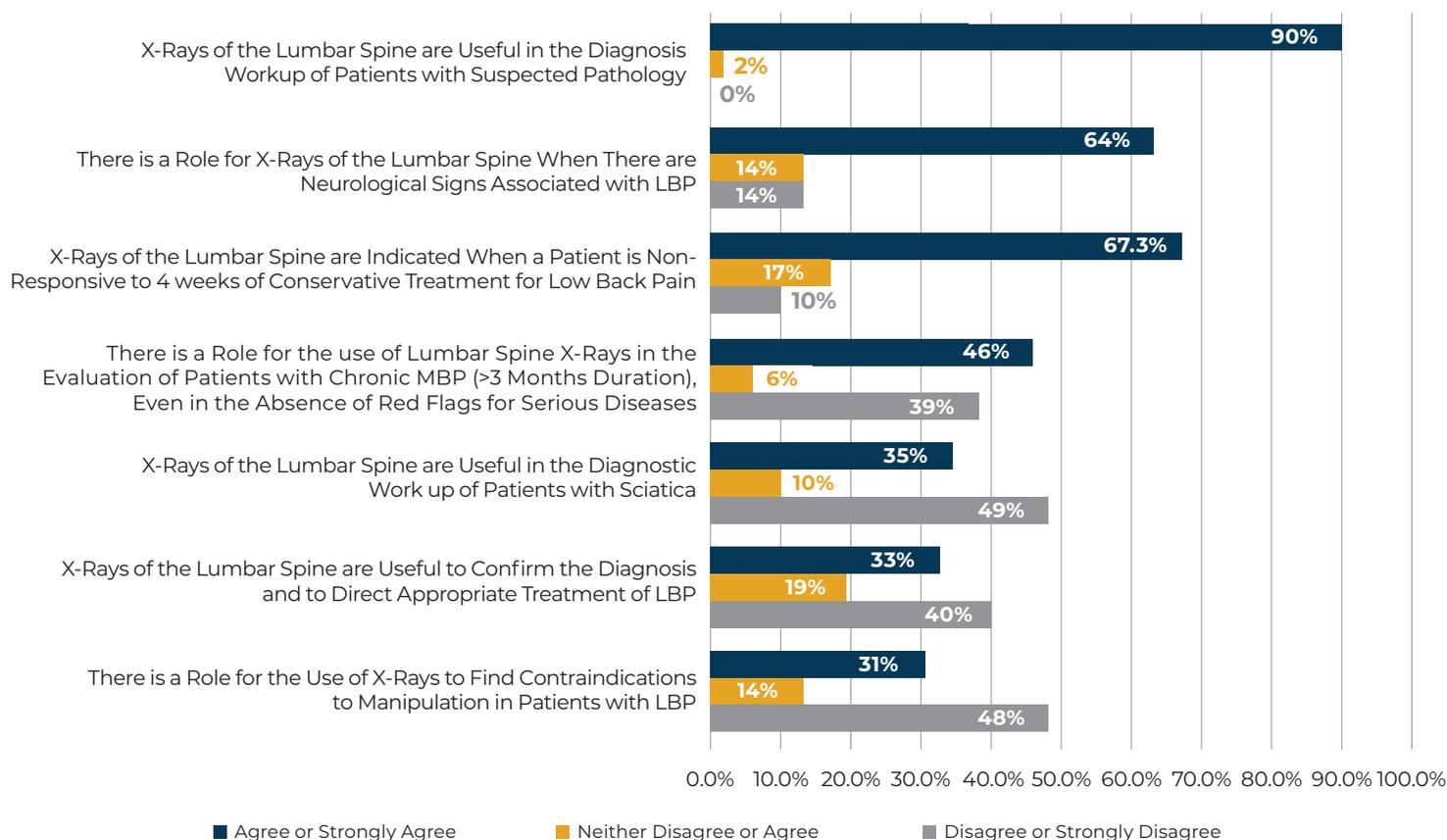


Figure 2. Level of Agreement with Statements on Lumbar Spine X-Rays by Chiropractor

- The majority of participants agreed that lumbar spine radiography is useful for patients with suspected pathology, are indicated when a patient is non-responsive to 4 weeks of conservative treatment, and when there are neurological signs associated with LBP. However, there were less unified beliefs for the role of lumbar spine radiography for chronic LBP, sciatica, to confirm a diagnosis and direct a plan of management, and to identify contraindications for spinal manipulative therapy.
- According to the clinical vignettes, adherence to radiographic guidelines was estimated at 75% (where no radiography was chosen when not indicated by guidelines).

Conclusions

1. Chiropractors in NL demonstrated generally unified beliefs about the role of lumbar spine radiography for the management of LBP.
2. A small proportion still hold beliefs about radiographs for LBP that are discordant with current radiographic guidelines.
3. Future research should aim to determine barriers to guideline uptake in order to design knowledge translation strategies to reduce unnecessary imaging for LBP.