



Spine (Phila Pa 1976). 2007 Aug 15;32(18):1942-8.

Cost-effectiveness of physical therapy and general practitioner care for sciatica.

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Abstract

STUDY DESIGN: An economic evaluation alongside a randomized clinical trial in primary care. A total of 135 patients were randomly allocated to physical therapy added to general practitioners' care (n = 67) or to general practitioners' care alone (n = 68).

OBJECTIVE: To evaluate the cost-effectiveness of physical therapy and general practitioner care for patients with an acute lumbosacral radicular syndrome (LRS, also called sciatica) compared with general practitioner care only.

SUMMARY OF BACKGROUND DATA: There is a lack of knowledge concerning the cost-effectiveness of physical therapy in patients with sciatica.

METHODS: The clinical outcomes were global perceived effect and quality of life. The direct and indirect costs were measured by means of questionnaires. The follow-up period was 1 year. The Incremental Cost-effectiveness Ratio (ICER) between both study arms was constructed. Confidence intervals for the ICER were calculated using Fieller's method and using bootstrapping.

RESULTS: There was a significant difference on perceived recovery at 1-year follow-up in favor of the physical therapy group. The additional physical therapy did not have an incremental effect on quality of life. At 1-year follow-up, the ICER for the total costs was 6224 euros (95% confidence interval, -10,419, 27,551) per improved patient gained. For direct costs only, the ICER was 837 euros (95% confidence interval, -731, 3186).

CONCLUSION: The treatment of patients with LRS with physical therapy and general practitioners' care is not more cost-effective than general practitioners' care alone.

PMID: 17700438 DOI: [10.1097/BRS.0b013e31813162f9](https://doi.org/10.1097/BRS.0b013e31813162f9)

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