‘Mckenzie debate’

From Elaine Buchanan (sent to PPA News)

Fear of McKenzie: Is this helpful or unhelpful to “shifting” physiotherapy management of pain?

Having read the editorial in the PPA newsletter and the response from the McKenzie Institute, I feel I would like to contribute to the discussion and look forward to receiving the next bumper edition of the PPA News, where I hope to read a healthy debate.

Having worked in many departments during my career, which spans 14 years, and having been exposed to many physiotherapy approaches, I believe I have developed a fairly well balanced perspective and hope to present such in the following.

Fear of the McKenzie approach:

Point 1 – is it harmful?

What evidence is there that McKenzie’s approach results in neuropathy?

As far as I am aware there have been no reported adverse effects in trials involving McKenzie techniques. This aligns with my experience; as physiotherapist who has used the McKenzie approach, as a manager of less experienced physiotherapist applying the McKenzie approach, and as an extended scope practitioner in spinal pain who is the 1st point of contact to receive all these people with neuropathy caused by McKenzie application, whether provided by a skilled or unskilled practitioners. However, I remain open minded and would be keen to review any case studies identified. It would be particularly interesting to understand if the natural history of disc pathology that, suggests discs go through a slow process of degeneration before disc protrusion occurs, played a part and whether these individuals would have developed neuropathy were no intervention offered?

That said, it may be that iatrogenesis in the application of McKenzie approach warrants some criticism. I can recall many patients who present with a fear of flexion, which is related to advice given from previous physiotherapists. In my current triage role, I would estimate that this occurs in around 1 case out of 100 per month. However, in my experience there are also a number of patients who develop this fear of flexion who have not yet received any intervention and there are those who have attended practitioners other than physiotherapists who have this fear. Reportedly, this is often related to the their pain beginning during a ‘bending’ activity. So, therapist-generated fear of flexion is not limited to those who practice McKenzie [badly] but to those who practice [badly]. Whatever or whoever the source of a fear of flexion, it is unhelpful for patient’s recovery of function and needs addressed. I see this as a priority of those involved in physiotherapy education and development at all levels. Might I emphasise that the McKenzie Institute UK has been active in addressing this issue in their training/conferences over the last 5 years, evidence of the fact that the McKenzie approach is evolving. Don’t their efforts warrant positive reward?

Point 2 – Does the McKenzie approach make patients pain focused?

With skilled communication the existence of a directional preference can be established without using leading questions that influence where patients report sensations. Paul Salkovskis' work on health anxiety, clearly demonstrates how we can produce symptoms by focusing on an area. Modern training in both the McKenzie and Maitland approaches highlight the importance of "non-leading" interview styles. I consider that perhaps the criticism should be directed at those who lack the necessary communication skills rather than specifically at a particular approach.

The importance of the way in which we deliver information to patients has been a key topic in the McKenzie UK literature and conferences in recent years. Undoubtedly, physiotherapy communication with regard to pain-focused behaviour can be improved, and might benefit from becoming a training priority across the profession. Again, perhaps the McKenzie Institute deserves more credit than criticism for its forward thinking approach.

Shifting the physiotherapy management of pain

Louis has raised some very important points with regard to patient management that I feel apply generally and not only to those who practice McKenzie. Hopefully, this will stimulate lively debate and will result in a positive response and further improvements in practice both in general and within physiotherapy.

I am also very encouraged with the quality of the response, which the McKenzie Institute produced: it is well referenced, is balanced in accepting valid criticism but challenges un-proven criticisms. The outcome of the debate, I hope, will be an improvement in Louis' respect for the McKenzie approach, a recognition and furtherance of the good practice the Institute is encouraging in its members and appropriate action by the McKenzie Institute to address the valid concerns raised.

And finally, in my humble opinion, a strong relationship between the two bodies can only be to the benefit of our patients.