

GUEST COMMENTARY**MDT and the North American Spine Society***Amy Fletcher, PT, DPT, Dip. MDT, FAAOMPT*

I was fortunate to have had the opportunity to attend the North American Spine Society (NASS) Annual Meeting in Boston, Massachusetts in October 2016 to assist with the Exercise Booth. It was a great opportunity to expose NASS members to MDT and to “Movement is the Medicine”, which was the topic of our Exercise Booth.

Compared to when I last attended in 2013, more attendees answered, “Yes” when I asked if they were familiar with the terms Directional Preference and Centralization. This is, no doubt, the result of the work of a small group of MDT clinicians who have been planting seeds within the NASS community for many years.

While at the meeting, I spent time with Ryan Tautzell, PT, Cert. MDT, the current chair of the NASS Exercise Committee, Ron Donelson, MD, a former chair of Exercise Committee as well as a 2016 meeting presenter, and the other booth volunteers including PTs Dan Perry, Dip. MDT, Casey Vedder, Cert. MDT and Sean Vonderfecht, Cert. MDT. Both Ryan and Ron have been generous enough to contribute to this article by sharing some of their NASS experience and providing editorial support.


The Exercise Committee has an exercise booth at the conference each year to provide education on the importance of exercise in the treatment and prevention of spine problems. Several physical therapists staff the booth to educate the meeting attendees. The call for booth volunteers is sent to Physical Therapists, primarily those with MDT training, the spring prior to the annual meeting. This affords the volunteers the opportunity to attend the annual meeting at a significant cost savings. The Exercise Committee is also charged with providing educational materials focused on reducing the societal burden of spine-related problems to the public and clinicians. MDT has been a central component of the exercise booth due to the prominent involvement and leadership of MDT clinicians.

The Exercise Committee began as a task force co-chaired by Ron Donelson and Ted Dreisinger. During Ron Donelson’s last year as committee chair, and with the encouragement of Todd Wetzel, MD, a committee member at that time, an exercise decision-making algorithm was developed to provide a recommended pathway for clinicians in determining the specific type of therapy they should provide for each individual patient based on the current body of evidence. Using Spratt’s ADTO research model, the Committee reviewed the evidence supporting the commonly used exercise-based paradigms for low back pain and concluded that MDT should be the starting point for each patient’s care. The algorithm went on for evidentiary review by the full NASS Low Back Pain Guideline Committee, which, when completed and approved, will be the most comprehensive MDT acknowledgement to date. Although the process will take years to complete, it has been a monumentally important effort. The guideline process involves approximately 80 reviewers, comprised of multiple stakeholders grouped by their individual areas of expertise.

Ryan’s involvement with NASS has led to opportunities for him to present at multiple NASS events around the country, influencing clinical practice and policy. He states, “Involvement in an international, interdisciplinary, professional society allows collaboration between multiple disciplines that have a shared goal. NASS is unmatched in this deliberate cross-pollination effort. Looking back, my view of spine care was full within my profession, yet narrow compared to the rest of the spine care world. NASS has broadened my view of spine care to a global scale and there is still so much to learn. In order to realize all these benefits, I had to invest my time generously and become involved.”

At the 2016 Annual Meeting in Boston, Ron Donelson presented the paper, “The Impact of a Precise Mechanical Diagnosis for Low Back Pain: A Cost Comparison with Standard Community Care.” It reported a 51.5% overall savings for LBP care utilizing Integrated Mechanical Care’s “enhanced” version of MDT. It was a well-attended break out session that generated good questions and discussion on the topic.

Ron anticipates having another cost-savings paper or two to present at the 2017 annual meeting. In addition, he plans to submit a proposal for at least one MDT-related symposium on the 2017 program. Todd Wetzel, MD, as the incoming NASS President and also a MII Board of Trustees member, provides a unique opportunity to influence the program content. Todd also sees 2017 as an excellent year for



MDT clinicians to attend NASS, become members and promptly become influential through committee membership.

Many MDT-trained clinicians have volunteered their services within the NASS Exercise Booth over the years. These include, but are not limited to, Beata Smela, Kim Greene, Lois Donelson, Eze Ghercovici, Yoav Suprun, Chad Gray and Denise Campbell. Further, Allison Stout, DO, a Seattle-based physiatrist and former MIUSA Board member, also chaired the NASS Exercise Committee during these timely years.

This fall, The McKenzie Institute, working in partnership with NASS, will present the 14th Annual Conference in Mechanical Diagnosis and Therapy: Patients Come First – Exploring Optimal Care in San Francisco, California. This conference marks the first formal partnership between the two organizations and will, no doubt, be just the beginning of a mutually beneficial relationship.

The 2017 NASS Annual Meeting will be held in Orlando, Florida from October 25-28.