

Worse outcomes for early post-lumbar spinal fusion rehab

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managements who have already adapted fast-track rehabilitation strategies have reason to reconsider their choice," the authors conclude.

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(HealthDay)—Beginning rehabilitation at six weeks as opposed to 12 weeks post-lumbar spinal fusion is associated with higher costs and poorer outcomes, according to a study published in the Nov. 1 issue of *Spine*.

Lisa G. Oestergaard, O.T., from Aarhus University Hospital in Denmark, and colleagues conducted a cost-effectiveness and cost-utility analysis alongside a [randomized controlled trial](#) in which 82 patients undergoing instrumented lumbar [spinal fusion](#) due to [degenerative disc disease](#) or spondylolisthesis were randomized to rehabilitation initiated at six or 12 weeks after surgery. The protocol was identical for both groups and included four sessions of group-based rehabilitation; participants were also instructed in home exercises focusing on active stability training.

The researchers found that the fast-track strategy tended to be costlier (by €6,869) and also correlated with significantly poorer outcomes of functional disability (?9 points on the Oswestry Disability Index) and a tendency for a reduced gain in quality-adjusted life years (?0.04). The fast-track strategy did not reach the 10 percent conventional threshold for cost-effectiveness.

"The uncertainty of this result did not seem to be sensitive to methodological issues, and clinical

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