



# LUMBAR SPINAL STENOSIS: AN AUDIT OF PATIENT REHABILITATION IN SUSSEX

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Lumbar spinal stenosis (LSS) is a degenerative condition in older adults, characterised by narrowing of the spinal canal leading to reduced mobility, pain, paraesthesia, or numbness in one or both legs. Clinical phenotyping and a standardised treatment pathway have been established (Comer et al., 2022; Williamson et al., 2022); however, local physiotherapy management of LSS is hypothesised to be inconsistent with this evidence.

## AIM



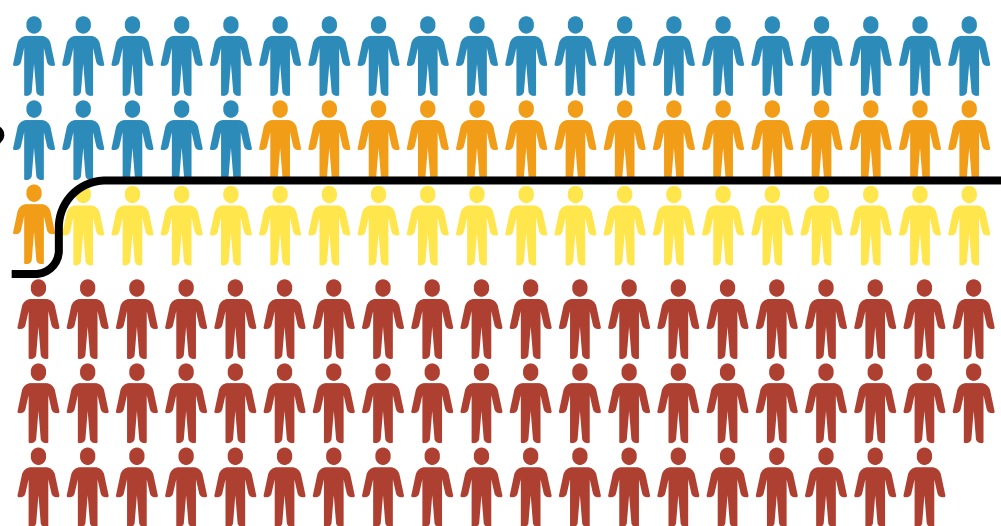
To assess the local physiotherapy service's alignment to evidence-based guidelines and identify service development needs for optimising LSS management.

## METHOD



### Phase 1

A retrospective audit of 127 patients was conducted using a data collection tool. Each patient's notes were reviewed and classified **Type A**, **Type B**, **Type C**, or **not LSS/unclear**.



! Almost half did not have LSS, or it was unclear

### Phase 2

The remaining 41 patients (**Type A**: claudication pain; **Type B**: claudication sensory/balance only) were audited for assessment, treatment, and outcomes.



\***Type C** (radicular unilateral) cases were removed because they were hard to differentiate from other causes of unilateral leg pain.

## REFERENCES

- Comer C, et al., Consensus on a standardised treatment pathway algorithm for lumbar spinal stenosis: an international Delphi study. BMC Musculoskelet Disord. 2022 Jun 8;23(1):550  
Williamson E et al; BOOST Research Group. The Clinical Effectiveness of a Physiotherapy Delivered Physical and Psychological Group Intervention for Older Adults With Neurogenic Claudication: The BOOST Randomized Controlled Trial. J Gerontol A Biol Sci Med Sci. 2022 Aug 12;77(8):1654-1664.

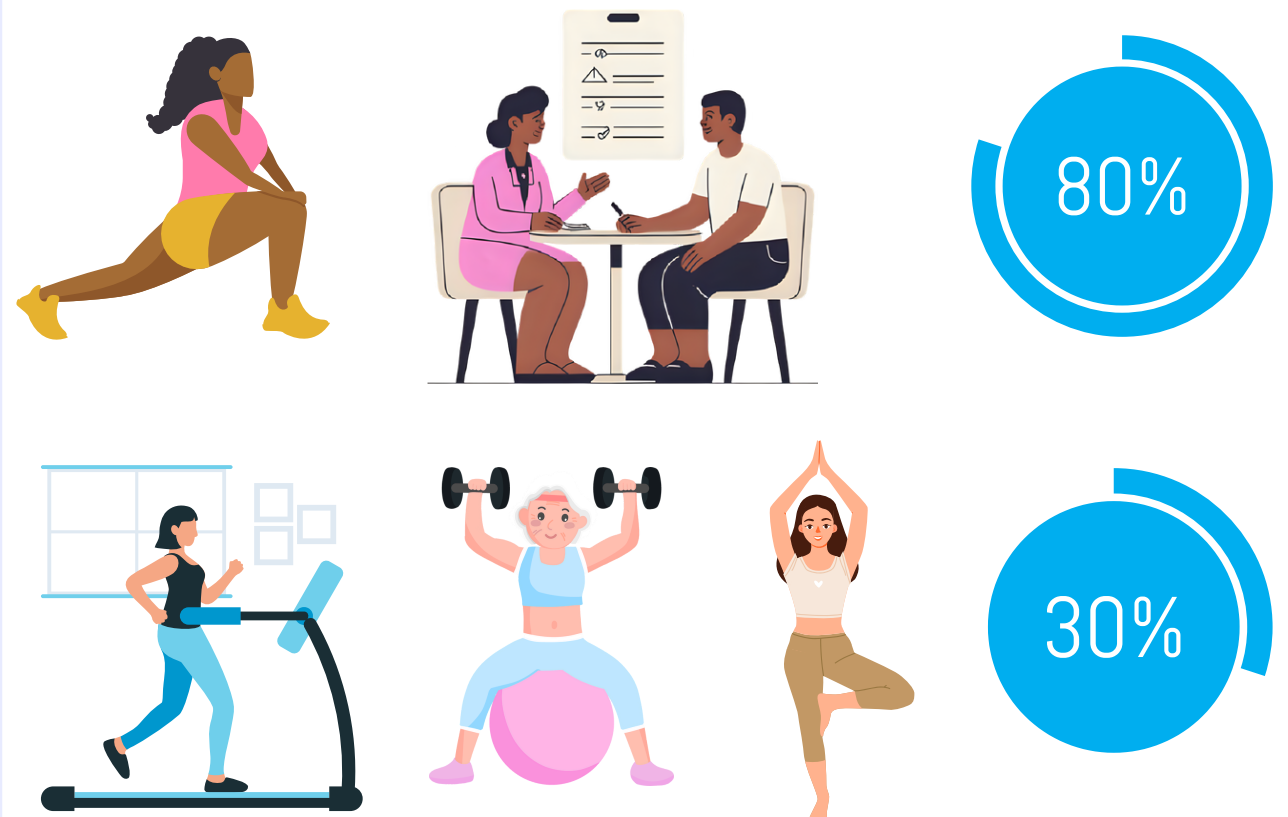
## KEY FINDINGS



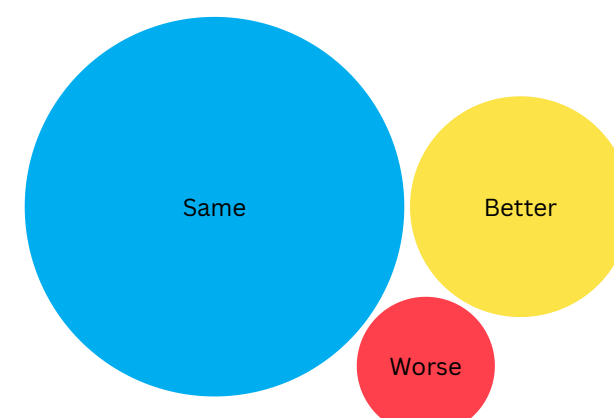
**Assessment** often involved strength testing and a neurological examination, but less so walking, balance and vascular screening



**Treatment** usually involved mobility exercises and education, but rarely balance, walking or resistance exercises



**Outcomes** were similar to the literature for changes in symptoms and function



## CONCLUSION



The audit identified gaps in LSS diagnosis and highlighted the need for broader assessment (e.g., vascular, balance, walking) and more varied rehabilitation approaches, such as balance, walking, and resistance training, were underused compared to flexibility, mobility, and education

## WHAT NEXT?



- 1) Develop QI project to improve knowledge around diagnosis and treatment of LSS
- 2) Consider our own group-based approach, similar to BOOST Trial
- 3) Re-audit in 1-2 years

