



Improving the way we deliver care for Low Back Pain (LBP)

Researcher Joseph Orlando (left) and Professor Anne Burke (right) with Mary (centre).

Mary lives with constant pain in her low back.

"It's a widespread burning and stinging sensation; very painful," she said.

Most people will experience low back pain during their lives, with thousands attending an emergency department each year. Although low back pain can be incredibly debilitating, a hospital emergency department isn't usually the best place for people to go.

Funded by the RAH Research Fund, new research is exploring the best options to give people with low back pain a smooth and lasting recovery. "Most of the time, low back pain care doesn't require x-rays or strong medications and can be managed in the community," said Joseph Orlando, physiotherapist at Central Adelaide Local Health Network (CALHN).

"In our research, we're tracing patient journeys through community and hospital systems to understand the challenges with delivering healthcare so we can design more appropriate options."

CALHN Psychology Co-Director Professor Anne Burke said once serious pathology has been excluded, it's vital that care providers address the range of factors contributing to the experience.

"Helping patients understand low back pain can reduce their concerns, build confidence to self-manage their condition and restore function."

Professor Anne Burke, CALHN Psychology Co-Director

"Our research is exploring how we can best deliver this kind of support."

Mary, a leading consumer advocate for pain management, is pleased this research is taking place.

"The more research that is conducted into low back pain and optimal management, the better off everyone will be: patients, health professionals and hospital services," she said.

The project is a collaboration involving experts from CALHN, University of SA and the Commission on Excellence and Innovation in Health.

Your support will allow the team to solve this problem.

Please visit: www.rahresearchfund.com.au/support-us/lbp or scan the QR code to donate today.

Thank you your generosity will change lives.





A message from the Director, Research Dr Liz Sutton

Central Adelaide local Health Network

Hello Supporters,

It is a great privilege to write to you in the first newsletter since joining Central Adelaide local Health Network as Director, Research. With the RAH Research Fund now forming part of my team, I am delighted to promote research in our hospitals, the fundraising done by this team, and the amazing work that is possible thanks to your generous donations.

Allied health research is about solving a clinical problem in a real-world setting. It is critical to improving patients' lives but is often not funded by traditional schemes. It can be research done by physiotherapists determining if getting people walking earlier after operations reduces complications; or a dietitian temporarily eliminating solid food for people with irritable bowel syndrome to give the bowel time to rest and heal. This is what I call 'research based on a clinical hunch'.

This is pivotal work. It makes patients' lives better and their recovery quicker. Allied health practitioners play a key role in the health care team, and it is my pleasure to introduce this newsletter that's dedicated to their stories and research. I hope you will find what follows interesting. I know I do. Thank you for your ongoing support of the RAH Research Fund.



A message from a RAHRF supported researcher

Associate Professor Lee-anne Chapple
Clinical Dietitian and Researcher, Royal Adelaide Hospital

The Royal Adelaide Hospital Intensive Care Unit (ICU) provides advanced and highly specialised care to the state's most critically ill patients.

Through advances in ICU treatment, more patients are surviving. But after leaving, many ICU patients experience cognitive, functional, and psychological issues because of their illness and life-saving medical care.

Termed Post Intensive Care Syndrome (PICS), these symptoms can cause patients to return to work later, lose their independence, and return to hospital.

Australian data show that six months after ICU discharge, 75 per cent of patients report ongoing disability, 60 per cent have not returned to work, and by 12 months, 50 per cent still experience PICS symptoms.

Our team of allied health researchers is uncovering ways to improve outcomes for patients who experience the long-term effects of their ICU stay.

Our goal is to use an allied health-led clinic to identify common problems that we know patients can experience after they leave the ICU, working with each patient to develop tailored strategies to address any PICS impairments.

As part of the research, Royal Adelaide Hospital ICU patients will receive support from dietitians, physiotherapists, and psychologists, while telehealth consultations make sure regional and rural patients don't miss out.

"We expect to see improved outcomes for patients, and if proven through our research, we aim to implement a post-ICU clinic as part of routine care, improving the ongoing health for many South Australians."

These sorts of interventions can be expensive and require strong evidence of their benefit before implementation, so without financial support from donors, our ability to generate this evidence to improve the patient's recovery wouldn't be possible.

The Royal Adelaide Hospital has 4000 patients admitted every year and around 75 per cent experience ongoing disability. If we can reduce this amount, then we can make a major impact on the South Australian community.



Exercise Physiologist and Researcher Karlee Naumann.

Prehabilitation helps patients recover from stem cell transplant quicker

Allied health researchers at the Royal Adelaide Hospital are determining if reversing the usual rehabilitation model will improve recovery outcomes for patients with a stem cell transplant.

Recovery after treatment traditionally involves rest and rehabilitation but it can be a long journey.

By focusing on proactive preventative patient care and education before and in the early stages of treatment, the goal is for patients to maintain their independence and activity levels, and safely return home sooner – where they want to be.

Through the research program, high-risk patients begin a variety of interventions before the procedure. These include physiotherapy, exercise physiology, social work, dietician, occupational therapy, and psychology services that best prepare the patient for the complex procedure.

Exercise Physiologist and researcher Karlee Naumann said the program has received excellent feedback so far.

“Patients have said they love the proactive approach as they feel more empowered and have more information on treatment than ever before. They are no longer passively waiting for treatment and are engaged in their recovery,” Ms Naumann said.

“This program could be far-reaching across all clinical areas. Early intervention doesn’t replace treatment but rather supports it by helping patients be in the best shape possible to get the best results.”

Strongly supported by clinicians, the allied health research program hopes to gain further funding to expand to other areas, including surgery, orthopaedic and gastroenterology.

The Royal Adelaide Hospital 2024 Allied Health, Pharmacy and Nursing Clinical Research Grant funding supported this study.



Keep an eye out for the **Hospital Research Foundations Giving Day**
Thursday 6th June for more information www.HospitalResearch.org.au

Royal Adelaide Hospital Research helps prevent deterioration in chronic pain sufferers awaiting care.

Studies into pre-clinic education sessions for patients on the wait list for the Pain Management Unit have helped prevent deterioration of conditions and improve patients' quality of life.

One in ten people worldwide are newly diagnosed with chronic pain each year. With high demand for specialist pain services at the Pain Management Unit, many patients have waited years for treatment.

Researchers at the RAH and The University of Adelaide have found waiting indefinitely to access care may be associated with long-term deterioration.

Patients have reported pain interfering with completing daily activities, poorer psychological well-being, and less engagement in valued activities, as well as taking more or stronger medications than they had previously, despite no improvements in pain relief.

The study, however, highlighted that there might be an optimal window, within the first 6 months following referral, to intervene for patients to experience the best outcomes.

The researchers investigated whether a single pre-clinic educational session, delivered shortly after referral, could improve the well-being and quality of life of individuals entering the wait list. It included providing information about pain neuroscience and self-management strategies.



Professor Anne Burke

"We wanted to look at ways we could address the problem and give patients the right information, knowledge and skills to empower them while they awaited treatment," said Professor Anne Burke, Psychologist at Royal Adelaide Hospital and Clinical Professor at the University of Adelaide.

"The study showed that the pre-clinic session appeared to mitigate the impact of the long wait for treatment – it stopped people getting worse. This is the first study to link positive change with a referral to, rather than treatment by, a chronic pain service."

Participants reported significant improvement in pain acceptance, health care utilisation and quality of life, while some achieved short-term functional improvements in the first six months following referral.

The Royal Adelaide Hospital Research Foundation Allied Health Grant funding supported this study.



Scrubs has new scrubs.

Scrubs the Bear has been given a makeover and has some lovely new royal blue scrubs.

We know you will love his new look and if you would like to adopt your own Scrubs the Bear, see the friendly team in the RAH Newsagency.

Only \$40 includes an adoption certificate and a brand-new Scrubs.

All proceeds go toward research at the RAH.

