## **CARE PATH 3** NOTE: These Care Paths identify typical courses of intervention. There may be patients who require more THORACIC SPINE or less treatment. However, cases that deviate from Care Paths may be subject to more careful scrutiny **SOFT TISSUE INJURY** d may require documentation of the special (STRAIN/SPRAIN/CONTUSION) circumstances. Treatments must be based on patient need and professional judgment. Deviations may be justified by individual circumstances, such as pre-OF THE UPPER BACK existing conditions and/or comorbidities. The Care Paths are only intended for use when the injury was caused by a motor vehicle accident (MVA). If at any point in the decision making process the healthcare **CONSERVATIVE THERAPY** provider finds that the injury was not caused by a MVA. (up to 4 weeks) the provider must contact the patient's PIP carrier and medical insurance carrier. - Provider office visits (up to 5) Medication¹ - Bed rest (maximum 2-4 days) - Increasing exercise Consider PT program (2-3 times a week for 2-4 weeks)3 Spinal manipulation<sup>2</sup> (1-3 visits per week, up to 4 weeks) (The total number of visits for physical therapy and spinal manipulation should not exceed 12.) 4 WEEKS 🕹 **POST INJURY** Improvement in symptoms based on objective findings? YES NO **Symptoms Symptoms Symptoms** Minimally Worse or Resolved Resolved Unresolved Discharge from Development of Patient Care Radiculopathy? Compliant with Treatment Plan? NO YES NO YES Go to Care P Thoracic St Herniated D Continue Conservative Radiculopa Continue Conservative

Therapy

Consider Specialist Referral

Pain Management up to 3

Begin or continue PT

visits (may include

acupuncture)

Therapy

- Consider Specialist Referral

- Begin or continue PT

Evaulation4

1, 2, 3, 4 See Addendum to Care Paths

- Consider Psychosocial

Diagnostic Re-

evaluation

May include:

- Bone scan

- X-ray AP & Lateral

- CBC

- ESR

