

Nonsurgical Management of Acute and Chronic Low Back Pain

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Abstract

A variety of nonsurgical treatment alternatives exists for acute and chronic low back pain. Patients should receive appropriate education about the favorable natural history of low back pain, basic body mechanics, and methods (e.g. exercises, activity modification, behavioral modification) that can reduce symptoms. Nonprescription medication is efficacious for mild to moderate pain. Nonsteroidal anti-inflammatory drugs, alone or in combination with muscle relaxants, relieve pain and improve overall symptoms of acute low back pain. Exercise therapy has limited value for acute low back pain, but strong evidence supports exercise therapy in the management of chronic low back pain. Moderately strong evidence supports the use of manipulation in acute back pain. Evidence is weak for the use of epidural corticosteroid injections in patients with acute low back pain, strong for short-term relief of chronic low back pain, and limited for long-term relief of chronic low back pain. The use of facet injections in the management of acute low back pain is not supported by evidence, nor is the effectiveness of orthoses, traction, magnets, or acupuncture. Trigger point injections are not indicated for nonspecific acute or chronic low back pain, and sacroiliac joint injections are not indicated in the routine management of low back pain. Conflicting evidence exists regarding the use of transcutaneous electrical nerve stimulation.

Low back pain is a common occurrence in the general population, affecting both sexes and all age groups, ethnic groups, and socioeconomic classes.^{1,2} Most patients recover quickly and without residual loss of function, however, recurrence is part of the natural history.^{3,4} Furthermore, chronic symptoms develop in 5% to 10% of patients.² As a result, the cost to the individual and to society is enormous.

Treatment of low back pain is

challenging. A variety of therapeutic interventions is available, but no single modality appears to be superior, and evaluations vary depending on the cause of pain and on individual, social, and occupational factors.^{5,6} Scientific evidence supports the use of some nonsurgical treatment alternatives in patients with acute and chronic low back pain.

In reviewing these nonsurgical treatment alternatives, we present evidence-based information; how-

Nonsurgical Management Of Acute Low Back Pain

**Judy Craft, Christopher Gordon, Sue E.
Huether, Kathryn L. McCance, Valentina
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Pain Management: A Multidisciplinary Approach, 1e (Clinics Collections) Joel J. Heidelbaugh, 2015-10-15 Clinics Collections Pain Management draws from Elsevier's robust Clinics Review Articles database to provide multidisciplinary teams including general practitioners orthopedists obstetricians neurologists gastroenterologists nurses and other healthcare professionals with practical clinical advice and insights on this highly prevalent disease and its comorbidities Clinics Collections Pain Management guides readers on how to apply current primary research findings on pain management to everyday practice to help overcome challenges and complications keep up with new and improved treatment methods and improve patient outcomes Areas of focus include physiology and general management musculoskeletal pain of the head neck upper body and lower body as well as neurologic disorders psychologic disorders and special considerations Each article begins with keywords and key points for immediate access to the most critical information Articles are presented in an easy to digest and concisely worded format Elsevier Clinics Collections provide concise reviews of today's most prevalent conditions and significant medical developments Other Clinics Collections titles available include Type II Diabetes Mellitus Asthma and Obesity

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national cultural origin and the diversity in their medical background anaesthesiology neurosurgery orthopaedic surgery internal medicine clinical oncology clinical psychology nursing physiotherapy and occupational therapy Essential topics in pain medicine are grouped under five sections scientific basis of pain medicine common clinical pain conditions pain pharmacology interventional procedures and multidisciplinary approach Different aspects and approaches in modern pain medicine are covered including advances in research on pain mechanism pain psychology epidemiology diagnosis pain assessment patient evaluation pain medications up to date interventional procedures cognitive behavioral therapy and other specialized therapeutic modalities Besides the above topics which assist the patient in fighting acute chronic and cancer pain there are two chapters dedicated to paediatric and geriatric patients respectively as special consideration is need for these age groups

The back pain manual — A guide to treatment Thanthullu Vasu, Shyam Balasubramanian, 2024-10-01

Back pain is the single leading cause of disability worldwide the World Health Organization regards back pain as a condition for which the greatest number of people may benefit from rehabilitation It is estimated that low back pain alone affects 619 million people globally and this is estimated to rise to 843 million people by 2050 Up to 60% of the adult population will have low back pain at some point in their lifetime 5 7% of adults over 45 years of age are estimated to have chronic low back pain Healthcare professionals see people with back pain routinely in their clinical practice and so education and awareness of back pain and the various treatment options are vital for an effective outcome in these situations Research has shown that healthcare professionals have a considerable and enduring influence upon the attitudes and beliefs of people with back pain This book helps clinicians to positively influence the outcome of people suffering from back pain This book discusses back pain in great detail and is written in an easy to understand style while keeping an evidence based approach Doctors nurses physiotherapists occupational therapists medical students and other healthcare professionals find this book informative People who suffer with back pain also find the information useful to expand their knowledge in order to successfully manage the condition This book is of immense use to candidates preparing for examinations conducted by the Faculty of Pain Medicine of the Royal College of Anaesthetists UK FFPMRCA American Board of Anesthesiology ABA Royal College of General Practitioners UK MRCGP College of Anaesthesiologists of Ireland FFPMCAI American Board of Pain Medicine ABPM European Pain Federation EFIC European Diploma in Pain Medicine EDPM Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists FPM and the World Institute of Pain FIPP CIPS The authors are both senior consultants in pain medicine practising in the United Kingdom and are consulted by thousands of patients every year They have lectured at many international national and regional meetings and are invited lecturers to public and patient groups on various health topics They have organised workshops meetings and seminars for the national anaesthetic and pain societies They have published many articles research and textbooks on pain medicine Their aim is to create an awareness of chronic pain conditions among other healthcare professionals and the public

Spine Secrets E-Book Vincent J. Devlin, 2020-05-23

For more than 30 years the highly regarded Secrets Series has provided students and practitioners in all areas of health care with concise focused and engaging resources for quick reference and exam review Spine Secrets Plus 3rd Edition by Dr Vincent J Devlin features the Secrets popular question and answer format that also includes lists tables pearls memory aids and an easy to read style making inquiry reference and review quick easy and enjoyable The proven Secrets Series format gives you the most return for your time succinct easy to read engaging and highly effective Fully revised and updated throughout including protocols and guidelines that are continuously evolving and that increasingly dictate best practices Expanded PLUS format includes extended coverage a larger format colorful visual elements and larger detailed images and illustrations to provide an overall enhanced learning experience Remain at the forefront of the nuances of spine surgery and related specialties with updates on new techniques and technologies as well as changing treatment options and drug information Top 100 Secrets and Key Points boxes provide a fast overview of the secrets you must know for success in practice and on exams Zero in on key information with bulleted lists mnemonics and practical tips from prominent specialists all providing a concise overview of important board relevant content Portable size makes it easy to carry with you for quick reference or review anywhere anytime

DeLisa's Physical Medicine and Rehabilitation: Principles and Practice Walter R. Frontera, Joel A. DeLisa, Bruce M. Gans, Lawrence R. Robinson, 2019-05-30 DeLisa's Physical Medicine and Rehabilitation Principles and Practice presents the most comprehensive review of the state of the art evidence based clinical recommendations for physiatric management of disorders affecting the brain spinal cord nerves bones joints ligaments muscles and tendons

Evidence-based Management of Low Back Pain Simon Dagenais, Scott Haldeman, 2011-01-01 An interdisciplinary approach enables health care providers to work together A logical easy to follow organization covers information by intervention type from least invasive to most invasive Integration of interventions provides information in a clinically useful way so it's easier to consider more than one type of treatment or intervention for low back pain and easier to see which methods should be tried first 155 illustrations include x rays photos and drawings Tables and boxes summarize key information Evidence based content allows you to make clinical decisions based on the ranking the best available scientific studies from strongest to weakest Patient history and examination chapters help in assessing the patient's condition and in ruling out serious pathology before making decisions about specific interventions

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