

Grade 1 lumbar spondylolisthesis treatment

The majority of patients are asymptomatic and do not require surgical intervention. Symptomatic patients present with a combination of lower back pain, radiculopathy and/or neurogenic claudication and may warrant surgery if non-operative measures fail. There is widespread controversy regarding the indications for surgery and appropriate treatment strategies for patients with this type of spondylolisthesis ¹⁾.

For the majority of patients with low-grade degenerative spondylolisthesis who present with [lower back pain](#) without stenotic symptoms, the [spondylolisthesis](#) is static and symptoms do not deteriorate ²⁾. This group of patients may benefit from a combination of non-operative therapeutic measures. Vibert et al and Kalichman and Hunter reviewed the evidence for therapeutic modalities including physiotherapy, analgesia, ultrasound, electrical stimulation, bracing, flexion/extension strengthening exercises, core stability exercises and spinal manipulation ^{3) 4)}

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¹⁾

Evans N, McCarthy M. Management of symptomatic degenerative low-grade lumbar spondylolisthesis. EFORT Open Rev. 2018 Dec 19;3(12):620-631. doi: 10.1302/2058-5241.3.180020. PMID: 30697442; PMCID: PMC6335606.

²⁾

Matsunaga S, Sakou T, Morizono Y, Masuda A, Demirtas AM. Natural history of degenerative spondylolisthesis. Pathogenesis and natural course of the slippage. Spine (Phila Pa 1976). 1990 Nov;15(11):1204-10. doi: 10.1097/00007632-199011010-00021. PMID: 2267617.

³⁾

Kalichman L, Hunter DJ. Diagnosis and conservative management of degenerative lumbar spondylolisthesis. Eur Spine J 2008;17:327-335.

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Vibert BT, Sliva CD, Herkowitz HN. Treatment of instability and spondylolisthesis: surgical versus nonsurgical treatment. Clin Orthop Relat Res 2006;443:222-227.

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