Low back pain (LBP)

- Evaluation of Paraspinal Muscle Epimuscular Fat in Subjects With Low Back Pain in a Tertiary Care Setting
- Lumbar Radiofrequency Ablation (LRFA)- Myths and Facts: A Narrative Review of the Literature
- Preoperative pars defect length predicts bone union after direct repair for lumbar spondylolysis using the modified smiley face rod technique: a retrospective cohort study
- Biomechanical effects of loading methods on the patellofemoral joint during stair climbing: based on statistical parametric mapping analysis
- CT Angiographic Evaluation of Superior Gluteal Artery Branches in Lateral Sacroiliac Joint Fusion: A Pilot Study to Inform Preoperative Surgical Planning and Anatomic Parameters
- Nonspecific low back pain : a new paradigm for better care
- Personalizing treatment for low back pain according to pain type
- Investigation of the validity and reliability of the Turkish version of Back-Health-Related postural habits in daily activities questionnaire

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Common low back pain (LBP) is defined as pain between the costal margins and the inferior gluteal sulcus, which may be associated with pain referred down to the leg (“leg pain”), and is usually accompanied by painful limitation of movement.

Intermittent LBP is defined as a clinical condition in which pain is induced by standing or walking but is absent at rest.

The impact of low back pain on any modern healthcare system is well known. In industrialized countries, LBP is one of the main causes of health-related and social costs [1) 2)].

Therefore, many attempts are being made to develop a systematic, evidence-based approach to dealing with this from a public health perspective.

see also Leg pain.

Classification

Low Back Pain Classification

Epidemiology

Low back pain epidemiology.

Etiology

see Low back pain etiology.

Pathogenesis

Low back pain pathogenesis.

Diagnosis

Low back pain diagnosis.

Differential diagnosis

Low back pain differential diagnosis.

Treatment

Initial assesment is geared to detecting red flags.

see Low back pain treatment

Outcome

Low back pain outcome

Recommendations

RECOMMENDATION 1: Clinicians should conduct a focused history and physical examination to help place patients with low back pain into 1 of 3 broad categories: nonspecific low back pain, back pain potentially associated with radiculopathy or spinal stenosis, or back pain potentially associated with another specific spinal cause. The history should include assessment of psychosocial risk factors, which predict risk for chronic disabling back pain (strong recommendation, moderate-quality evidence).

RECOMMENDATION 2: Clinicians should not routinely obtain imaging or other diagnostic tests in patients with nonspecific low back pain (strong recommendation, moderate-quality evidence).

RECOMMENDATION 3: Clinicians should perform diagnostic imaging and testing for patients with low back pain when severe or progressive neurologic deficits are present or when serious underlying conditions are suspected on the basis of history and physical examination (strong recommendation, moderate-quality evidence).

RECOMMENDATION 4: Clinicians should evaluate patients with persistent low back pain and signs or symptoms of radiculopathy or spinal stenosis with magnetic resonance imaging (preferred) or computed tomography only if they are potential candidates for surgery or epidural steroid injection (for suspected radiculopathy) (strong recommendation, moderate-quality evidence).

RECOMMENDATION 5: Clinicians should provide patients with evidence-based information on low back pain with regard to their expected course, advise patients to remain active, and provide information about effective self-care options (strong recommendation, moderate-quality evidence).

RECOMMENDATION 6: For patients with low back pain, clinicians should consider the use of medications with proven benefits in conjunction with back care information and self-care. Clinicians should assess severity of baseline pain and functional deficits, potential benefits, risks, and relative lack of long-term efficacy and safety data before initiating therapy (strong recommendation, moderate-quality evidence). For most patients, first-line medication options are acetaminophen or nonsteroidal anti-inflammatory drugs.

RECOMMENDATION 7: For patients who do not improve with self-care options, clinicians should consider the addition of nonpharmacologic therapy with proven benefits-for acute low back pain, spinal manipulation; for chronic or subacute low back pain, intensive interdisciplinary rehabilitation, exercise therapy, acupuncture, massage therapy, spinal manipulation, yoga, cognitive-behavioral therapy, or progressive relaxation (weak recommendation, moderate-quality evidence).

Guidelines

see Low Back Pain Guidelines

1)
Airaksinen O, Brox JI, Cedraschi C, et al. European guidelines for the man- agement of chronic nonspecific low back pain. European Spine Journal 2006;15(Suppl. 2):S192–300 [chapter 4].
2)
National Collaborating Centre for primary care low back pain: early man- agement of persistent non-specific low back pain. Full guideline May 2009 http://www.nice.org.uk/cg88 [accessed 14.07.12].