



# LOW BACK PAIN

## *Excerpt from TexPTS PIER*

**PROBLEM:** LOW BACK PAIN

**INTERVENTION:** **Classification:** An evidence-based approach that identifies subgroups of patients based on response to a specific intervention rather than labeling based on pathoanatomic findings.<sup>4</sup>

**MANIPULATION & EXERCISE**  
**DIRECTIONAL PREFERENCE EXERCISE**  
**NEUROMUSCULAR RE-EDUCATION & STABILIZATION EXERCISE**

**EVIDENCE:** **Oxford Evidence Level= A**

Patients managed with this treatment-based classification system experience significant decreases in pain, disability, and work restrictions compared to traditional care.<sup>4</sup> Therapists can use predictive clinical examination findings to match patients to a specific treatment. This may include: manipulation and exercise,<sup>5, 6</sup> specific exercises in a particular direction,<sup>7-9</sup> core stabilization exercise,<sup>10, 11</sup> and traction.<sup>4</sup>

**REFER:**

Acute LBP: Patients with the following findings are likely to experience a 50% reduction in disability and pain within 1 week 90% of the time when treated with manipulation and exercise<sup>5, 6</sup>: 1) Current episode of symptoms is < 2-3 weeks; 2) Minimal fear of movement; and 3) Symptoms don't extend below the knee.

Chronic LBP: Patients who have the following findings can achieve a 50% reduction in disability within 8 weeks 95% of the time when treated with a core stabilization and neuromuscular re-education program:<sup>10</sup> 1) Excessive laxity with lumbar mobility testing; 2) Aberrant movements during lumbar flexion; and 3) Positive prone instability test.

Patients who demonstrate a directional preference (ie. symptoms centralize and/or reduce) on movement examination are more likely to have a significant reduction in pain, disability, and medication use (50% less) and have less pain and disability.<sup>8, 9</sup>. We can help determine if your patient has a directional preference.

\* References noted can be found on the original PIER document.

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