



# Musculoskeletal Monthly

An evidence-based newsletter related to the management of musculoskeletal disorders

Does your case-load include a significant number of patients with LBP? Probably so, because next to the common cold, low back pain (LBP) is the most common reason individuals visit a physician's office<sup>1</sup> and ranks 5<sup>th</sup> as a reason for all visits to a physician.<sup>2</sup> Billions of dollars in medical expenditures and lost labor costs are incurred each year.<sup>3,4</sup>

Approximately 90% of patients will experience LBP at some point in their life, and a specific cause can rarely be identified. Although most patients generally improve over time, many patients with non-specific LBP continue to experience recurrent pain and disability, seeking care outside the auspices of their primary care provider. A subgroup of these patients go on to experience chronic, disabling LBP, consuming a disproportionate share of healthcare expenditures.<sup>3</sup>

How do you currently manage your patients with non-specific LBP? Although several systematic reviews and practice guidelines for the treatment of LBP have been developed<sup>5,6</sup>, there is still a lack of consensus among physicians regarding the treatment of NSLBP.<sup>7</sup> Current evidence supports a few common interventions for these patients, including non-steroidal anti-inflammatory medications,<sup>8</sup> advice to remain active,<sup>9</sup> early referral to physical therapy for manipulation<sup>10</sup> and exercise.<sup>11</sup>

There is a widespread belief among primary care practitioners that LBP is not a single entity, but rather consists of subgroups of patients with recognizable patterns of signs and symptoms that can be used to guide decision-making related to treatment (ie, treatment-based classification).<sup>12</sup> Until recently however, there has been little evidence to support the validity of a classification-based approach. The good news is that three recent studies (two performed by members of our research team) have been able to characterize relevant subgroups of patients likely to benefit from a specific treatment.<sup>10,13,14</sup> When treatment is matched to a specific cluster of signs and symptoms from the history and physical examination significant improvements in pain and disability, reductions in lost days at work, and work

restrictions are observed compared to a more generalized treatment approach based on practice guidelines.<sup>14</sup>

The treatment based classification approach discussed above involves categorizing patients with non-specific LBP into the following 4 treatment categories based on their signs and symptoms:

1. Manipulation & Exercise
2. Stabilization and Conditioning
3. Specific Exercise
4. Traction

The first 3 categories have strong evidence for efficacy in the form of randomized clinical trials<sup>10,13,14</sup> as well as specific criteria for identification in the form of developing<sup>15,16</sup> or validated clinical prediction rules.<sup>10</sup> Evidence related to the traction category is more limited and continues to be the subject of ongoing research.

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