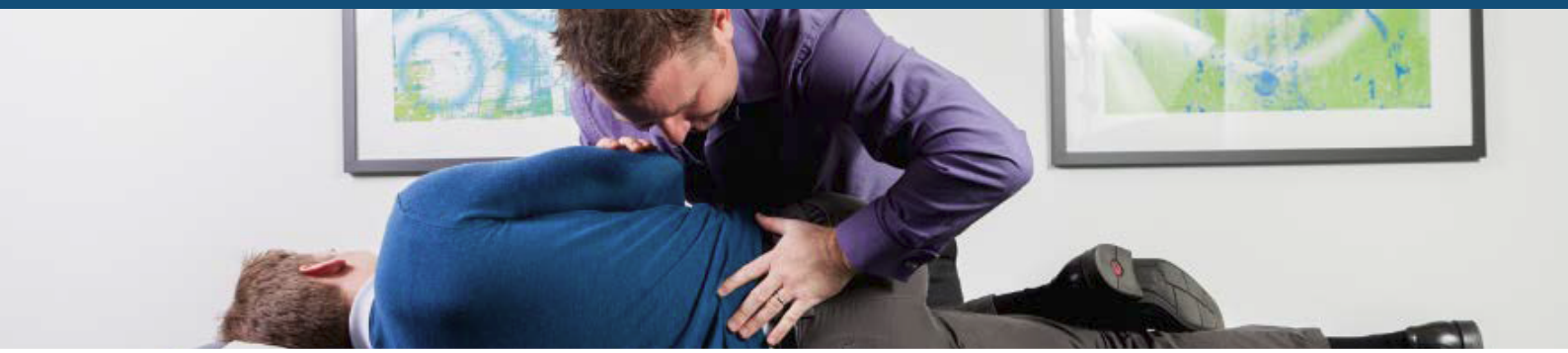
Canadian Chiropractic Guideline Initiative
ADVANCING EXCELLENCE IN CHIROPRACTIC CARE

Educational Executive Summary for Practitioners Recommendations for the Management of Low Back Pain



Low back pain (LBP) is common and results in significant social, psychological, and economic burden[1]. In light of recent research evidence and published guidelines, an update to the recommendations of the management of Low Back Pain was timely. The Guideline Development Group of the Canadian Chiropractic Guideline Initiative (CCGI) considered recently published systematic reviews on LBP from the Agency for Healthcare Research and Quality[2], American College of Physicians[3], National Institute for Health and Care Excellence[4], Ontario Protocol for Traffic Management Injury Collaboration[5] and National Clinical Guidelines (Denmark)[6].

This educational executive summary provides an overview of recommendations for clinical practice issued by CCGI in a new clinical practice guideline on the management of LBP[7]. The full guideline and accompanying documents are available from the CCGI website at www.chiroguidelines.org.

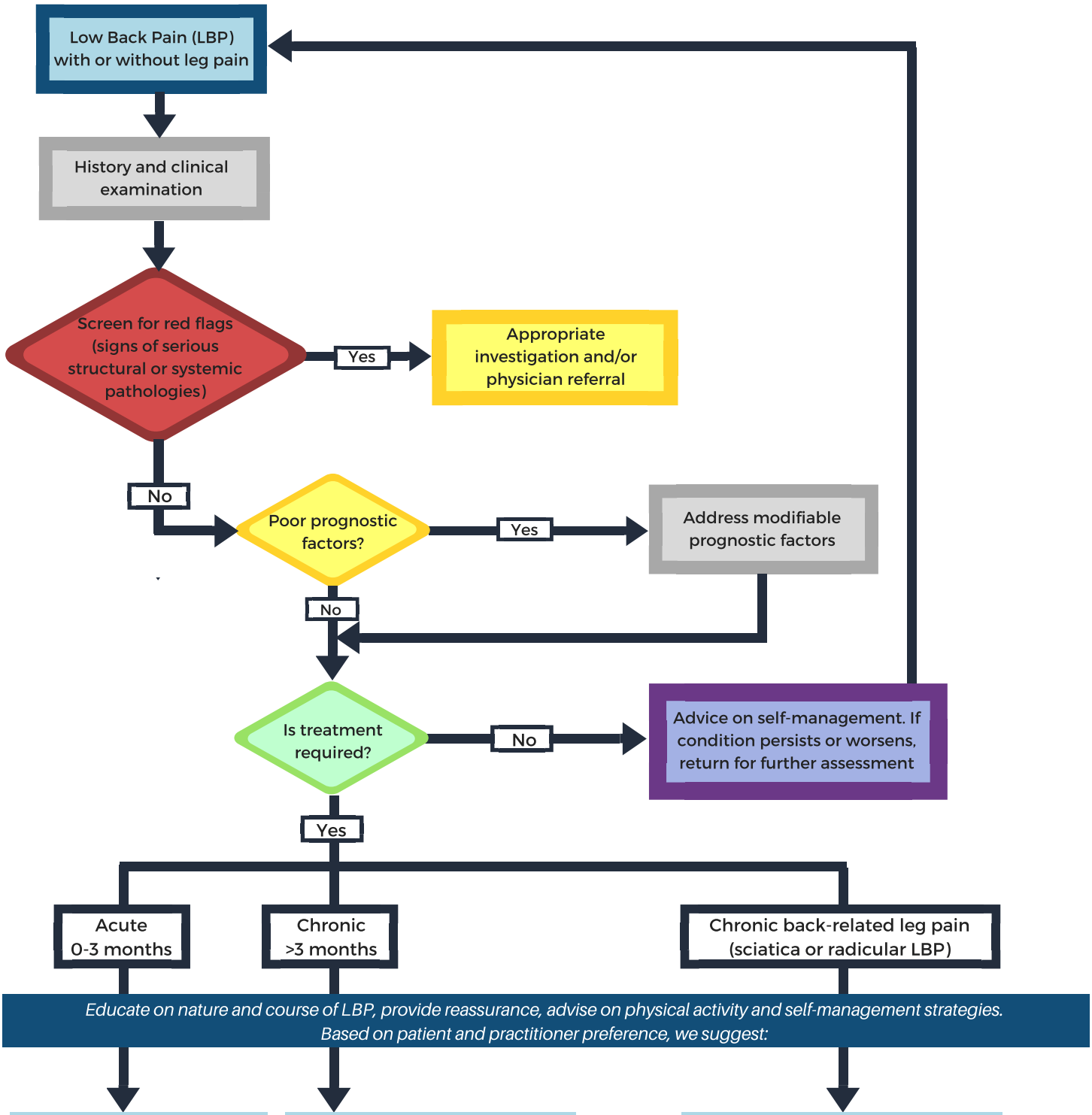
Initial Assessment and Monitoring

Our panel supports the following best practice recommendations when assessing and monitoring patients.

Practitioners are encouraged to:

- give importance to the patient's individual context, maintain a good relationship and empathy, share information, and use a patient-centered holistic approach by encouraging patients to express their health beliefs, concerns, and personal needs, as well as their preferences for care, treatment management, and self-management[8];
- conduct a history and clinical examination to screen for red flags with acceptable diagnostic accuracy to rule out malignancies, spinal fractures, and infections.
- explore the presence of additional MSK complaints and comorbidities;
- consider risks of poor outcomes (i.e., yellow flags). Tools that clinicians may use for screening psychosocial outcomes are the STarT Back screening tool (SBT)[9] or Örebro Musculoskeletal Pain Screening Questionnaire[10];
- triage patients with spine pain into one of three categories (specific, non-specific, back and leg pain/sciatica);
- avoid the routine use of diagnostic imaging;
- propose non-pharmacologic therapies including SMT as first line of treatment for acute and chronic LBP;
- consult with or refer the patient to an appropriate provider if co-management is indicated;
- perform periodic clinical reevaluations and monitor patient progression of self-management strategies while discouraging dependence on passive treatment; and
- consider implementing quality measures aimed to improve the structure, process and outcomes of care.

Algorithm of CCGI recommendations for the management of low back pain



Patient and clinician resources on exercise, self-management and more are available at the Canadian Chiropractic Guideline Initiative website : www.chiroguidelines.org

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Summary of Recommendations

Summary of Recommendations	Propose non-pharmacologic therapies including Spinal Manipulation Therapy as first line of treatment for patients with acute and chronic Low Back Pain.

Educate on nature and course of low back pain, provide reassurance and advise on physical activity and self-management strategies. Based on patient preference and practitioner experience, we suggest:

ACUTE LOW BACK PAIN

- spinal manipulative therapy;
- other commonly used treatments[1];
- a combination of spinal manipulative therapy and other commonly used treatments[1].

[1]Other commonly used treatments may include advice on posture and physical activity, and usual medical care when deemed beneficial

CHRONIC LOW BACK PAIN

- spinal manipulative therapy or other treatments[1];
- multimodal therapy with or without spinal manipulative therapy[2].

[1]includes extension exercises, advice plus exercise, myofascial therapy, or usual medical care when deemed beneficial
[2]includes exercises, myofascial therapy, advice, educational material, or usual medical care when deemed beneficial

CHRONIC BACK-RELATED LEG PAIN

- spinal manipulative therapy plus home exercise[1].

[1]includes positioning and stabilization exercises

Detailed Recommendations

Recommendations for Acute Low Back Pain (LBP)

- For patients with acute (0-3 months) low back pain, we suggest spinal manipulative therapy (SMT), other commonly used treatments, or a combination of SMT and commonly used treatment to decrease pain and disability in the short term, based on patient preference and practitioner experience.

Remark: Other commonly used treatments may include advice on posture and physical activity, and usual medical care when deemed beneficial.

Recommendations for Chronic Low Back Pain (LBP)

- For patients with chronic (>3 months) low back pain, we suggest SMT over minimal intervention to decrease pain and disability in the short term.

Remark: Minimal intervention includes manually applied forces with diminished magnitude or 5-minute light massage.

- For patients with chronic (>3 months) low back pain, we recommend SMT or other treatments for short-term reduction in pain and disability.

Remark: Other treatments include extension exercises, advice plus exercise, myofascial therapy, or usual medical care when deemed beneficial. Pain relief is most effective within the first 6 months and functional improvement was most effective at 1 month.

- For patients with chronic (>3 months) low back pain, we suggest multimodal therapy with or without SMT to decrease pain and disability.

Remark: Multimodal therapy with SMT treatment may also include exercise, myofascial therapy, advice, educational material, usual medical care when deemed beneficial. SMT (2 sessions per week for 4 weeks) plus usual medical care has shown better pain and functional outcomes than usual medical care alone. Pain and functional improvement was also shown at 3 and 12 months.

Recommendations for Chronic Back-Related Leg Pain (Sciatica or Radicular LBP)

- For patients with patients with chronic (>3 months) back-related leg pain (sciatica or radicular LBP), we suggest Spinal Manipulative Therapy (SMT) plus home exercise and advice to reduce back pain and disability.

Remark: Reduced chronic radicular leg pain and disability were observed at 12 weeks follow-up. Home exercise includes positioning and stabilization exercises

About the quality and strength of the evidence for this guideline

Quality of the evidence [10]

The certainty in the evidence (also known as quality of evidence or confidence in the estimates) is assessed for each important outcome using these categories: high, moderate, low. Randomized trials begin as high quality evidence. Quality may be downgraded as a result of limitations in study design or implementation, imprecision of estimates (wide confidence intervals), variability in results, indirectness of evidence, or publication bias. The quality of the evidence of included randomized controlled trials ranged between low and moderate.

Strength of the evidence [11]

Based on available evidence, the quality of the recommendation indicates the extent to which one can be confident that adherence to the recommendation will do more good than harm. Strength of recommendation is determined by the balance between desirable and undesirable consequences of alternative management strategies, quality of evidence, variability in values and preferences, and resource use. Overall, the strength of the evidence of the recommendations for this guideline is weak. Weak recommendations mean that patients' choices will vary according to their values and preferences, and clinicians must ensure that patients' care is in keeping with their values and preferences.

References

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Recommendations proposed in this guideline are derived from the best available evidence for the treatment of Low Back Pain Disorders. Clinicians should always aim to incorporate the best scientific evidence available to inform clinical decision making. Find out more about best practices and clinical practice guidelines at:

www.chiroguidelines.org

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