



Recommended Plan of Management for Low Back Pain (LBP)

Bussières et al (2018) Spinal Manipulative Therapy and Other Conservative Treatments for Low Back Pain: A Guideline from the Canadian Chiropractic Guideline Initiative. In press



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

Acute (0-3 months) Low Back Pain

- **Spinal Manipulative Therapy (SMT), other commonly used treatments or a combination of SMT and commonly used treatments to decrease pain and disability in the short term.**

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

Chronic (>3 months) Low Back Pain

- **Spinal Manipulative Therapy (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.

- **Spinal Manipulative Therapy (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.

- **Multimodal therapy with or without Spinal Manipulative Therapy (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.

Chronic (>3 months) Back-Related Leg Pain (Sciatica or Radicular Low Back Pain)

- **Spinal Manipulative Therapy (SMT) plus home exercise and advice to reduce back pain and disability.**

Remark: Reduced chronic back-related leg pain (sciatica or radicular LBP) and disability were observed at 12 weeks follow-up. Home exercise includes positioning and stabilization exercises.

* The quality of the evidence of included randomized controlled trials ranged between very low and high. Recommendations proposed in this guideline are derived from the best available scientific evidence for the treatment of Low Back Pain and Chronic Radicular Leg Pain. Clinicians should always aim to incorporate the best evidence available to inform clinical decision making.

Algorithm of CCGI recommendations for the management of low back pain

