

### ***Clinical Guidelines Low Back Pain.***

The **2017 Clinical Guidelines of the American College of Physicians** for **acute, subacute, and chronic low back pain** recommend that clinicians and patients should select nonpharmacologic treatments as a first line of care.

**Target Audience:** All clinicians

#### **Target Patient Population**

The target patient population includes adults with acute (<4 weeks), subacute (4 to 12 weeks), or chronic (>12 weeks) nonradicular low back pain, radicular low back pain, or symptomatic spinal stenosis.

#### **Outcomes**

Outcomes included reduction or elimination of low back pain (including related leg symptoms), improvement in back-specific and overall function, improvement in health-related quality of life, reduction in work disability and return to work, global improvement, number of back pain episodes or time between episodes, patient satisfaction, and adverse effects of interventions.

**Recommendation 1:** Given that most patients with **acute or subacute low back pain** improve over time regardless of treatment, clinicians and patients should select nonpharmacologic treatment with **superficial heat** (moderate-quality evidence), **massage, acupuncture, or spinal manipulation** (low-quality evidence). If pharmacologic treatment is desired, clinicians and patients should select nonsteroidal anti-inflammatory drugs or skeletal muscle relaxants (moderate-quality evidence). (Grade: strong recommendation)

**Recommendation 2:** For patients with **chronic low back pain**, clinicians and patients should initially select nonpharmacologic treatment with **exercise, multidisciplinary rehabilitation, acupuncture, mindfulness-based stress reduction, tai chi, yoga, motor control exercise, progressive relaxation, electromyography biofeedback, low-level laser therapy, operant therapy, cognitive behavioral therapy, or spinal manipulation** (low-quality evidence). (Grade: strong recommendation)

**Recommendation 3:** In patients with chronic low back pain who have had an inadequate response to nonpharmacologic therapy, clinicians and patients should consider pharmacologic treatment with nonsteroidal anti-inflammatory drugs as first-line therapy, or tramadol or duloxetine as second-line therapy. Clinicians should only consider opioids as an option in patients who have failed the aforementioned treatments and only if the potential benefits outweigh the risks for individual patients and after a discussion of known risks and realistic benefits with patients. (Grade: weak recommendation, moderate-quality evidence)

Qaseem A, Wilt TJ, McLean RM, Forcica M, for the Clinical Guidelines Committee of the American College of P. Noninvasive treatments for acute, subacute, and chronic low back pain: A clinical practice guideline from the American College of Physicians. *Ann of Intern Med.* 2017.

Chou R, Deyo R, Friedly J, et al. Nonpharmacologic Therapies for Low Back Pain: A Systematic Review for an American College of Physicians Clinical Practice Guideline. *Ann Intern Med.* 2017.

The National Institutes of Health (NIH) National Center for Complementary and Integrative Health (NCCIH) reviewed evidence-based approaches for pain management and recommended **acupuncture and yoga** for low back pain.

Nahin RL, Boineau R, Khalsa PS, Stussman BJ, Weber WJ. Evidence-Based Evaluation of Complementary Health Approaches for Pain Management in the United States. *Mayo Clinic proceedings.* 2016;91(9):1292-306.

A 2016 systematic review by the U.S. Department of Health and Human Services Agency for Healthcare Research and Quality (**AHRQ**) for chronic low back pain concluded effective nonpharmacologic therapies versus placebo, sham, no treatment, usual care, or wait list included **acupuncture, exercise, psychological therapies, massage, yoga, tai chi, and low-level laser therapy.**

Chou R, Deyo R, Friedly J, Skelly A, Hashimoto R, Weimer M, et al. Noninvasive Treatments for Low Back Pain, Agency for Healthcare Research and Quality (US) (AHRQ) Comparative Effectiveness Reviews.2016;Number 169(Report No.: 16-EHC004-EF)