



VA/DoD CLINICAL PRACTICE GUIDELINE FOR DIAGNOSIS AND TREATMENT OF LOW BACK PAIN

Department of Veterans Affairs

Department of Defense

Patient Summary

QUALIFYING STATEMENTS

The Department of Veterans Affairs and the Department of Defense guidelines are based upon the best information available at the time of publication. They are designed to provide information and assist decision making. They are not intended to define a standard of care and should not be construed as one. Neither should they be interpreted as prescribing an exclusive course of management.

This Clinical Practice Guideline is based on a systematic review of both clinical and epidemiological evidence. Developed by a panel of multidisciplinary experts, it provides a clear explanation of the logical relationships between various care options and health outcomes while rating both the quality of the evidence and the strength of the recommendation.

Variations in practice will inevitably and appropriately occur when clinicians take into account the needs of individual patients, available resources, and limitations unique to an institution or type of practice. Every healthcare professional making use of these guidelines is responsible for evaluating the appropriateness of applying them in the setting of any particular clinical situation.

These guidelines are not intended to represent TRICARE policy. Further, inclusion of recommendations for specific testing and/or therapeutic interventions within these guidelines does not guarantee coverage of civilian sector care. Additional information on current TRICARE benefits may be found at www.tricare.mil or by contacting your regional TRICARE Managed Care Support Contractor.

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I. What is low back pain?

- Low back pain is a symptom, rather than a disease or a syndrome. It is a complex human experience that is influenced not only by physical factors but also what you think, feel, and do when you are hurting.
- Low back pain can be acute, subacute, or chronic.
 - Acute low back pain acts as an immediate warning from your nervous system telling you that you may be injured (usually up to one month). It signals that you should stop doing what you are doing and that you may need to seek medical attention.
 - Subacute low back pain is when your body is still healing, but may not be in immediate danger (usually one to three months).
 - Chronic pain persists after your body has healed most tissue damage (usually three months or longer). It can be caused by conditions that have no cures, like arthritis. It may also be worsened with some lifestyle factors (such as inactivity, stress, poor sleep, and smoking). Chronic low back pain can affect all aspects of your life. It may make it hard for you to carry out physical activities, make you more stressed, or make it hard for you to sleep or rest.
- The treatment of low back pain begins with ways you can help manage your own pain and ways you can reduce the effects the pain has on other parts of your life. This is called self-care. Self-care includes taking care of yourself in ways other than taking medications, having surgery, or using other medical treatments. More information on self-care and other treatments for low back pain is included below.

II. What causes low back pain?

Low back pain is commonly multifactorial, and may include musculoskeletal problems. Chronic pain can also be related to behavioral health, including but not limited to depression or anxiety. Less common causes of low back pain include underlying diseases or conditions such as infection, cauda equina syndrome, fracture, or cancer. However, low back pain can also occur without signs of a serious underlying condition. Medical tests sometimes may not completely explain the reason for the pain or the intensity of the pain. Your healthcare provider can help determine whether your pain is a result of an underlying condition. Because low back pain is a symptom, treatments for low back pain without a specific underlying cause are similar.

III. Goals for low back pain treatment

You should work with your healthcare provider to set reachable goals and to develop your individual treatment plan. In general, your goals should be to focus more on what you can do for yourself to help lessen the impact of your low back pain and improve your quality of life.

Goals of Low Back Pain Treatment

- Restore your physical function (your ability to move, exercise, and participate in life activities)
- Restore your emotional function (happiness and satisfaction with life)
- Restore your social function (activities and connections with others)
- Improve your quality of life
- Reconnect with what is important to you
- Improve your ability to manage your pain and return to a healthy lifestyle
- Gain understanding of the nature of your pain
- Address any underlying body tissue injuries that might help you feel better
- Take care of other health issues that can result from pain (for example, muscle weakness, poor sleep, poor diet)

IV. Treatment options for low back pain

The various treatments of axial and non-radiating low back pain are categorized as self-care, non-pharmacologic and non-invasive, pharmacologic, invasive procedure, and surgery. Other than surgery, which is out of the scope of this clinical practice guideline, the above-listed therapeutic approaches are discussed in detail in the VA/DoD Clinical Practice Guideline for Diagnosis and Treatment of Low Back Pain.

A. Self-care

Self-management refers to everything you can do on your own to manage your health problems and live your life as fully as possible. You have to make many decisions every day about exercising, managing stress, taking medications, and dealing with life problems. You also have to decide how these will affect your pain, suffering, and disability. Most importantly, you have to become active in your own management efforts. You cannot wait for medical solutions. Treatment of pain requires a comprehensive approach. You can learn more about individualized self-care education through sources such as the Back Book.¹

B. Non-drug and non-invasive therapies

Many non-drug and non-invasive therapies have helped patients reduce their pain and improve their quality of life. These types of treatments have also helped patients avoid increasing their risk of side effects. Some side effects of drugs are serious, such as addiction, serious injury, or even death. Behavioral therapies can help people learn to react to pain in ways that help them function better and reduce their pain. For chronic low back pain, exercise programs prescribed by healthcare providers can help slowly improve physical function and reduce pain sensitivity. Complementary medical treatments like acupuncture, spinal manipulation therapy, and yoga are helpful for many people. Work with your healthcare provider to make a treatment plan that includes non-drug and non-invasive therapies. This type of treatment plan can help you develop a longer term plan, which should make sense for you, should be doable for you over a long period of time, and should help keep you safe.

¹ Royal College of General Practitioners, NHS Executive. *The Back Book; the best way to deal with back pain; get back active*. Second ed. Norwich, UK: The Stationary Office; 2002. (Note: The Back Book recommends the use of acetaminophen, but we did not find good evidence to recommend for or against the short-term [less than seven days] use of this medication. Long-term use of this medication may lead to side effects that may be harmful to your health, so we recommend against the long-term use of acetaminophen.)

C. Drug therapies

Some drug treatments can also help reduce low back pain. Examples of drugs that have been effective in some people with chronic low back pain include anti-inflammatory and antidepressant medications. For patients with acute low back pain, short term use of some types of muscle relaxants may be helpful. When taking these medications, following the directions of your healthcare provider can help you lessen your chances of harmful side effects from drug treatments.

D. Invasive procedures

In some cases, an invasive procedure other than surgery may be helpful. For instance, an epidural steroid injection may be helpful in some patients with acute low back pain. However, many invasive treatments do not have clear benefits and do have some risks. You should work with your provider to determine whether these treatments would work for you and discuss whether or not they would be better for you than non-invasive treatment options.

V. Questions to Ask Your Care Team

Ask about anything that seems unclear to you. Some examples may include:

- What resources are available at my facility to help manage my pain?
- What treatments other than medications may help my low back pain?
- Should I rest or stay active? What exercises might be helpful for my condition?
- What might make my pain worse that should I avoid doing?
- Is there anything that I could do at home to help manage my pain?

VI. You Can Find More Information on Low Back Pain Here:

- Royal College of General Practitioners, NHS Executive. *The Back Book; the best way to deal with back pain; get back active*. Second ed. Norwich, UK: The Stationary Office; 2002. (Note: The Back Book recommends the use of acetaminophen, but we did not find good evidence to recommend for or against the short-term [less than seven days] use of this medication. Long-term use of this medication may lead to side effects that may be harmful to your health, so we recommend against the long-term use of acetaminophen.)
- The Back Pain Information Page from the National Institute of Arthritis and Musculoskeletal and Skin Diseases: https://www.niams.nih.gov/Health_Info/Back_Pain/default.asp