



Low Back Pain

Patient name: _____ Date: _____

Sudden Low Back Pain (less than 6 weeks duration) This pain usually improves over time regardless of the treatment.

NON-DRUG TREATMENT:

- Superficial heat** – hot water baths, heating pads and warm compresses can help ease pain.
- Exercise** – walking and moving around help prevent muscles from stiffening, but don’t overdo with strenuous activities.
- Adjust your sleeping and sitting positions** – get up and move every 30 minutes from your sitting position. Put a pillow between your legs when sleeping on your side or a pillow under your knees when sleeping on your back.
- Massage** –rub and knead muscles and joints of the body with hands to relieve tension and pain.
- Acupuncture** – a system of alternative medicine that involves pricking the skin or tissues with needles, used to alleviate pain and to treat various physical, mental, and emotional conditions.
- Spinal manipulation** – technique that treats back pain, neck pain and other musculoskeletal conditions via the application of force to the spinal joints, with the idea being that such treatment of dysfunctional areas in the spine can restore the spine’s structural integrity, reduce pain and initiate the body’s natural healing processes.

DRUG THERAPY (if desired):

- NSAIDS (Motrin, Advil, Aleve etc.)** – Some evidence (moderate quality evidence) shows that NSAIDs were associated with a small improvement in pain intensity compared to placebo.
- Skeletal Muscle Relaxants**
- Oral Corticosteroids (steroid pills)**

FOLLOW UP:

If you are not improved in _____ days, if new symptoms occur or if you have concerns, please call the office at _____ or return to the office for a re-check.

Additional instructions: _____

This health alert is courtesy of:



These items are provided solely for informational purposes and are not intended as a substitute for consultation with a medical professional. Patients with any specific questions about the items on this list or their individual health should consult their physician.

(Over for **chronic low back pain** options)

Chronic Low Back Pain (pain lasting months or years)

For patients with chronic low back pain, clinicians and patients should initially select nonpharmacological treatments with:

NON-DRUG TREATMENT:

- Exercise** – resulted in a small improvement in pain relief and function compared with no exercise.
- Multidisciplinary rehabilitation** – refers to activities that involve efforts of individuals from a number of disciplines. Disabling chronic low back pain is regarded as the result of interrelating physical, psychological, and social or occupational factors requiring multidisciplinary interventions.
- Acupuncture** – a system of alternative medicine that involves pricking the skin or tissues with needles, used to alleviate pain and to treat various physical, mental, and emotional conditions.
- Tai Chi** – an ancient Chinese tradition that, today, is practiced as a graceful form of exercise. It involves a series of movements performed in a slow, focused manner and accompanied by deep breathing.
- Yoga** – a Hindu spiritual and ascetic discipline, a part of which, including breath control, simple meditation, and the adoption of specific bodily postures, is widely practiced for health and relaxation.
- Cognitive behavioral therapy** – a type of psychotherapy in which negative patterns of thought about the self and the world are challenged in order to alter unwanted behavior patterns or treat mood disorders such as depression.
- Spinal manipulation** – technique that treats back pain, neck pain and other musculoskeletal conditions via the application of force to the spinal joints, with the idea being that such treatment of dysfunctional areas in the spine can restore the spine’s structural integrity, reduce pain and initiate the body’s natural healing processes.

Pharmacologic therapy should be considered for patients with chronic low back pain who do not improve with nonpharmacological interventions.

DRUG THERAPY (if indicated):

- NSAIDS (Motrin, Advil, Aleve etc.)** – Some evidence (moderate quality evidence) shows that NSAIDs were associated with a small to moderate improvement in pain intensity compared to placebo and small to no effect on function. NSAIDs should be the first option considered.
- Tramadol** – This is a second line therapy. Tramadol (a narcotic) has a moderate effect on pain control and small effect on function.
- Duloxetine (Cymbalta)** – This is a second line therapy. Duloxetine has a small effect on pain control and function.
- Opioids (hydrocodone/morphine)** – This should be the last treatment option considered in patients for whom other therapies have failed. Opioids had a small effect on short-term pain and function. Opioids are associated with substantial harm including but not limited to addiction, abuse, overdose and many other side-effects.

FOLLOW UP:

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(Over for **sudden low back pain** options)