

Frequently Asked Questions

What is the proper dose of an NSAID for a patient with acute, nonspecific low back pain?

Assuming no contraindications, the maximum dose of OTC ibuprofen is 1200 mg per day for a maximum of 10 days; the maximum dose of acetaminophen is 4000 mg per day for a maximum of 10 days. If pain has not gotten better within 7 to 10 days, the patient should be seen for evaluation.

How do you respond to a patient with nonspecific low back pain of 2 days' duration who wants a prescription for physical therapy?

First suggest a 10-day trial of stretching exercises, cold and heat therapy (ice packs for first 2 days, warm packs after), moderate activity, and OTC pain relievers. Demonstrate and practice each of the stretches with the patient, and provide illustrated explanations as backup. If back pain does not improve and does not worsen, referral to a physical therapist is not contraindicated and may work well for patients who respond to a taskmaster or have such poor posture that they need correction.

What protocol do you follow with a patient who requests prescription muscle relaxants or pain killers?

Educate the patient about the efficacy of an exercise and OTC program, stressing that opioids appear to be no more effective in relieving low back symptoms than safer analgesics, such as acetaminophen or other NSAIDs. Twenty-four to 36 hours after prescribing OTC pain relief, the physician should follow up with the patient to determine his or her level of pain relief. Requests for prescription medications may go hand-in-hand with embellished pain responses. A psychosocial history review may indicate a history of failed previous treatments and possible medication dependence. The overall goal should always be to facilitate the patient's recovery and avoid the development of chronic low back disability.

What signs indicate that a patient needs emergent care?

A medical history that reveals major trauma, or minor trauma in an older or potentially osteoporotic patient, may indicate a possible fracture. A possible infection or tumor might be discovered with a medical history indicating age more than 50 years or under 20 years, a history of cancer, constitutional symptoms, such as recent fever or weight loss, risk factors for spinal infection, and/or pain that worsens when supine or at night. Possible cauda equina syndrome may be indicated by saddle anesthesia, recent onset of bladder dysfunction, or neurologic deficits in the lower extremity. Any severe incapacitating pain with significant functional limitations warrants further evaluation by a physician.

What is the role of muscle relaxants in treating acute nonspecific back pain?

Muscle relaxants have been shown to be effective in reducing pain and muscle tension and increasing mobility. The risks of potential side effects, especially in the elderly, need to be carefully considered. A reasonable first line of pain management for nonspecific low back pain is OTC pain relievers.

What is the evidence that heat is effective in treating acute nonspecific back pain?

Although anecdotally reported as effective in some cases, there is insufficient evidence on the effects of heat treatment for managing back pain. Heat alone may make the patient more comfortable and can be considered adjunctive therapy in selected patients.

What is the evidence that activity improves outcomes in acute nonspecific back pain?

There is strong evidence that continuation of ordinary activity increases the rate of recovery, reduces pain, reduces disability, and reduces time spent off work. There is strong evidence that specific exercise therapy is no more effective than other inactive or active treatments for acute low back pain with regard to pain intensity, functional status, overall improvement, and return to work.

What agents are included in appropriate treatment of acute musculoskeletal low back pain?

OTC pain medication and, possibly, anti-inflammatory agents.

Are epidural steroids effective in treating acute musculoskeletal low back pain?

Epidural steroids are not recommended as treatment for acute low back pain.

What is the natural history of acute low back pain in those who present for care?

Half (50%) recover in 1 to 2 weeks and 90% in 1 month without intervention. About 95% or more of patients with low back pain will recover in about 4 to 6 weeks with conservative treatment. If the pain persists beyond 4 weeks after an acute injury, physician evaluation and diagnostic studies, such as plain radiography or MRI, are indicated.

According to randomized controlled trials, what are the most and least beneficial measures for acute low back pain?

The most beneficial measures for managing nonspecific low back pain are NSAIDs and staying active. The least beneficial measures are bed rest and traction.