

# CARE/ TREATMENT OF THE CHRONIC LOW BACK PAIN PATIENT (FROM A SMALL CLINIC PERSPECTIVE)

Tuesday May 8<sup>th</sup>, 2018

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# The Purpose of this Talk

Is to provide you, the primary contact healthcare provider, with simple actionable steps to help you manage your patients with patients with chronic low back pain.

Prior to prescribing treatment it is important to have performed a careful clinical history and examination to allow you to categorize your patient's pain.

This talk is the second part of a two part talk. The first session was dedicated to evaluating your patient to help categorize their pain.

# Outline

## Diagnose/ Assessment:

- Musculoskeletal (MSK) appropriate history

  - Rule out Red flags

  - Consider Yellow flags

- Simplified Exam

  - Location

  - Movements

  - Neurological tests

  - Orthopedic tests

- Determine when imaging is necessary

## Treatment

- What can the patient do?**

- What can I do?**

- What can other professionals do?**

- Determine when specialist referral is warranted for non-specific low back pain**

# Revisiting our Diagnostic Categories

**Discogenic radicular**

**Discogenic non-radicular**

**Soft tissue**

**Lateral stenosis**

**Facet irritation**

**Symptomatic central stenosis, myelopathy, Cauda Equina**

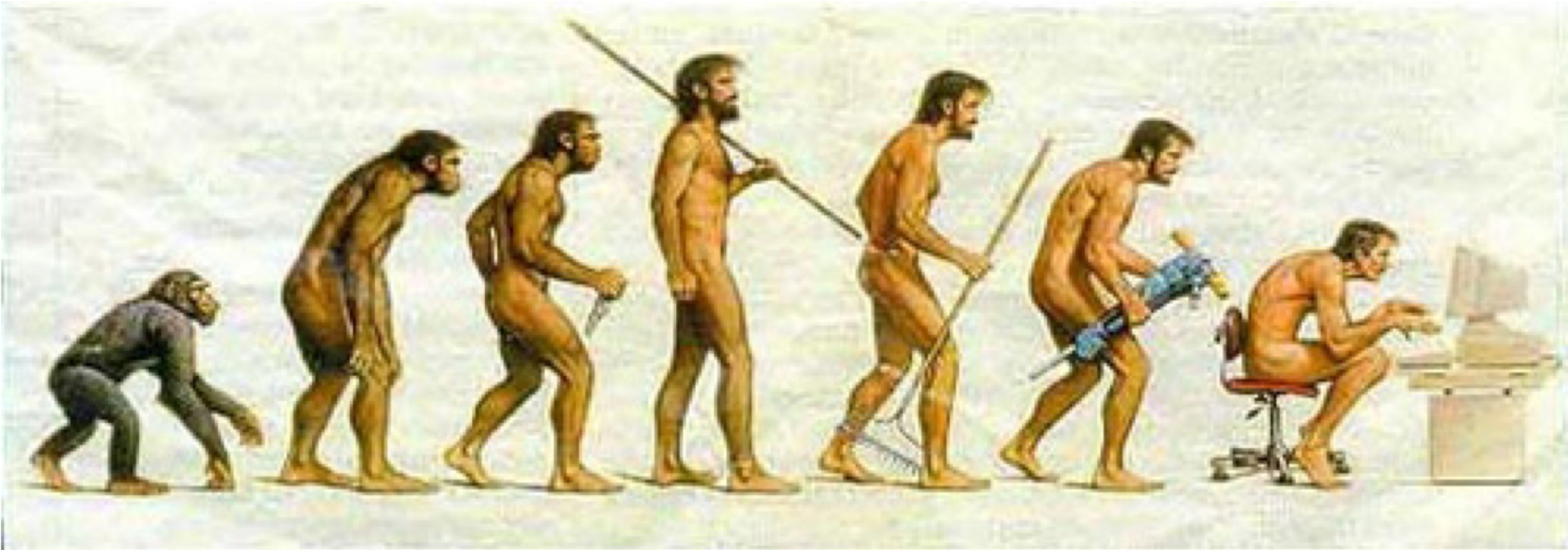


# Non-pharmacological Treatment

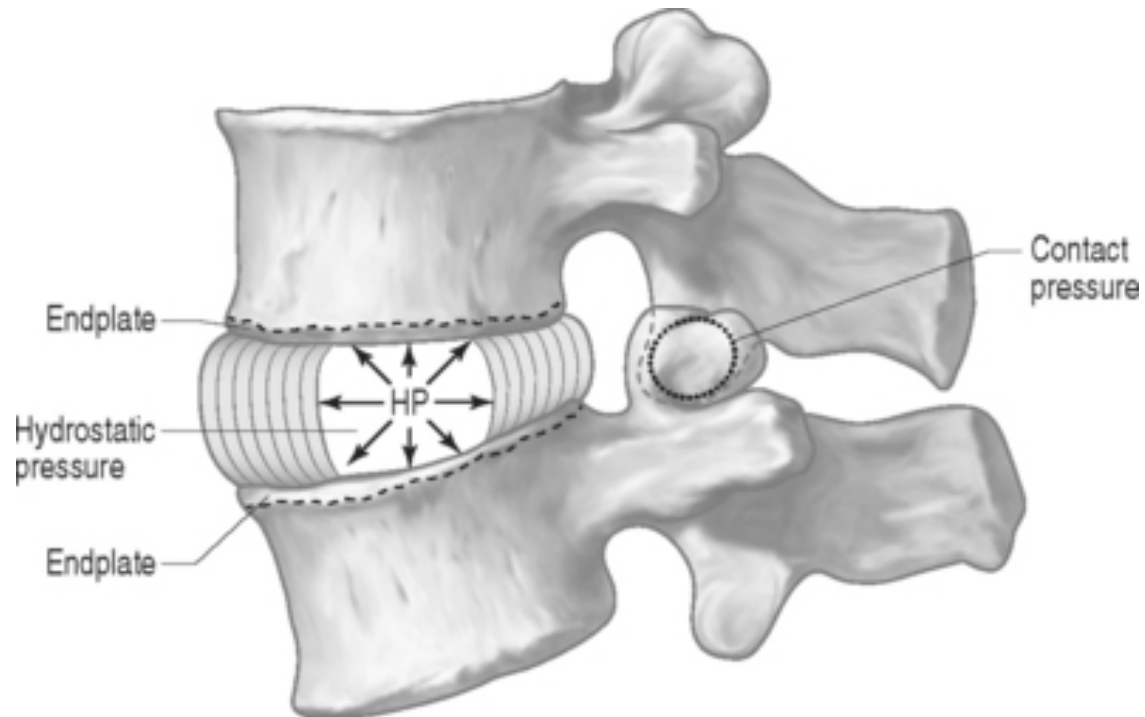
1. **Exercise**
2. Cognitive and Behavioural Therapies (CBT)
3. Manual Therapy
  - Spinal manipulation
  - Massage
  - Acupuncture
4. Yoga and Mindfulness-based relaxation

(Chou, Nordin, Haldeman et. al)

# The Perils of Modern Life



# How do you Start Your Day?

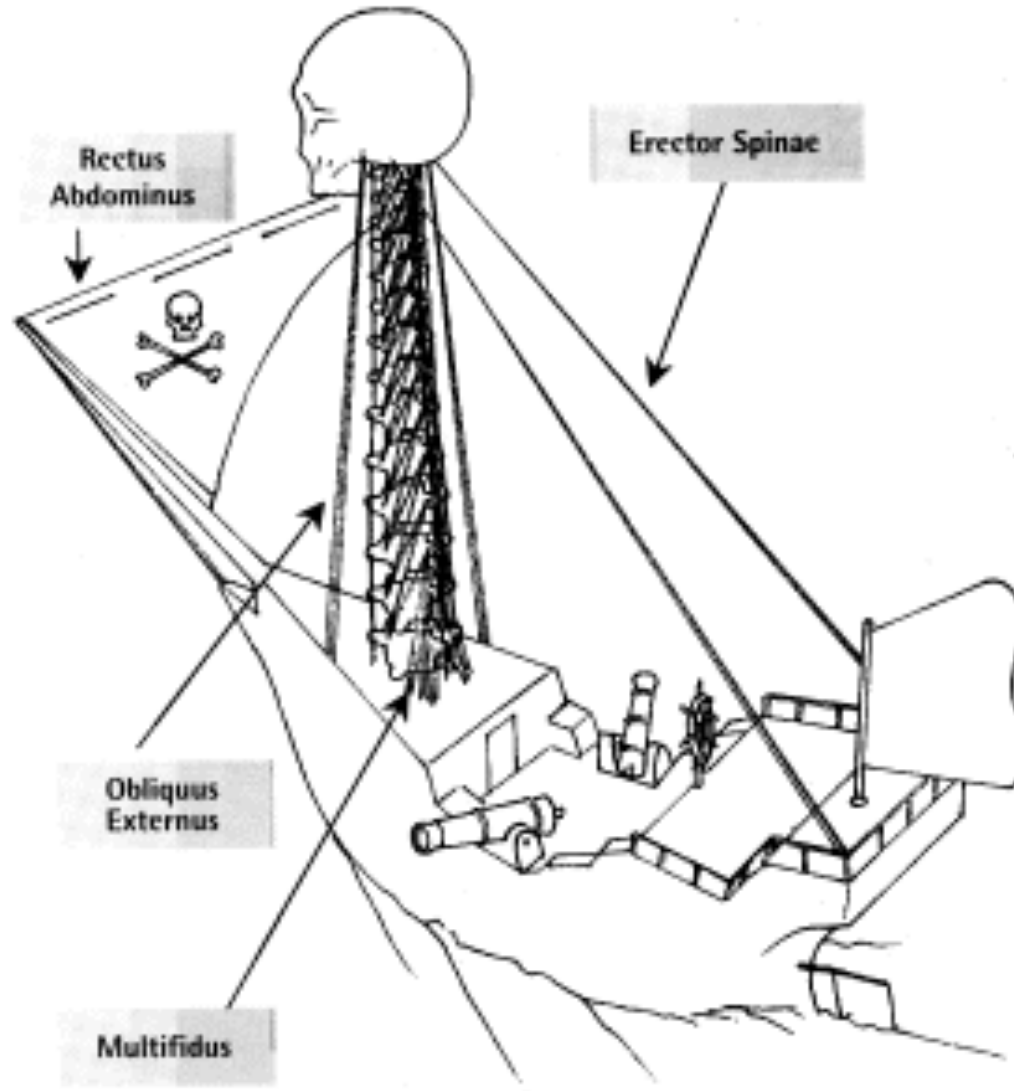




# Walking the Universal Rehabilitation Exercise



# Spinal Stability

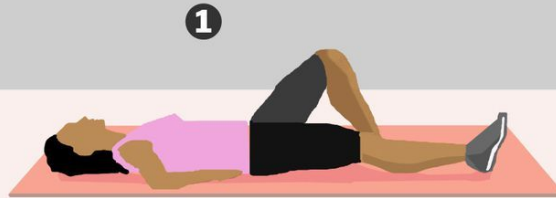


# Improving the Body's Intrinsic Stability

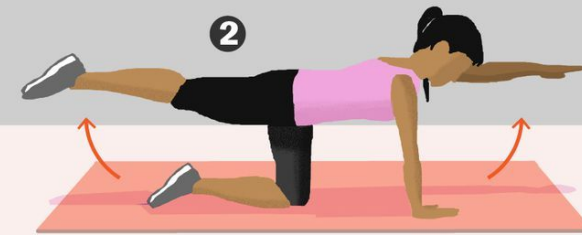
## The "McGill Big Three" back exercises

*The three exercises that spine biomechanic Stuart McGill recommends to help people stabilize their spines:*

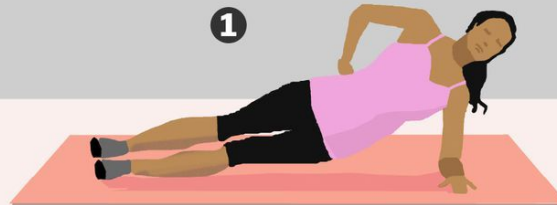
### THE CURL-UP



### THE BIRD DOG



### THE SIDE BRIDGE





# End Range Loading for Discogenic Pain



# Stretching Safely – The Child's Pose





# Exercises to **AVOID**



# Pharmacological Therapies

## **First line**

1. NSAIDs and/or Acetaminophen/Paracetamol (short-term pain relief)
2. A short course of muscle relaxants

## **Consider**

1. Anti-depressants
  - tricyclic antidepressants (TCAs)
  - serotonin–norepinephrine reuptake inhibitor (SNRIs)
2. Gabapentin, pregabalin, and duloxetine for radiculopathy (inconclusive)
3. Opioids (caution)

(Chou, Nordin, Haldeman et. al)

# Referral for Surgery

When is a surgical referral **ABSOLUTELY NEEDED**?

1. Tumor, Infection, Trauma
2. Cauda Equina Syndrome or myelopathy
3. Significant loss of strength due to neurological denervation likely to lead to a disability
4. Progressive neurological deficits

# Referral for Surgery

**Consider... for non-radicular low back pain with common degenerative changes in individuals with persistent disability in patients who do not improve following recommended non-invasive treatments**

**Consider... for radiculopathy due to prolapsed/herniated lumbar disc in patients with severe pain and disabling symptoms**

**Consider... for the management of patients with spinal stenosis (with or without degenerative spondylolisthesis) with moderate to severe symptoms (radiculopathy or pseudoclaudication)**

*(Acaroglu, Nordin, Mmopelwa, Haldeman et al.)*

Re a leboga!



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