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

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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 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:

1. **THE CURL-UP**
   - Position: Lie on your back with your knees bent and feet flat on the floor.
   - Action: Slowly roll your body up to a sitting position, keeping your knees bent. Slowly return to the starting position.

2. **THE BIRD DOG**
   - Position: Start on your hands and knees with your hands directly under your shoulders and your knees directly under your hips.
   - Action: Extend one arm and the opposite leg, keeping your body in a straight line from head to toe. Return to the starting position and switch sides.

3. **THE SIDE BRIDGE**
   - Position: Start in a side plank with your elbow on the ground and your body in a straight line from head to toe.
   - Action: Extend one arm and the opposite leg, keeping your body in a straight line. Return to the starting position and switch sides.

World Spine Care

Vox
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)
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
Consider... for non-radiculolar 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!