Recurrence of Low Back Pain: Compensated Quebec Workers (n = 2342)

1 Year Recurrence: 22%

3 Year Recurrence: 36%

Summary: Non-Surgical Therapy: Often Self-Care

- Hard to improve on natural history
- Many common treatments of dubious efficacy; less is often more
- NSAIDs, analgesics, muscle relaxants, manipulation for symptom relief
- Early return to activity; exercise for prevention or for chronic pain
Prevention of Back Pain? Systematic Review

- **Exercise** (at work and home): reduces symptoms and work loss (8 RCTs)
- *Nothing to support*: lumbar belts, shoe inserts, teaching how to lift
- *Ergonomic interventions*: no evidence they prevent LBP, but may increase productivity, quality, comfort
- *?Lifestyle Change*: obesity, smoking

Media Campaign: Changing Public Perceptions in Victoria, Australia

- Back Pain = 50% of disability costs and rising
- Prime time TV campaign
- Medical experts, sports and media personalities
- Endorsed by medical societies
- Emphasized activity, avoiding bed rest, excessive tests or surgery
Media Campaign: Results

- 15% fall in back-related disability claims
- 20% fall in medical costs per claim
- Improved MD knowledge of limits of bed rest, imaging
- Major shift public views about rest, work loss, prognosis
Current Evidence about Low Back Pain

- Precise diagnosis often impossible, even with modern imaging (save for surgical candidates)
- Brief if any bed rest - early activation; exercise for chronic pain
- Wide variations in surgical practice - limited consensus on optimal use, outcomes. Patient preferences are key
- Good prognosis; most improve on their own