

## **NICE CLINICAL GUIDANCE 88 – LOW BACK PAIN RECOMMENDATIONS (SUMMARY):**

### **1.1 Assessment & Imaging**

- Keep Diagnosis under review
- Do not offer X-ray of the lumbar spine for management of non-specific low back pain
- MRI - Considerations for use

### **1.2 Information, education and patient preferences**

- Provide advice and information to promote self-management of the low back pain.
- Include an educational component as part of other interventions.
- Take into account persons expectations and preferences when considering treatment options

### **1.3 Physical Activity & exercise**

- Advise people with low back pain to exercise – staying physically active to be beneficial.
- Structured exercise programme comprising:
  - Max. 8 sessions over a period of 12 weeks
  - Offer group supervised exercise programme (group of up to 10)
  - one-one sessions offered if group sessions are unsuitable
- Exercise programmes may include
  - aerobic activity
  - movement instruction
  - muscle strengthening
  - postural control
  - stretching

### **1.4 Manual Therapy**

- Manual therapies reviewed were spinal manipulation, spinal mobilisation and massage
- Consider offering a course of manual therapy maximum of 9 sessions over a period of up to 12 weeks

### **1.5 Other non-pharmacological therapies**

- Do not offer laser therapy
- Do not offer interferential therapy
- Do not offer therapeutic ultrasound
- Do not offer transcutaneous electrical nerve stimulation (TENS)
- Do not Offer lumbar supports
- Do not offer traction

### **1.6 Invasive Procedures**

- Consider offering a course of acupuncture needling up to a maximum of 10 sessions over a period of up to 12 weeks
- Do not offer injections of therapeutic substances into the back for non-specific low back pain

### **1.7 Combined Physical and psychological treatment programme**

- Consider referral for a combined physical and physiological treatment programme, around 100 hours over a maximum of 8 weeks for people who:
  - have received at least one less intensive treatment
  - have high disability and/or significant psychological distress
- Combined physical & psychological treatment programmes should include a cognitive behavioural approach and exercise.

### **1.8 Pharmacological therapies**

- Advise the person to take regular paracetamol as the first medication option
- Then offer non-steroid anti inflammatory drugs and/or weak opioids

- When offering treatment with an oral NSAID/COX-2 first choice should be standard NSAID/COX-2 and if over 45 should be co-prescribed with a Proton Pump Inhibitor
- Consider offering tricyclic antidepressants if other medications provide insufficient pain relief.
- Consider offering strong opioids for short term use.
- Consider referral for specialist assessment for people who may require prolonged use of strong opioids
- Do not offer selective serotonin reuptake inhibitors(SSRIs) for treating pain

### **1.9 Referral for Surgery**

- Consider a referral for an opinion on spinal fusion for people who
  - have completed an optimal package of care, including a combined physical and psychological treatment programme
  - and still have severe non-specific low back pain for which they would consider surgery.
- Do not refer people for any of:
  - intradiscal electrothermal therapy (IDET)
  - percutaneous intradiscal radiofrequency thermocoagulation (PIRFT)
  - Radiofrequency facet joint denervation