Low Back Pain (LBP) is defined as pain inferior to the costal margin and superior to the inferior gluteal folds, with or without sciatica. Generally differentiated as acute (<12 weeks), sub-acute (~8-14 weeks) or chronic (>12 weeks), low back pain is further categorized by etiological factors as non-specific, radicular or other serious pathology.

LBP affects at least 80% of the general population some time in their lives, perhaps 20-30% at any given time. It is the fifth most common reason for all physician visits in the U.S. It is usually recurrent, and subsequent episodes may increase in severity. It is common in individuals who lead sedentary lives and in those who engage in manual labor. It can occur at any age but is most prevalent during the third to sixth decades of life.

LBP is one of the most common reasons for a visit to an acupuncturist. The goal of LBP therapy is to mitigate symptoms, increase patient function and decrease chronic health care visits. Several systematic reviews have concluded that acupuncture is a viable treatment option for the treatment of LBP and sciatica. A recent review searched the literature for randomized controlled trials that assessed long-term effects of acupuncture on chronic LBP. The findings suggest that the use of acupuncture led to significantly better effects for 1) pain relief; 2) disability recovery; and; 3) quality of life. In addition, four recent systematic reviews have evaluated trials of acupuncture for other types of LBP: acute LBP, spinal stenosis, pregnancy related back/pelvic pain, and lumbar disk protrusions. Despite concerns about methodology, risk of bias and the need for further research, these reviews all concluded that acupuncture treatments show a clear trend for symptomatic improvement for each of these conditions.

**TCM Syndrome Differentiation**

From the perspective of TCM, low back pain has three primary etiological factors, each with unique pattern diagnoses: 1) external pathogens (e.g. wind-damp-cold); 2) internal disharmony (e.g. kidney Qi deficiency); or, 3) trauma (e.g. Qi & blood stagnation). To understand these concepts it is imperative to understand 'syndrome differentiation,' a theoretical construct that defines the TCM system of healthcare. In essence, this means for each medical condition (such as chronic LBP) practitioners are trained to determine with what pattern patients' present. Based on this pattern (e.g. blockage of Qi, or a lack of kidney Qi), individualized treatments are created to maximize benefit.

The CHP Group
Lower Back Pain/Lumbago Clinical Pathway
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Subjective Findings and History
- Macro trauma: Onset of pain and paraspinal muscle spasm begins either immediately after the injury or gradually over the next 24 hours.
- Micro trauma: Repetitive traumatic events not singularly capable of producing injury
- Local pain, sometimes at standardized acupuncture point locations, sometimes accompanied by pain along acupuncture channels traversing the involved area, diffuse (scleratogenous pain distribution)
- Loss of flexibility
- Pain is usually relieved by rest and aggravated by motion
- History of prior similar episodes

Objective Findings
- Postural evaluation may reveal decrease/loss of normal spinal curvature, may present with lateral list
- Decrease/loss of normal spinal ROM
- Palpation: Tenderness with pressure over involved tissues, muscle spasm or tautness of paravertebral muscles, MFTPs, tenderness of acupuncture points
- Pulse and tongue diagnosis findings will vary

Assessment
- Assess for “red flags” of serious disease and “yellow flag” factors that may promote prolonged disability.
- The clinical impression should indicate the specific anatomical structures and acupuncture channels involved, and clinically correlate them with the mechanism of injury, history, subjective complaints, and objective findings

Plan
Passive Care:
- Acupuncture, electroacupuncture, other physical modalities
- Chinese herbs and herbal formulas
- Psychological/emotional counseling
- Rest from inciting activity, prolonged bed rest is inappropriate

Active Care:
- Activity/work restriction if appropriate may include: No repetitive motion, lifting, grasping, pinching
- Encourage return to work and normal daily activities
- Appropriate stretching, strengthening, and aerobic exercises, tai ji, qigong
- Appropriate dietary modification

Length of Treatment
- Estimated duration of care: initially 2-3 times per week for 2-3 weeks
- Patient should be improved after 2-3 weeks
- Treatments can continue if symptoms are acute (<6 months) for 2-3 months, if chronic (>6 months) for 3-6 months
Referral Criteria

- If patient is not improved or worsens with the initial course of treatment (over first 2-3 weeks) then the patient should be referred for co-management with primary care and/or manipulative therapy.

Resources for Clinicians


Resources for Patients


Simple steps can put an end to unnecessary suffering. TimesOnline. Sept 19, 2005. http://www.timesonline.co.uk/tol/life_and_style/health/expert_advice/article567626.ece


Further References


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**Clinical Pathway Feedback**

CHP desires to keep our clinical pathways customarily updated. If you wish to provide additional input, please use the e-mail address listed below and identify which clinical pathway you are referencing. Thank you for taking the time to give us your comments.

Chuck Simpson, DC, CHP Vice President, Clinical Affairs: csimpson@chpgroup.com

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