Low Back Pain

Diagnosis/Condition: Low back pain
Lumbago
Backache, unspecified
Sprains and strains of the lumbar spine

Discipline: LAc

ICD-9 Codes: 724.2; 724.85; 847.2

ICD-10 Codes:

Origination Date: 
Review/Revised Date: 04/2012
Next Review Date: 04/2014

Back pain is one of the most common reasons for a visit to an acupuncturist. The goal of low back pain (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. This accumulated evidence is further supported by the findings of several more recent RCTs and outcomes research not covered in these reviews. Acupuncture appears to be a cost-effective means of treating LBP.

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 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

Active Care:
- Rest from inciting activity
- Activity/work restriction if appropriate may include: No repetitive motion, lifting, grasping, pinching
- Appropriate stretching and strengthening 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.

Practitioner Resources

Patient Resources

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


References


Molsberger A. Acupuncture in chronic low back pain. Presentation 1998;--:--


van Tulder MW, Cherkin DC, Berman B, Lao L, Koes BW. Acupuncture for low back pain. Cochrane Database Syst Rev 2000;CD001351-


**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.

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