

What **You** Should **Know** About **Chronic** **Low Back Pain**

Facts about chronic low back pain:

- “Chronic” means the pain has lasted for more than 3 months
- The longer you’ve had the pain, the less likely it can be cured or will go away completely
- Emotional distress and depression can be caused by chronic low back pain and make pain harder to deal with
- People with chronic low back pain can improve their daily functioning and overall quality of life
- The most effective course of action is a combination of self-management approaches in addition to care from health care providers

How do I know that my doctor hasn’t missed something that can be cured?

- Family doctors, chiropractors, physical therapists, and osteopathic physicians are trained to identify both serious and curable causes of low back pain
- While it is possible that a curable cause of your low back pain has been overlooked, that is less and less likely as time passes

Who is qualified to help me?

- Family doctors, chiropractors, physical therapists, and osteopathic physicians are trained to evaluate and treat people with chronic low back pain
- Treatment by other providers has not been scientifically studied and has unknown benefits and risks

Do I need X-Rays, an MRI, or laboratory tests?

- Most people with chronic low back pain do not need these tests
- Your doctor will order tests only to clarify specific diagnoses

What should I do?

- Improve your pain and wellbeing by focusing on improving your day-to-day functioning. Stay active and exercise. Use pain coping skills, relaxation, and stress management to moderate your pain.
- Get involved in rehabilitation, multidisciplinary pain programs, and a support group.
- Consider acupuncture, massage and TENS.
- Take Acetaminophen or anti-inflammatory medication if needed for the pain. Your doctor can prescribe other medications as needed.

What can I do and what can be done for me?

- There is no treatment that helps everyone. Most people benefit from using several approaches
- Research has shown that the following ‘self-management’ approaches can help:
 - Stay active and exercise
 - Learn and use pain coping skills, relaxation, and stress management
 - Participate in active rehabilitation and multidisciplinary pain programs
- The following treatments have been studied and shown to help:
 - Acupuncture.
 - Massage and TENS, if combined with activity and exercise therapy
 - Specialized treatments for people with specific diagnoses
- These medications have been studied and can be helpful:
 - Acetaminophen (Tylenol) and anti-inflammatory medication (NSAIDs such as Ibuprofen, Advil or Motrin)
 - Low dose tricyclic antidepressants (such as amitriptyline or nortriptyline)
 - Short courses of muscle relaxants for pain flairs with muscle spasms
- Narcotic medications for severe pain under close medical supervision