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## A. Guidelines on the Management of Low Back Pain

A 2007 report from the Annals of Internal Medicine provides patient centered, evidence based guidelines for the management of lower back pain. The study, authored by Roger Chou, MD and colleagues, is based upon 7 core clinical recommendations. These include the following:

1. Perform a focused history and examination and classify patients into one of three broad categories – non-specific low back pain, back pain with radiculopathy or stenosis, back pain associated with a specific cause. The history should include psychosocial assessment.
2. Do not routinely order diagnostic imaging or testing

- for non-specific lower back pain
3. Diagnostic imaging should be done when red flags are present or when neurological changes are progressively worsening
4. Advanced imaging (MR or CT) should be limited to those patients with radiculopathy who are potential candidates for surgery or epidural injection
5. Provide patients with evidence based education about back pain, advise to stay active and provide effective self care strategies
6. First line medications should include acetaminophen and NSAIDs
7. For those patients who do not respond to first line medications the following therapies are recommended as

the most evidence based – for acute low back pain, refer for spinal manipulation; for chronic low back pain, refer for interdisciplinary rehabilitation, spinal manipulation, acupuncture, massage therapy, cognitive behavioral therapy, yoga, progressive relaxation

This guideline was originally developed for the American College of Physicians. Chou R, et al. Clinical Guidelines-Diagnosis and treatment of low back pain: a joint clinical practice guideline from the American College of Physicians and the American Pain Society.

**Annals of Internal Medicine 2007; 147: 478-91.**

## II) Whiplash Injuries and Intensity of Initial Treatment

A study published in the July 2005 issue of the Archives of Internal Medicine has found a relationship between the frequency of care and time to recovery for patients with acute whiplash injury, only the relationship may not be what you think. The relationship is actually one of inverse proportion: those patients with the quickest recovery had the lowest utilization of care during the initial phase of care.

The researchers included 87 confounding variables and evaluated the impact these may have had upon time to recovery. These included such items as injury severity, comorbidities, pre-injury health

care utilization, demographic and socioeconomic characteristics, legal factors and collision characteristics.

The pattern of utilization of care during the first month after injury was independent of these other variables as an accurate predictor of time to recovery. The actual number of visits for a primary care physician needs to be less than 2 for the first month and for a chiropractor **less than 6 visits** in the first month of care for the more rapid time to recovery. If a specialist is also seen, the time to recovery takes longer. So less is more, at least for the first month of care, for acute whiplash injuries.

You might also be interested to know that the lead author of this study is a chiropractor.

Cote P, et al. Initial patterns of clinical care and recovery from whiplash injuries: a population based cohort study. **Arch Intern Med. 2005; 165: 2257-63.**



## B. Office News

The Doctors of Shoreline Spine & Pain Associates have been invited to lecture through the **Connecticut Interlocal Risk Management Agency**. This lecture will educate municipal employees and supervisors on low back pain injuries and prevention. It is scheduled for early in the New Year.

Dr. Coulis will also be lecturing to physicians, chiropractors and physical

therapists on the evaluation and management of cervical spine disorders. This lecture is through the University of Bridgeport College of Chiropractic Post Graduate Department and topics will include cervical disc derangement, osteoarthritis, cervical myelopathy/radiculopathy, facet arthropathy and rehabilitation.



*“Specializing in the evaluation, treatment, and rehabilitation of musculoskeletal conditions.”*

## C. Question of the month

### **Does the type of exercise I give to my back pain patients really matter?**

There is much debate and consternation about the clinical efficacy of different types of exercise regimes for lower back pain patients. William's low back exercises, McKenzie approach, core stabilization, Yoga, swimming are all effective approaches.....with certain patients. The real challenge is determining who would best benefit from which program. A recent literature review from Archives of Physical Medicine and

Rehabilitation looked specifically at Core Stabilization exercises for back pain patients. The general conclusion is that the answer is still out – evidence is conflicted as to improving outcomes and preventing recurrence. Some evidence suggests that the most important exercise to give to a patient with lower back pain is the exercise that they will do. What may be the most important determinate in choosing an exercise routine for your patient with back pain is to assess what interests them and what motivates them, then design some activities and exercises around that. A family physician

from the University of Rochester, Rick Botelho, MD, has written extensively about 'motivational interviewing.'

Standaert C, Herring S. Expert opinion and controversies in musculoskeletal and sports medicine: core stabilization as a treatment for lower back pain. **Archives of Physical Medicine and Rehabilitation. 2007; 88: 1734 – 36.**

## D. Contact Us

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Please be aware that Drs. Coulis and Furtado are available to give

a 20 minute lunchtime presentation on how a medical physician can best collaborate with a chiropractor. They are also available to give 45 minute grand round type lectures on Introduction to Chiropractic and Non-Surgical Management of Lower Back Pain. Please contact our office to schedule either Dr. Coulis or Dr Furtado to come to your office.

If you would like some additional literature about our office and the services we provide, please contact our office and request our Introduction to the Shoreline Spine & Pain Associates package.