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I) New Low Back Guidelines Supporting Manipulation.

Newly released **practice guidelines published in the *Annals of Internal Medicine*** stress a conservative approach to treating low-back pain and recommend spinal manipulation as one treatment with proven benefits.

In the guidelines proposed by Chou et. al., researchers recommended that patients whose low-back pain does not improve with self-care "should consider the addition of non-pharmacological therapies with proven benefits" — including spinal manipulation.

Recommendation 1: A focused history and physical examination to place patients pain into 1 of 3 broad categories: nonspecific low back pain, back pain potentially associated with radiculopathy or spinal stenosis, or visceral causes of back pain. Also assessment of psychosocial risk factors, which

predict risk for chronic back pain.

Recommendation 2: Clinicians should not always obtain imaging or other diagnostic tests in patients with nonspecific low back pain.

Recommendation 3: Diagnostic imaging and testing for patients with low back pain when severe or progressive neurologic deficits are present or when serious underlying conditions are suspected.

Recommendation 4: Clinicians should evaluate patients with persistent low back pain and signs or symptoms of radiculopathy or spinal stenosis with magnetic resonance imaging (preferred) or computed tomography only if they are potential candidates for surgery or epidural steroid injection

Recommendation 5: Clinicians should provide patients with evidence-based information on

low back pain with regard to their expected course, advise patients to remain active, and provide information about effective self-care options.

Recommendation 6: consideration of the use of medications with proven benefits in conjunction with back care information and self-care.

Recommendation 7: For patients who do not improve with self-care options, clinicians should consider the addition of non-pharmacologic therapy with proven benefits—for acute low back pain, spinal manipulation; for chronic or subacute low back pain, intensive interdisciplinary rehabilitation, exercise therapy, acupuncture, massage therapy, spinal manipulation, yoga, and cognitive-behavioral therapy.

Chou et. al., *Annals of Internal Medicine*, 2007

II) Prevalence and Predictors of Neck and Back Pain

Musculoskeletal disorders place considerable burden on both primary and secondary health care resources. Previous research has investigated the prevalence of back and neck pain, although factors predicting disability have been less thoroughly evaluated.

This study sought to estimate the prevalence of all reported and clinically significant spinal pain, and to identify independent predictors of spinal pain. Researchers sampled 5,752 patients from three United Kingdom general practices. Patients were surveyed in three phases: Phase I involved a screening questionnaire to assess the prevalence of musculoskeletal pain; phase II asked about pain severity and

disability; and phase III involved an examination.

Results from the phase I questionnaire revealed that 1,481 participants (of 4,515 total respondents) reported spinal pain, with 960 identifying it as their predominant pain site.

Phase II survey response rates were 83.7% (back pain) and 85.6% (neck pain); phase II results revealed that approximately 12.7% of women had intense back pain; 10.7% had disabling back pain; 12.3% had chronic back pain; and 6.2% had intense, disabling, chronic back pain. Phase II results for men were lower: 9.4% reported intense back pain; 7.3% disabling back pain; 10.5% chronic back pain; and 3.9% intense, disabling, chronic

back pain. Other factors involved in spinal pain and disability included age, female gender (neck pain only), high body mass index, living in a "material deprivation" demographic and south Asian ethnicity.

Conclusion: Obesity was found to be a primary factor involved with back pain and its severity, and the authors note that the prevalence of disability associated with spinal pain continues to rise with age.

Webb R, et. al., *Spine* 2003



B. Office News

Shoreline Spine & Pain Associates would like to cordially invite you and your office staff to our open house on November 15, 2007 from 5 to 7 PM. Please call to RSVP.

employees and supervisors on low back pain injuries and prevention. It is scheduled for early in the New Year.

The Doctors of Shoreline Spine & Pain Associates have been invited to lecture through the **Connecticut Interlocal Risk Management Agency**. This lecture will educate municipal



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

C. Question of the Month

Can a chiropractor order and interpret imaging?

In a simple answer, Yes. Plain-film radiograph and advanced imaging can be ordered and interpreted when used for the diagnosis of musculoskeletal conditions. A significant portion of chiropractic college curriculum and training is devoted to proficiency in reading/interpreting imaging as well as recognizing when diagnostic testing is required.

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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.