



Pattern 1: Back Dominant Pain Aggravated by Flexion

Descriptive Symptoms

- Low back dominant pain: felt most intensely in the back, buttock, over the trochanter or in the groin.
- Pain is always intensified by forward bending or sustained flexion.
- Pain may be **constant or intermittent**
- No relevant neurological symptoms

Findings on Objective Assessment

- This pattern is divided into two groups:
 - Fast responders: Increased pain on flexion and relief with prone lumbar extension.
 - Slow responders: Increased pain on flexion and on extension.
- The neurological examination is normal or non-contributory

Initial Treatment

1. Reassure patient. Provide patient with *Back Pain: Patient Information* and *Pattern 1: Patient Handout*
2. Instruct patient to follow appropriate treatment schedule: position, movement, pharmacology and adjunct therapies

Positions:

Slow Responder: Constant Pain:

- "Z" lie
- Knees to Chest
- Lie prone: pillow under pelvis

Slow Responder: Intermittent Pain:

- "Z" lie
- Minimal lumbar support
- Lumbar night roll
- Prone Lie

Fast Responder:

- "Z" lie
- Use lumbar support when sitting
- Place one foot on stool when standing

Movement:

Slow Responder: Constant Pain:

- Progress to Sloppy Pushup
- Avoid loaded flexion

Slow Responder: Intermittent Pain:

- Progress to Sloppy Pushup

Fast Responder:

- Sloppy Pushup is mainstay of activity (Perform 10 reps every hour as the benefits are short-lived).

Typical Therapy Options:

Pharmacologic Therapy

- Acetaminophen
- NSAIDS

Non-Pharmacologic (Adjunct) Therapy

- Spinal Manipulation
- Exercise Therapy
- Massage
- Acupuncture
- Yoga
- Apply Ice/Heat
- Progressive Relaxation

Schedule 1: Follow Up: One to two days after beginning therapy

1. Assess treatment response

- Assess pain medication and treatment modalities
- Assess improvement:
 - Better = decreased pain or pain is becoming more centralized
 - Worse = increased pain or pain moving down the legs

2. Has there been clinical improvement?

Significant Improvement

It is anticipated that a significant percentage of patients will have experienced considerable resolution of symptoms within seven days.

- Provide patient with exercise and stretching information
- Encourage patient to follow back care wellness program
- If necessary, advise gradual return to work program

Limited Improvement

- Continue to treat – see Schedule 2
- Patients experiencing intermittent pain at reassessment continue to treat as Fast Responders

No Improvement

- Patients with increased pain or radiation of pain into the legs should be referred to the Multi Disciplinary Clinic

Schedule 2: For patients with limited improvement in first week of treatment

Positions:

Slow Responder

- Maintain a rigid schedule of rest and movement

Fast Responder:

- Increase lumbar support
 Use lumbar support when recumbent

Movement:

Slow Responder:

- In addition to initial therapies add asymmetric movements and core stability exercises (Back Pain: Patient Information)
 Avoid flexion

Fast Responder:

- Improve techniques and increase frequency
 Schedule Sloppy Pushup

Follow Up: Two weeks after beginning Schedule 2

Has there been clinical improvement?

Improvement

Fast Responders:

- Provide patient with exercise and stretching information
- Encourage patient to follow back care wellness program
- If necessary, advice gradual return to work program

Slow Responders:

- Continue to treat following guidelines for Fast Responder: Schedule 2

No Improvement

- If patient has no improvement, refer to the Multi Disciplinary Clinic.