



Pattern 2: Back Dominant Pain Aggravated by Extension

Descriptive Symptoms

- Low back dominant pain; felt most intensely in the back, buttock, over the trochanter or in the groin.
- Pain is never intensified with flexion.
- Pain is always intensified by extension
- Pain is always **intermittent**.
- No relevant neurological symptoms.

Findings on Objective Assessment

- Increase pain on extension
- Never increased pain on flexion
- The neurological examination is normal or non-contributory

Initial Treatment

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

Positions:

- "Z" Lie
- Supine knees to chest
- Correct sitting and standing postures

Movement:

- Repeated supine flexion (Knees to chest)
- Repeated seated flexion (Use hands on thighs to push upper body into upright position)
- Avoid extension as required

Typical Therapy Options:

Pharmacologic Therapy

- Acetaminophen
- NSAIDS

Non-Pharmacologic (Adjunct) Therapy

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

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 towards the periphery

2. Has there been clinical improvement?

Significant Improvement

- Movement should begin to restore within one or two days. Full function is expected in two to three weeks
- If necessary, advice gradual return to work program

Limited Improvement

- Continue treatment. Use Pattern 1: Slow Responder
- Improve techniques
- Introduce manual therapies

No Improvement

- Reconsider pattern selection
- If patient has no improvement, refer to the Multi Disciplinary Clinic