

# What is the Best Treatment for My Back?

## *The 1994 Federal Guidelines on Back Pain Treatment*

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In November of 1994, the United States Agency for Healthcare Policy and Research released the first (and only) [Federal guidelines regarding treatment of acute low back pain in America](#). More than two dozen leading scientists from around the U.S. reviewed 40 years of data and reached the following conclusions:

- **Spinal manipulation** (and *adjustment*) **is safe and effective in the first month of acute back pain.**
- Spinal manipulation (chiropractic) may be effective for chronic back pain, (Note: by 2010 the US Agency for Healthcare Research and Quality found spinal manipulation effective for chronic back pain).
- Spinal manipulation may be effective for back pain in conjunction with radicular or leg pain and discal herniation (by 2019 numerous chiropractic and medical guidelines found research support for chiropractic treatment of disc hernia type problems).



There is **strong support in the guidelines for a three pronged approach including: 1- NSAIDs like ibuprophen (Advil) and acetaminophen (Tylenol), 2- Ice (and moist heat for milder pain), and 3- Spinal manipulation (chiropractic adjustment)**, and indeed spinal manipulation is listed under the heading, “Proven Treatment,” in a subsequent “Patient Guide,” that was a companion guideline released for

patients.

In contrast so-called “Other Treatments” including physical therapy procedures like ultrasound and muscle stimulation, and orthopedic procedures like injections may provide temporary relief, but according to the guidelines they do not change or improve the natural history of back problem, help you get well faster, and may be expensive as well.

In addition, there are several things patients should know about back care that the scientists agreed upon:

- Avoid prolonged bed rest, and **increase physical activity gradually**
- **Increase exercise including especially walking**, treadmill or swimming gradually on a daily basis
- **Gradually increase work activity**, and after 3 months of continuing back pain, gradually increase lifting restrictions to allow lifting up to 60 lbs for men and 35 lbs for women ([NIOSH 1993 revised recommendation](#)).
- Even the presence of a herniated lumbar disc on an MRI **does not** necessarily imply patients will respond well to back surgery. **Only 1 in 100 backs benefits from surgery.** For this reason at least a month of conservative care is recommended, unless there are serious neurological symptoms and signs (tell the doctor immediately if you experience loss of bowel or bladder function, groin or male/female area pain, numbness around the buttock or feet, or weakness in the legs or feet).

*2020 Update: With few exceptions, there is more evidence supporting the conclusions within the Federal Guidelines today than when they were written. Ask Dr. Leach if you have specific questions regarding your particular case.*