



Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline from the American College of Physicians
American College of Physicians Clinical Guideline. February 2017

Acute, Subacute, or Chronic Low Back Recommendations for all Clinicians

Pharmacologic Treatment Examples (not recommended as a first-line treatment)	Non-Pharmacologic Treatment Examples (recommended as a first-line treatment)
NSAID's, non-opioid analgesics, opioid analgesics, tramadol and tapentadol, antidepressants, SMR's, benzodiazepines, corticosteroids, anti-epileptic drugs	interdisciplinary or multicomponent rehabilitation, exercise, complementary and alternative therapies including spinal manipulation, acupuncture, and massage; passive physical modalities, E-stim, traction, lumbar supports/braces

The American College of Physicians recently released an exciting update to their Back Pain Guidelines for the practicing clinician. These updated guidelines fully support the use of non-pharmacologic treatment as a primary first line option for patients suffering from acute, sub-acute, or chronic back pain.

Rehabilitation, spinal manipulation, and exercise are all recommended as a primary treatment option because of the proven safety and low risk associated with these modes of care. Pharmaceutical treatment should be considered only if a patient does not show improvement in pain level or functional ability after undergoing the primary (non-pharmacological) treatment option.

Our office is committed to providing evidence-based care for our patients. We welcome the opportunity to continue working with your practice and improving the health of our community.

"Non-pharmacologic interventions are considered as first-line options in patients with chronic low back pain because fewer harms are associated with these types of therapies than with pharmacologic options."

"For patients with chronic low back pain, clinicians and patients should initially select non-pharmacologic treatment with exercise, multidisciplinary rehabilitation..."

"Moderate-quality evidence showed that, compared with usual care, multidisciplinary rehabilitation resulted in moderate pain improvement..."

We believe in creating a healthier community. We believe patients have better outcomes when physicians work together. Let's build a healthier tomorrow.

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