

Table 5.2 continued

ACUTE LOW BACK PAIN: KEY MESSAGES	EVIDENCE LEVEL
<b>PROGNOSIS</b>	
<ul style="list-style-type: none"> <li>The majority of people with a short duration of symptoms upon presentation with low back pain recover within three months; however milder symptoms often persist.</li> </ul>	*LEVEL III-2
<ul style="list-style-type: none"> <li>Recurrences of acute low back pain are not uncommon.</li> </ul>	*LEVEL III-3
<ul style="list-style-type: none"> <li>Psychosocial and occupational factors ('yellow flags') appear to be associated with progression from acute to chronic pain; such factors should be assessed early to facilitate intervention.</li> </ul>	*LEVEL III-2
<b>INTERVENTIONS</b>	
<b>Evidence of Benefit</b>	
<b>Advice to Stay Active (Activation)</b>	
<ul style="list-style-type: none"> <li>Advice to stay active provides a small beneficial effect on pain, rate of recovery and function compared to bed rest and compared to a specific exercise regime in mixed (acute/chronic) populations with low back pain.</li> </ul>	LEVEL I, II
<ul style="list-style-type: none"> <li>Advice to stay active reduces sick leave compared to bed rest in mixed populations with low back pain.</li> </ul>	LEVEL I, II
<p><b>Heat Wrap Therapy</b></p> <ul style="list-style-type: none"> <li>Continuous low level heat wrap therapy reduces pain, stiffness and disability extending for three to four days compared with paracetamol, NSAIDs or placebo alone during the first 48 hours of acute low back pain. (This treatment is not routinely available in Australia).</li> </ul>	<p><b><i>FLEXEZE</i></b>  <b><u>HEAT WRAP THERAPY</u></b>  <b>NOW AVAILABLE</b></p>
<b>Patient Information (Printed)</b>	
<ul style="list-style-type: none"> <li>Novel or 'activity-focused' printed information plus similar verbal advice provided by a clinician is more effective compared to traditional brochures or no printed information in acute low back pain.</li> </ul>	LEVEL II
<ul style="list-style-type: none"> <li>Printed information provided through the mail is less likely to have an effect on pain, disability and sick leave compared to information provided in person.</li> </ul>	LEVEL II
<ul style="list-style-type: none"> <li>Behavioural therapy interventions are more effective than printed information for preventing long-term disability in mixed (acute/chronic) populations.</li> </ul>	LEVEL II

Table 5.2 continued

ACUTE LOW BACK PAIN: KEY MESSAGES	EVIDENCE LEVEL
<p><b>Conflicting Evidence</b></p> <p><b>Muscle Relaxants</b></p> <ul style="list-style-type: none"> <li>• There is conflicting evidence that muscle relaxants are effective compared to placebo in acute low back pain.</li> <li>• There is insufficient evidence to determine whether muscle relaxants are more or less effective compared to NSAIDs for acute low back pain.</li> <li>• Drowsiness, dizziness and dependency are common adverse effects of muscle relaxants.</li> </ul> <p><b>Non-steroidal Anti-inflammatory Drugs (NSAIDs)</b></p> <ul style="list-style-type: none"> <li>• There is conflicting evidence that oral and injectable NSAIDs are effective versus placebo or no treatment for acute low back pain.</li> <li>• NSAIDs have a similar effect compared to opioid analgesics, combined paracetamol-opioid analgesics and to each other in their effect on acute low back pain.</li> <li>• There is insufficient evidence that NSAIDs are more effective when compared to muscle relaxants and anti-anxiety agents in acute low back pain.</li> </ul>	<p>LEVEL I</p> <p>LEVEL I</p> <p>LEVEL I</p> <p>LEVEL I</p> <p>LEVEL I</p>
<ul style="list-style-type: none"> <li>• NSAIDs are less effective in reducing pain than heat wrap therapy in the first three to four days of acute low back pain.</li> </ul>	<p>LEVEL II</p>
<p>Serious adverse effects of NSAIDs include gastrointestinal complications (e.g. bleeding, perforation).</p> <p><b>Spinal Manipulation</b></p> <ul style="list-style-type: none"> <li>• There is conflicting evidence that spinal manipulation provides pain relief compared to placebo in the first two to four weeks of acute low back pain.</li> <li>• There is insufficient evidence that spinal manipulation is more or less effective than other conservative treatments for acute low back pain.</li> <li>• Adverse effects of spinal manipulation are rare but potentially serious.</li> </ul>	<p>LEVEL I</p> <p>LEVEL I</p> <p>LEVEL I, II</p> <p>LEVEL IV</p>

Table 5.2 continued

ACUTE LOW BACK PAIN: KEY MESSAGES	EVIDENCE LEVEL
<p><b>Insufficient Evidence</b></p> <p><b>Acupuncture</b></p> <ul style="list-style-type: none"> <li>• There is insufficient evidence that acupuncture (dry-needling) is effective compared to injection therapy in acute low back pain.</li> <li>• Adverse effects of acupuncture are rare but potentially serious.</li> </ul> <p><b>Analgesics, Compound and Opioid</b></p> <ul style="list-style-type: none"> <li>• There are no randomised controlled trials investigating the efficacy of opioids and compound analgesics in acute low back pain.</li> <li>• There is evidence that the effect of opioid or compound analgesics is similar to NSAIDs for treatment of acute low back pain.</li> <li>• In general, opioids and compound analgesics have a substantially increased risk of side effects compared with paracetamol alone.</li> </ul> <p><b>Analgesics, Simple</b></p> <ul style="list-style-type: none"> <li>• There are no randomised controlled trials assessing the effectiveness of simple analgesics in acute low back pain.</li> <li>• There is insufficient evidence for the effectiveness of simple analgesics versus NSAIDs in acute low back pain.</li> </ul>	<p>LEVEL I</p> <p>LEVEL I</p> <p>NO LEVEL I or II EVIDENCE</p> <p>LEVEL I, II</p> <p>LEVEL I</p> <p>NO LEVEL I or II EVIDENCE</p> <p>LEVEL I</p>
<ul style="list-style-type: none"> <li>• Paracetamol is less effective than heat wrap therapy in acute low back pain.</li> </ul>	<p>LEVEL II</p>
<ul style="list-style-type: none"> <li>• There is insufficient evidence for the effect of paracetamol compared to electroacupuncture in mixed populations with low back pain.</li> </ul> <p><b>Back Exercises</b></p> <ul style="list-style-type: none"> <li>• McKenzie therapy provides similar pain and function outcomes compared to usual care in acute low back pain.</li> <li>• There is conflicting evidence for the efficacy of back exercises in reducing pain and disability compared to other active and inactive treatments in mixed populations with low back pain.</li> </ul>	<p>LEVEL I</p> <p>LEVEL I</p> <p>LEVEL I</p>



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# Evidence-based Management of Acute Musculoskeletal Pain

## A Guide for Clinicians

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