

## Back Pain is Here to Stay! - Frankly Speaking EP 14

### Transcript Details

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Dr. Frank Domino

Not a week in practice goes by without dealing with some form of back pain. Whether it's with a patient with acute back pain from work, a patient who's had back pain for years, or my own back acting up during the course of patient care. Hi, this is Frank Domino and joining me today is Jill Terrien who's the Director of The Adult Gerontology and Family Nurse Practitioner program at the University of Massachusetts Medical School, Graduate School of Nursing practice in Western Massachusetts. And today, we're going to be talking about the management of back pain. Welcome to the show Jill.

Jill Terrien:

Thank you, Frank.

Dr. Domino:

So Jill, I think about my patients, especially my patients with chronic low back pain and all the changes that have occurred in last few years, it's great to know that someone's looking at the data and giving us some new direction on both the management of acute back pain and chronic back pain. Can you tell me a little bit about what's new and what's important?

Jill Terrien:

Thank you, Frank. I think in this guideline, clinical practice guideline that I reviewed by the American College of Physicians. Really it looked at the data from 2007 in their last guideline that was published up through November of 2016. And specifically, I think, what I see in this

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guideline, more than what you would see even 10 years ago in 2007, is that we have a lot of other modalities that we think of using in our treatment plans. Tai Chi, yoga, mindfulness, and cognitive behavioral therapy. Rather than just all the medications we may have. So, I think that this was a very comprehensive review of the non-invasive modalities that we can use in back pain overall.

Dr. Domino:

Well, let's look at the patient with acute low back pain. Someone's been at work, they lifted and they twisted, and they develop sudden spasm in their back. What's new with the management of that patient?

Jill Terrien:

What was found in these systematic reviews were that, actually two things came out on top for the acute management of low back pain. Basically, two modalities came out with a moderate quality of evidence. The recommendation is that heat, superficial heat be used in acute injury and also NSAIDs. But what wasn't clear to me overall was the amount of time that you should do both. But with the initial injury and if this is the person's first time, those are the kinds of things to take into consideration is that you want to be very clear in your recommendations of what you want them to do. I think that you want to tell people to use the heat four to six times a day, you want to tell them how to apply it. You don't want them to get burned by a heating pad. You also can use the shower at the end of the day, right? I always tell my patients, do something right before you go to bed so that you're most relaxed, and you're in the best shape to get a good night sleep if you've had a back injury.

Dr. Domino:

Any thoughts about stretching or physical therapy for acute low back pain? Anything new there?

Jill Terrien:

Absolutely. I don't think that there was anything really new. They did look at exercise, they did look at physical therapy, and although it depends on the trajectory of the person's back pain,

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whether it's an acute injury versus a chronic low back pain person. When we talk about that, acutes last less than four weeks. You've got the sub-acute people that are between the four and 12 week time period and the chronic back pain people are people that suffer from back pain greater than 12 weeks. There was a benefit to physical therapy, stretching, but it was low quality in the chronic low back pain population.

Dr. Domino:

What else about our patients with chronic low back pain? What else did the guideline recommend? They're the most frustrating and in light of the recent opioid epidemic, we need really good evidence-based answers on how to help them.

Jill Terrien:

Absolutely. So I think you have to start with where your patient's at. So if we take a person that has had, let's say that person you talked about that has that first time injury at work. How are we going to keep them in work or get them back to work if they are in a job, nursing. We are one of the most high number of population that suffer from back pain. How are we going to get them back to work, and how are we going to get them feeling better because nobody wants to have pain. So I think that it is actually being very specific about the therapies, and then actually checking in with the patients whether it be a week after you've seen them or actually having them back in the office to try and get them back on the road to going back to work, or if they can work with restrictions. The other thing is, in the systematic reviews, they found that people even with an acute low back pain injury, that in the first month it resolves no matter what you do.

Dr. Domino:

That's great. So for acute low back pain, being patient, encouraging patients to be active, heat, NSAIDs, that's the way to go. So how does that differ for our patient with chronic back pain?

Jill Terrien:

Chronic back pain, you've got somebody, possibly, that has gone through quite a few modalities. And what I find is, I want to know that history. What have you tried? And how long have you

done it for? I've had patients that have gone to one physical therapy appointment, rather than going two to three times a week, which might help them get back and be more comfortable and possibly resume their activities, whether it be quality of life of getting out and walking, if they're retired. If they're... Depending on their activity level, whether they're active working people, or they are active people that are retired. You want to them to have a good health related quality of life.

Dr. Domino:

So you've mentioned a couple of non-invasive treatments: Tai Chi, cognitive behavioral therapy, motor control exercises. What have you tried, what's worked, what have you found patients like or what they don't like?

Jill Terrien:

So, it's that case-by-case, individual management of the patient and the dialogue and relationship you have with the patient. I think the shared decision making. You can, I could tell them all day long that a study said "x", but if they don't believe it or they don't think it's going to help them or they're not... They don't fully understand what they need to do, then they're not going to do it. So, you're not going to have a good outcome or you're going to have an outcome that's not going to be known because they're not going to have tried what you have recommended. I have found that very specific communication with the patient, writing down everything I want them to do. It's almost like a prescription, right? Anything you tell them to do is a prescription, even over-the-counter NSAIDs that I treat them with, I write it down, so that they have something to refer to.

Dr. Domino:

Something to refer to. That's great. So Jill, I think we get nervous when we care for patients with back pain, whether it's acute or chronic that something bad's going on. A patient with radicular symptoms or a patient who's over 55 or 60, what are sort of the yellow and red flags? What should prompt us to do a little more testing and if we do that testing, what should be done?

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Jill Terrien:

Excellent question. I think, well first of all mechanism of injury. You have to know what happened to cause the back pain, if the patient can tell you. Sometimes they say, "I woke up this morning and I just couldn't get out of bed." So, what did you do yesterday or last night? It might be something like heavy lifting. Here we live in the Northeast, we just had a major snow storm, gardening is coming up because the weather's starting to get good so people are going to be a lot more active. So understanding the mechanism of injury is the number one, because if it's trauma related, you might want to start with an x-ray and conservative treatment until you know what you have on your hands. The other thing is, what kind of symptoms are they having. So, there's the radicular pain, where they get the numbness and tingling from their lower back, maybe it goes down to the knee, it goes down to the toes.

In your physical exam, it's really important to make sure you do a neuro, a neuro and sensory check on those patients and ask about the symptoms of any bowel or bladder incontinence and then the saddle anesthesia. Very concerning because then I'd be phoning a friend and sending them to my local consult neurologist or calling them and saying, "This is what I have. This is when it happened. What do you want me to do?" Sometimes they ask me to order a test, so they see them after they've had some testing done.

Dr. Domino:

So, first take a really good history for radicular symptoms in particular, do a neurological exam, and if there's complications, get some help. Otherwise, anything else that would make you want to be a little bit more aggressive. I remember the old guidelines said if the patient was over 50, get an x-ray, look for an [inaudible] on the rare chance it could be a cancer. Any follow-up on that?

Jill Terrien:

I think that you always have to think about people that are on the older end of the spectrum and if there's no clear cause, they've got some weight loss that's unwarranted, you certainly have to put that into your differential diagnosis. I also think that you've got the contributing factors that

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you talk about lifestyle with your patients for any kind of quality of life, what's the stress in their life, what's their sleep like, is their mattress old? I woke up one day and said, "My back is killing me." I haven't bought a new mattress in 20 years. So, it's some of those simple things that you use throughout your day that can really make a difference.

Dr. Domino:

So, to summarize, patients with back pain, treat it initially with anti inflammatories, maybe muscle relaxers. Heat is in particular a very important thing. As things go along, especially for chronic back pain, expand your repertoire of treatments to include things like cognitive behavioral therapy, Tai Chi, acupuncture. Really focus on getting them back to work. Any final thoughts on the management of back pain?

Jill Terrien:

I think having the shared decision making with your patients and deciding what is the right plan for them and they have to be engaged in the discussion and the plan because as I said, you can talk about Tai Chi, you can talk about sending them to physical therapy, but you have to make sure they're going to be able to get there and that they're engaged in the plan to get better.

Dr. Domino:

Great. Jill, thanks so much for coming.