

VARIATIONS IN TREATMENT APPROACHES
ACUTE LOW BACK PAIN

- I. Background of the Osteopathic Philosophy.
 - A. Founded by Andrew Taylor Still, M. D. who served as a military physician in the Civil War. He was disgruntled with medical care of the era which involved poisons and leeches; who also had two sons die of meningitis -- conventional health care had nothing to offer.
 - B. Philosophic Holistic Tenets of A. T. Still.
 1. The body is an integral unit, a whole. The structure of the body and its functions work together, interdependently.
 2. The body systems have inherent repair processes which are self-regulating and self-healing in the face of disease.
 3. The circulatory system and nervous system provide the integrating functions for the rest of the body.
 4. The contribution of the musculoskeletal system to a person's health is much more than providing framework and support.
 5. While disease may be manifest in specific parts of the body, other parts of the body may contribute to a restoration or correction of the disease.
- II. Education and Licensure
 - A. Education-parallels conventional medical training EXCEPT - D. O.'s are given additional training in manual diagnostic methods and various forms of musculoskeletal manipulation.
 - B. Post graduate Study - osteopathic physicians generally complete a rotating internship and the vast majority complete a residency program embracing scores of specialty fields.
 1. Most D. O.'s practice primary care and most serve in the inner city or cities of less than 50,000 population -- the areas of most intense need.
 - C. Licensure
 1. Unlimited license to practice in all states and U. S. territories.
 2. United States Congress equated D. O.'s and M. D.'s for military service several decades ago.
 - a. Highest ranking military medical officer in the U. S. Army is a D. O. Lt General Ronald R. Blanck, Surgeon General of the Army.
 3. U. S. Congress equated M. D.'s and D. O.'s in regards to all federally supported programs.
 4. Many osteopathic physicians are double boarded (AMA and AOA speciality boards).

III. Approach to care of patient with low back pain.

A. Etiology

1. Direct Trauma
 - a. Direct forceful injury eg: struck by 2 x 4, severe force while on fork lift, struck by falling freight.
 - b. Slips and falls.
2. Sprain/Strain
 - a. Improper lifting techniques.
 - b. Fatigue factor
 - c. Lack of pre-work stretching exercises -- if applicable.
 - d. Overuse injuries
 1. Repetitive use injuries.
3. Are drugs or alcohol a factor?
4. Overworked or overstressed employee
 - a. Production quotas
 - b. 10-14 hour day 7 day a week mandatory work.
 - c. Inadequate rest periods and fluid replacement especially in summer heat.

B. History and physical exam

1. Physical signs during exam
 - a. Skin changes
 - b. Palpable muscle spasm
 - c. Bruises
 - d. Gait, movement mannerisms
 - e. Testing maneuvers
 1. Patrick-Fabre, straight leg raising etc.
 2. Deep tendon reflexes
 3. Heel or toe drop
 4. Altered spinopelvic mechanics
 - f. Segmental range of motion
 - g. Regional range of motion

C. Ancillary Studies

1. Are lab or radiologic studies necessary and indicated?
 - a. An individual case decision
 1. I rarely do studies at the first visit unless there is direct trauma.
 2. If no improvement or minimal improvement after 2-3 visits or 2 weeks other investigation (radiologic study) or specialty referral is generally recommended.
2. Post injury drug and/or alcohol testing
 - a. Must be consistent and follow established policy and protocol.

D. Treatment

1. Osteopathic musculoskeletal treatments.
2. Non steroidal anti inflammatory drugs.
3. Muscle relaxants.
4. Physical therapy - perhaps

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- a. Therapeutic
- b. Post Injury work hardening
- 5. Analgesics
 - a. Narcotics with extreme discretion
- 6. Steriodal anti-inflammatories.
- 7. Preventive gear and instruction.
- 8. Light duty - STAY ACTIVE
 - a. Plan ahead for various types of light duty to keep the employee on the job.
 - b. I instruct the employee to try to go to work every day
 - 1. Keeps employee's wage intact
 - 2. Helps employer keep workers compensation cost down if no lost time.
- E. The malingerer
 - 1. B-2000
- F. Post injury -- is there a way to prevent recurrent injury to this or other employees?
- G. Final comment --
Regardless of the education, experience and detailed knowledge no one has all the answers all time and anyone who thinks he or she does hasn't practiced medicine long enough.