Low Back Pain

Low back pain (LBP), defined as pain that affects the lumbar segment of the spine, is the second most common symptomatic reason for physician office visits and the most expensive cause of work-related disability. In the United States, estimated lifetime prevalence of LBP is between 60 percent and 90 percent. A variety of factors may increase a person's risk for LBP, including obesity, male sex, cigarette smoking, poor physical fitness, age between 30 and 50 years, and history of depression or substance abuse. Most cases of LBP are acute and resolve within four to six weeks; however, up to one-third of all patients who visit a physician for acute LBP will develop chronic LBP, which is defined as pain that persists for more than three months. Only rarely can cases of chronic LBP be attributed to a specific cause, and severity of injury does not necessarily correlate with the patient's level of pain. Chronic LBP can affect a patient's family, employment and social roles, which can lead to psychological distress that further influences pain. The diagnosis and treatment of LBP is equally troublesome and many different approaches adopted simply depict the diversity of the both. This cliniquiz is aimed at testing the knowledge of physicians in this viral pain management dilemma.

Please choose one correct answer in each question:

1. Which one of the following statements about diagnostic imaging is true?
   A. “Yellow flag” findings indicate the need for diagnostic imaging and/or immediate Referral.
   B. Diagnostic imaging is useful because it is specific for pain.
   C. Diagnostic imaging is strongly recommended for patients who have chronic back and leg pain and are candidates for interventional or surgical therapy.
   D. Immediate imaging and further testing are warranted for all patients who havenonspecific low back pain.

2. Which one of the following statements about chronic LBP is true?
   A. Only two principle pain types are represented in patients who have chronic LBP: nociceptive and central.
   B. Identification of yellow flag findings in a patient who has chronic LBP can help his or her physician choose appropriate therapies and improve outcomes.
   C. The majority of patients who have chronic nonspecific LBP eventually become pain free with treatment.
   D. In most cases of chronic LBP, an in-depth examination that includes a detailed medical history, a physical evaluation and diagnostic imaging will enable the physician to pinpoint a specific pathoanatomical cause of the pain.

3. Which one of the following statements about therapy for chronic LBP is true?
   A. Good evidence supports the effectiveness of skeletal muscle relaxants as monotherapy in patients who have chronic LBP.
   B. Because it carries a risk for addiction, long-term opioid therapy is never appropriate for a patient who has chronic LBP.
   C. Strong evidence indicates that functional restoration programs with a cognitive behavioral therapy (CBT) component are effective for patients who have chronic LBP.
   D. Benzodiazepines are a good first-line option for managing pain or musclespasm in patients who have chronic LBP.

4. Which one of the following types of injection has been shown to be beneficial for patients who have chronic radicular LBP?
   A. Facet joint injections
   B. Facet neurotomy
   C. Epidural steroid injections
   D. Soft tissue injections

5. Placing patients who have LBP into one of three broad diagnostic categories can help guide pain management.
   A. True
   B. False