

Low Back Pain

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Classification to Assist LBP Management

Due to the complex nature of low back pain (LBP), and sometimes less than satisfactory results of treatment, there has been a recent move toward ‘classifying’ LBP into subgroups. The aim has been to identify different LBP presentations that will respond to tailored management approaches. There are different classification systems in place. One such system has been developed and studied by a group of Melbourne physiotherapists. It is known as ‘STOPS’ – Specific Treatment of Problems of the Spine. Patients presenting with subacute LBP were sub-classified into the following groups:

1. Disc herniation with associated radiculopathy. These patients were classified based on signs & / or symptoms suggestive of lumbar nerve root compromise, and confirmation with CT or MRI scan. They were treated using a “functional restoration programme” of core strengthening, education, and general conditioning exercises.
2. Reducible discogenic pain. The patients in this group had evidence of discogenic LBP, and a directional preference to mechanical loading. This pain responded to treatment with specific movements. This is based on the McKenzie approach where (mainly extension) movements in a specific direction led to reduction of symptoms.
3. Non-reducible discogenic pain. Patients with evidence of discogenic LBP that did not show a directional preference to movement. These patients were treated with a functional

restoration programme modified to account for the presence of discogenic pathology. This included motor control training, core stability and functional exercise relevant to their work and ADLs.

4. Zygapophyseal joint dysfunction. Patients with unilateral pain, a ‘compression’ pattern, and palpable findings of joint restriction were treated with specific manual therapy.
5. Patients with ‘multi-factorial persistent pain’ who did not have a specific pathoanatomical cause. It was considered in these patients there was a strong psychosocial &/or neurophysiological influence on their symptoms. A functional restoration programme was specifically tailored to these patients, including education and targeted behavior modification.

In their study, subacute LBP patients were randomly allocated to a control group, receiving advice only, or treatment, based on the above protocol. The results for the treatment group were excellent. 75% of back pain, and 85% of leg pain improved significantly, compared to less than 50% for the control group. These results are very encouraging, and lend support to the clinical practice of sub-classifying LBP

References:

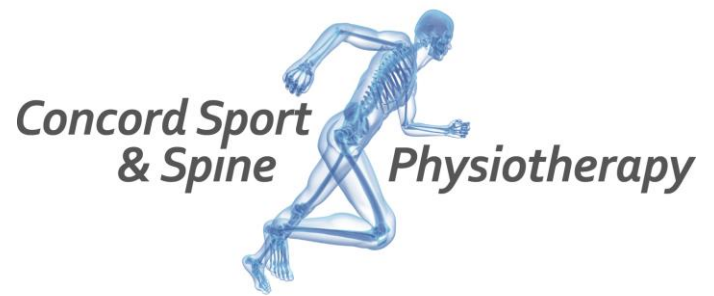
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