

# On back pain

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Nursing al Affiliation) Low Back Pain Acute low back pain is a common cause for patient visits or calls to a care clinician. Despite of various diagnoses, a specific etiology is rarely famous. Most patients do not have specific symptoms and as such, there is no evidence for underlying systematic disease or radicular signs. Clinicians need to do appropriate evaluations and management of patients with acute low back pain (Swezey, 2006). This paper discusses the main points that a clinician need to consider for patients with acute low back pain.

### Etiology and Pathophysiology

Low back pain relates to spinal symptoms in the lumbosacral region. Acute low back pain usually refers to a period of less than two to four weeks. There are various diagnostic groupings for patients with low back pain. The classifications center on clinical findings, history of patient and response to treatment. Mechanical causes involving the spine are the etiology for most patients with acute low back pain. This is because of the weak link between symptoms, examination results, and anatomic change. Diagnosis of non-mechanical causes such as an infection or cancer has greater certainty but signifies a small portion of acute low back in primary care (Willis, 1999).

### History and Physical Examination

A patient's history and physical examination largely determines the extent to which a caregiver searches for a precise diagnosis. History and physical examination helps identify patient's exposure to the risk of low back pain and those with neurologic compromise that warrants thorough evaluation and treatment. Furthermore, history and physical examination of patients helps in identifying issues that may affect choice of therapy or prolong pain

(Swezey, 2006).

Clinicians should follow relevant guidelines to boost the appropriateness of diagnostic testing in primary evaluation of patients with acute low back pain. A short physical exam is necessary since most patients do not report all symptoms or other risk issues relating to the low back pain. For instance, for efficient assessment, patients should be standing for posture, flexibility, and spine symmetry. On the other hand, assessment of the hip for range motion and pain is necessary for back pain with groin symptoms (Waddell, 1996). History and physical examination also helps in identification of patients at high risk for persistent symptoms due to psychological and social factors. For instance, histories of depression, substance abuse, or socio-economic status are consistent with persistence of low back pain. Early identification of these factors can boost the outcome of care. Some strategies that can help Caregiver's include mental or physical interactive therapy (Waddell, 1996).

#### Diagnostic Testing

Clinicians should consider whether a patient with acute back pain requires a specific diagnostic test. The consideration is helpful as it influences the management of the patient. Cost implications arise from the choice of a diagnostic test. Clinicians most commonly perform image studies, which are more costly than most lab test. Imaging studies also poorly link with symptoms and plain radiographs are not sensitive to important causes of acute low back pain (Willis, 1999).

#### Meeting Patients Expectations

A patient's expectations may influence the choice of s diagnostic test. If a patient insists on comprehensive imaging study, the clinician can refer the

patient to a specialist. A patient with low back pain may request specific imaging processes for reasons such as disability compensation or pending litigation. The caregiver should indicate in the clinical note the medico legal reasons for opting for a given diagnostic test (Swezey, 2006).

### Treatment

There are many therapeutic options for patients with low back pain. Nevertheless, the main emphasis of treating patients with low back pain should be reassurance, conservative care, and education to offer symptom relief and let patients recover on their own (Willis, 1999).

### Medication

Acetaminophen and non-steroidal anti-inflammatory drugs are the best medication for treating low back pain. Patients who are intolerant to aspirin or with dyspepsia use acetaminophen. Alternatively, clinicians can administer the prescription of opioids. For severe pains, sedatives comprising antihistamines can be useful (Waddell, 1996).

### Prevention

The overall nature of common low back pain provides narrow scope for preventing first-time onset. As a result, prevention in this guide focuses on reduction of effects and consequences of low back pain. The obvious recommendation for prevention of severe low back pain is physical exercise. However, there are insufficient findings that recommend specific types or intensity of exercise. For patients with persistent and recurrent low back pain, high intensity education programme and exercise are the best recommendation. Clinicians may also advice patients with persisting symptoms to sleep on medium-firm rather than hard mattress (Swezey,

2006).

#### References

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