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NASS Releases Evidence-Based Guideline for the Diagnosis and Treatment of Low Back Pain

Burr Ridge, IL— The North American Spine Society (NASS) has released the highly anticipated Evidence-Based Clinical Guidelines for Multidisciplinary Spine Care: Diagnosis and Treatment of Low Back Pain. This comprehensive guideline, available free via download, is an educational tool to assist practitioners who treat adult patients with non-specific low back pain above the knee.

The electronic copy of this guideline is available free to the public at https://www.spine.org/Research-Clinical-Care/Quality-Improvement/Clinical-Guidelines. A hard copy can be purchased at http://www.spine.org/shop. Questions or comments about NASS guidelines can be directed to guidelines@spine.org.

As a multidisciplinary organization for spine care providers, NASS is uniquely positioned to provide specialty expertise and a real-world perspective on multidisciplinary spine care. “This is the largest clinical guideline NASS has ever undertaken,” said D. Scott Kreiner, MD, an Arizona physiatrist, co-chair of NASS’ Evidence-Based Guideline Development Committee, and NASS Research Council Director.

Eleven societies provided stakeholder representatives to assist in the development of this document and provided comments to assist in its review. Compared to a typical NASS guideline with 400-600 literature search results and approximately 30 clinical questions, the Diagnosis and Treatment of Low Back Pain guideline resulted in over 45,000 literature search results and contains 82 clinical questions with over 100 recommendation statements. “Hundreds, if not thousands, of cumulative hours were spent by work group volunteers to develop this resource,” Kreiner stated.

This guideline provides evidence-based recommendations to address key clinical questions surrounding the diagnosis and treatment of adult patients with non-specific low back pain with leg pain above the knee. It is separated into seven different sections:

1. Diagnosis
2. Imaging
3. Medical and Psychological Treatment
4. Physical Medicine and Rehabilitation
5. Interventional Treatment
6. Surgical Treatment
7. Cost Utility

Each guideline recommendation earned a grade from the work group depending on the strength of the available scientific evidence:
A = Recommended
B = Suggested
C = May be Considered
I = Insufficient or Conflicting Evidence

This document does not represent a standard of care, nor is it intended as a fixed treatment protocol. It is based on a systematic review of the evidence and reflects treatment concepts for non-specific low back pain above the knee as found in the highest quality clinical literature available as of February 2016.

Paul Matz, MD, a Wyoming-based neurosurgeon and co-chair of the Evidence-Based Guideline Development Committee says, “It’s important to understand the inclusion and exclusion criteria for this guideline in order to correctly interpret the recommendations. This guideline is focused on a subset of low back pain care as opposed to low back pain in its entirety.”

The patient population for this guideline is adults (18 years or older) with low back pain defined as pain of musculoskeletal origin extending from the lowest rib to the gluteal fold that may at times extend as somatic referred pain into the thigh (above the knee). “The guideline clearly describes the scope, patient population, development methodology, and levels of evidence used,” said Matz. A technical report, including the literature search parameters and evidentiary tables developed by the authors, is also available.

NASS guideline panels are multidisciplinary. The following individuals served on the work groups for the development of the Diagnosis and Treatment of Low Back Pain guideline:

- D. Scott Kreiner, MD, Evidence-Based Guideline Development Committee Co-Chair
- Paul Matz, MD, Evidence-Based Guideline Development Committee Co-Chair
- Christopher M. Bono, MD, Medical and Psychological Treatment Section Chair
- Charles H. Cho, MD, MBA, Imaging Section Co-Chair
- John E. Easa, MD, Interventional Section Chair
- Gary Ghiselli, MD, Imaging Section Co-Chair
- Zoher Ghogawala, MD, FACS, Cost Utility Section Chair
- Charles A. Reitman, MD, Physical Medicine and Rehabilitation Chair
- Daniel K. Resnick, MD, MS, Diagnosis Section Chair
- William C. Watters III MD, MS, Surgical Treatment Section Chair
- Thiru M. Annaswamy, MD
- Jamie Baisden, MD, FACS
- Walter S. Bartynski, MD
- Shay Bess, MD
- Randall P. Brewer, MD
- R. Carter Cassidy, MD
- David S. Cheng, MD
- Sean D. Christie, MD
- Norman B. Chutkan, MD, FACS
- Bernard A. Cohen, PhD
- Simon Dagenais, PhD, MSc, DC
NASS is a global multidisciplinary medical organization dedicated to fostering the highest quality, ethical, value-based and evidence-based spine care through education, research and advocacy. NASS is comprised of more than 8,500 members from several disciplines, including orthopedic surgery, neurosurgery, physiatry, neurology, radiology, anesthesiology, research and physical therapy. For more information, visit www.spine.org, NASS Facebook and NASS Twitter.