

NICE Guidelines on Treatment of Low Back Pain

In May this year the National Institute for Health and Clinical Excellence (NICE) published guidelines for the treatment and management of ‘non-specific low back pain’: low back pain that lasted for more than 6 weeks, but less than 12 months. NICE defines non-specific low back pain as “tension, soreness and/or stiffness in the lower back region for which it isn’t possible to identify a specific cause of pain. Several structures in the back, including the joints, discs and connective tissues, may contribute to symptoms”. Specific low back pain, on the other hand, would imply malignancy, fracture, infection, or inflammatory disorder such as rheumatoid arthritis.

Why is this of interest? Well it confirms that, having looked at the existing evidence relating to low back pain, a panel of assembled experts have concluded that we are not able to reliably diagnose a structure such as a disc, joint, or muscle as being the cause of low back pain, be we doctors, physiotherapists, or osteopaths. So where does that leave osteopaths, who see countless patients each day expectant of an accurate diagnosis for their low back pain? Well personally, it makes me feel rather more comfortable about the difficulty I have in giving patients a concise and definitive answer about what is causing their pain. When I graduated from college ten years ago, I was very happy to explain to patients that it was this joint, or that muscle, that was the cause of their pain, because that is what I had been trained to do. But over the years my explanations have become ever vaguer; more an account of what I am finding as I assess them, rather than a definitive diagnosis. Because what I have learnt over the years, is that it is not possible to say with any certainty precisely what structure is causing a patient’s pain.

Does that make us manual therapists all frauds? No. We learn a great deal from the patient’s history, by assessing movement, and palpating the tissues. And we can develop a narrative as to why a particular part of the body is dysfunctional and painful, and on that basis set about manipulating the tissues to restore good function. We should perhaps be more honest with both ourselves and our patients about what we do and don’t know. The patient of course has an expectation of what they should get out of their visit to the osteopath, be it concerning a diagnosis, or the treatment they will receive; the osteopath has to manage and be respectful of those expectations, but must also respect their own knowledge and expertise, and do what is necessary, explaining as best they can why they are taking a particular approach. This is sometimes difficult. Conveying to a patient in lay terms, complex anatomical relationships, that might mean having their gallbladder removed many years ago is now causing their neck pain, is not easy. I still marvel at it myself. And often time there is not a simple explanation or narrative to be given; in the short time we have spent with the patient, we have not been able to ascertain the real cause of their pain, though I would hope that we have started on a path to unravelling it.

One of the questions we ask students applying to the British School of Osteopathy, is “What qualities do you think patients like to see in their osteopath?” to which one applicant recently responded “certainty”. She was dead right, that’s exactly what patients like (another said “warm hands” – which also made my heart sink). Unfortunately, as she

will learn over the next few years if she pursues a career as an osteopath, an osteopath's life is rife with uncertainty, and this is as it should be. As Hercule Poirot commented in a recent episode of the eponymous Agatha Christie series "A doctor who lacks doubt is not a doctor. He is an executioner".