

Other Options to Back Surgery and Low - Back Pain

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In the olden days up to and even past 1990, it was commonplace to prescribe surgery for low back pain, involving metal rods, screws and fusion. It also was typical for the next segment of disc and joints to wear down and cause more spinal surgery. This was coded by the insurance companies as **FAILED BACK SURGERY**. Much research has been done, evaluated, and used by the governments and insurance companies to demand changes in health care.

The new guidelines for treatment of low back pain and avoidance of surgery were developed. The guidelines I'm talking about were issued by the *U.S. Department of Health and Human Services*, releasing clinical practice guidelines for adult low back problems. The British Governments released as well, guidelines similar to those reflected in the U.S. Guides.

The U.S. guidelines recommend spinal manipulation as a first line of treatment for low back pain. [1](#) The British guidelines indicate spinal manipulation is effective for 2-3 years of relief. [2,3](#). There is a lot of research showing the effectiveness of spinal adjustments to the spine. According to the *Rand Corporation*, Ninety four percent of the spinal manipulations are performed by chiropractors in the U. S. The Rand Corp. is another well respected research group which evaluates the research literature and tabulates the results.

With all the proven research, you would think other health care professionals would refer more patients for care to prevent surgery or low back pain itself. Later we will go over other treatments that are used commonly, such as medication, exercise, bed rest, traction, physical therapy and psychological counseling. Much of this information is recorded in these government guidelines.

Reference:

- 1). Bigos S. et al. Acute Low Back Problems in Adults, Clinical Practice Guideline, Quick Reference Guide, Number 14, Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Agency for Health Care Policy and Research, AHCPR publication # 95-0643, December 1994.
- 2). Meade TW et al, British Medical Journal, Vol.311, Aug5, 1995,pp 349-351
- 3). Meade TW et al, British Medical Journal, Vol 300, #6737 June 2, 1990 pp 1431-1437