

Interventions Table

Interventions supported by grade B evidence (at least fair-quality evidence of moderate benefit, or small benefit but no significant harms, costs, or burdens). No intervention was supported by grade A evidence (good-quality evidence of substantial benefit)

- First-line therapy ● Second-line therapy

	Low Back Pain (Duration)	Acute (<4 Weeks)	Subacute or Chronic (>4 Weeks)
Self-care	Advice to remain active	○	○
	Books, handout	○	○
	Application of superficial heat	○	
Pharmacologic therapy	Acetaminophen	○	○
	NSAIDs	○	○
	Skeletal muscle relaxants	●	
	Antidepressants (TCA)		●
	Benzodiazepines	●	●
	Tramadol, opioids	●	●
Nonpharmacologic therapy	Spinal manipulation	●	●
	Exercise therapy		●
	Acupuncture		●
	Yoga		●
	Cognitive-behavioral therapy		●
	Progressive relaxation		●
	Interdisciplinary rehabilitation [^]		○ / ●
Injections	Epidural steroid injection for radiculopathy with herniated disc*		○
Surgery	Decompressive laminectomy for symptomatic spinal stenosis*		○
	Discectomy for herniated disc with radiculopathy*		○
	Fusion for non-radicular low back pain with common degenerative changes*		●

[^]Consider interdisciplinary rehabilitation for patients with significant functional impairment or risk factors for chronic disabling low back pain

*A shared decision-making approach is recommended when considering these interventions

Adapted from the *Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society, Ann Intern Med. 2007;147:478-49.*