Glossary

Acute low back pain: Within first 6 weeks of person's current LBP episode.[1]

Chronic low back pain: Symptoms for current LBP episode present for greater than 12 weeks.[2]

General fitness program: Exercise program not focused on specific muscle groups; by definition the goal is to improve the overall general fitness of the patient by using a combination of aerobic conditioning with stretching/strengthening of all major muscle groups.

Lumbar stabilization exercises: Focused on facilitating and strengthening specific muscles that directly or indirectly control spinal joint function, especially the abdominal, gluteal and spinal extensor muscle groups.

Medical/interventional treatment: The term medical/interventional treatment is used in place of "nonoperative," "conservative," or "nonsurgical" treatment. It encompasses pharmacological treatment, physical therapy, exercise therapy, manipulative therapy, modalities, various types of external stimulators and injections.

Nonspecific low back pain: Pain in which no specific cause or structure can be identified to account for the patient's perceived symptoms.[3]

Radiculopathy: Dysfunction of a nerve root associated with pain, sensory impairment, weakness, or diminished deep tendon reflexes in a nerve root distribution.[4]

Recurrent low back pain: Symptoms less than ½ the days in a year occurring in multiple episodes.[5]

Sciatica: Pain radiating down the leg below the knee in the distribution of the sciatic nerve, suggesting nerve root compromise due to mechanical pressure or inflammation. Sciatica is the most common symptom of lumbar radiculopathy.[4]

Specific low back pain: Pain that can be linked to a disorder, disease, infection, injury, trauma, or structural deformity. A potential causal relationship can be found between the diagnosis and the pain.[3]

Spinal manipulative therapy (SMT): SMT is defined as spinal manipulative therapy, manual therapy, mobilization and high velocity thrusts.

Subacute low back pain: Symptoms for current LBP episode present for 6-12 weeks.[1]

Visceral diseases resulting in back pain: Pain secondary to diseases of the viscera. *Examples:* endometriosis, prostatitis, aortic aneurysm.[5]

*Recommendations were developed based on a specific definition, inclusion/exclusion criteria, and the resulting literature which excluded conditions such as presence of a neurological deficit or leg pain experienced below the knee, among others. Given the **exclusion criteria**, these guideline recommendations address a subset of low back pain care as opposed to low back pain in its entirety. This clinical guideline is not intended to be a fixed treatment protocol; it is anticipated that there will be patients who require more or less treatment than what is outlined. This clinical guideline should not be construed as including all proper methods of care or excluding other acceptable methods of care reasonably directed to obtaining the same results. The ultimate judgment regarding any specific procedure or treatment is to be made by the physician and patient in light of all circumstances presented by the patient and the needs and resources particular to the locality or institution.*