



John Hickner, MD, MSc  
Editor-in-Chief

## Let's get physical!

**W**e see many patients in our office with acute or chronic musculoskeletal complaints. Most acute musculoskeletal injuries resolve with rest and a short course of a narcotic or over-the-counter pain medication.

But when pain lingers beyond a few weeks, patients get nervous and so do we. This is the critical time period during which patients may request more narcotic pain medication and/or develop chronic pain syndromes, which are enormously difficult to treat. What treatments can we suggest at this point that have good evidence of effectiveness?

■ **Reassurance.** The simplest effective intervention is reassurance—especially from a physician. Patients who are reassured are more likely to recover from low back pain.<sup>1</sup> Patients often have unrealistic goals, expecting to be pain free in a couple of weeks, whereas the natural healing of soft tissue injuries takes 8 to 12 weeks (and sometimes longer) for more severe injuries.

■ **Physical modalities.** Nearly all of the other non-medicinal, effective interventions for subacute and chronic musculoskeletal pain are physical in nature. The article by Slattengren et al on page 743 provides an evidence-based review of osteopathic manipulation techniques (OMT) for pain and other conditions, as well. The evidence for the effectiveness of OMT for low back pain is the strongest.

### Walking was as good as PT and exercise classes in one back pain study.

There is evidence for the effectiveness of other types of physical techniques for low back pain, too. A recent meta-analysis of spinal manipulation for acute low back pain concluded that it is moderately effective in reducing pain and increasing function.<sup>2</sup> And although the evidence is not considered strong, the American College of Physicians included massage, tai chi, yoga, acupuncture, motor control exercises, and progressive relaxation in their recent recommendations for the treatment of acute, subacute, and chronic low back pain.<sup>3</sup>

■ **My personal favorite treatment** for chronic low back pain is walking. In a clever randomized trial, Irish researchers randomized patients with chronic low back pain to 3 groups: standard physical therapy, weekly exercise classes designed for people with low back pain, and a tailored, gradually increasing walking program.<sup>4</sup> Participants in the last group were instructed to walk at least 4 days a week, starting with 10 minutes/day and working up to 30 minutes of brisk walking 5 days/week. The improvement in pain and disability after 2 months, although modest, was as good in the walking group as in the other 2 treatment groups.

So let's try relying more on physical activity to help our patients manage their aches and pains. It may produce benefits for other health problems, too, and start many patients down a road to healthier living.

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2. Paige NM, Miake-Lye IM, Booth MS, et al. Association of spinal manipulative therapy with clinical benefit and harm for acute low back pain: systematic review and meta-analysis. *JAMA.* 2017;317:1451-1460.
3. Qaseem A, Wilt TJ, McLean RM, et al. Clinical Guidelines Committee of the American College of Physicians. Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline from the American College of Physicians. *Ann Intern Med.* 2017;166:514-530.
4. Hurley DA, Tully MA, Lonsdale C, et al. Supervised walking in comparison with fitness training for chronic back pain in physiotherapy: results of the SWIFT single-blinded randomized controlled trial (ISRCTN17592092). *Pain.* 2015;156:131-147.

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