CHRONIC NONSPECIFIC LOW BACK PAIN	
Overview	Chronic nonspecific low back pain is a diagnosis of exclusion in patients with pain in the low back lasting for more than 3 months without a pathologic cause identified.
Lifestyle/Conservative	Encourage self-care, e.g., as promoted by brief educational intervention (ACP/APS Strong, Mod evidence)
	Advise to remain active (ACP/APS Strong, Mod evidence)
	Changing to medium-firm mattress (APS Fair, Fair evidence)
Alternative Medicine	Acupuncture reduces pain, but no more than sham acupuncture (ACP/APS Weak, High evidence)
	Manual therapies (accupressure, cupping, massage) (ACP/APS Weak, Mod evidence)
Physical Therapy/Rehab	Exercise therapy (ACP/APS Strong, Mod evidence)
	Physical therapy (ACP/APS Weak, Mod evidence)
	Spinal manipulation (ACP/APS Strong, Low evidence)
Psychological	Behavioral therapies such as CBT, mindfulness (ACP/APS Strong, Low evidence)
	Multidisciplinary biopsychosocial rehab including exercise (ACP/APS Weak, Good evidence)
Pharmacotherapy	Acetaminophen (NICE: expert experience and opinion) or NSAIDs (ACP/APS: Strong, Mod evidence) are first line
	Duloxetine, an SNRI, may help (ACP Weak, Mod evidence)
	Opioids may help in short term, long term data lacking, requires discussion of benefits and harms (ACP Weak, Mod evidence)
	Devil's claw, white willow bark, topical capsaicin appear effective in short term (Mod evidence)
	Benzodiazepines may help in short term for pain (ACP Strong, Mod evidence)
	Co-prescribing benzodiazepines (AAPM Strong) - Avoid coprescribing benzodiazepines and opioids due to risk of respiratory depression
	TCAs (insufficient evidence for) and SSRIs (Mod evidence against) - These medications appear ineffective for low back pain
Interventions	Radiofrequency denervation has conflicting evidence (Mod evidence)
	Spinal cord stimulation may reduce pain in failed back syndrome (Mod evidence)
	Percutaneous Nerve Stimulation effective for short term pain and function (APS Fair, Mod evidence)
	Non-invasive therapies including therapeutic ultrasound, TENS, magnet therapy, and traction (Mod evidence) - May be ineffective
	Spinal fusion and disk replacement surgery (Mod evidence) - Strong recommendation to limit use of these surgeries
KEY	Benefits clearly outweigh the harms with sufficient evidence, or possibility of benefit with minimal risk
	Benefits do not clearly outweigh the harms, or conflicting or limited evidence of efficacy
	Benefits do not outweigh the harms, evidence suggests poorer outcomes

Information was gathered from Dynamed accessed via Tufts

ACP/APS = American College of Physicians/American Pain Society