Back pain

The management of low back pain

M Rossignol

Better integrated care for workers with low back pain is required

When Walter Spitzer released his Quebec Task Force report on spinal disorders in 1987, the medical community was ready to receive the message that activity was better than bed rest in the management of low back pain.1 Physicians could be convinced not so much by the scientific evidence that existed at the time (the Task Force had worked on one single abstract)2 but by their instinct and experience with other health problems such as fractures and coronary heart disease that had led the way to changing an old dogma. Bed rest was no longer to be recommended for coronary heart disease that had led the way to changing an old dogma. Bed rest was no longer to be recommended for this, albeit with some notable exceptions.3 But what of non-medical interest groups?

Staal et al provide us, in this issue, with a very nice description of the process by which the medical community has been able to work in consensus all along with very little help from outside.4 They use a methodology (AGREE) that highlights some of the problems that doctors have in convincing their patients who have low back pain, particularly if they are workers, that returning to their normal activities quickly is good for them. The medical consensus of returning workers to work is an international consensus of clinicians on this,5 albeit with some notable exceptions.4 But what of non-medical interest groups?

Improving the dialogue between stakeholders towards better integrated care for workers with low back pain, our research agenda should include:

(1) Getting players on side from systematic review to formulation of guidelines.

(2) Maintaining high quality systematic review protocols, with the addition of information from social sciences on anthropology and communication, and from management sciences on health and sickness management in the workplace.

(3) Developing outcome measures that will be informative about the process of returning to work in future research.

(4) Incorporating economic and policy implications for the different stakeholders in the scenarios proposed by guidelines.

The current generation of researchers on low back pain have developed methods to produce objective scientific evidence and synthesis which remain the strength of clinical discourse. The new generation will be more successful at influencing policy makers if they can also harmonise their voice with their natural partners without falling into what Pasteur warned to be the “preconceived science”.

Author’s affiliation

M Rossignol, Department of Epidemiology, Biostatistics and Occupational Health, McGill University, Canada

Correspondence to: Dr M Rossignol, Montreal Department of Public Health, 1301 Sherbrooke Street East, Montreal, Canada H2L 1M3; mrossignol@santepub-mtl.qc.ca

REFERENCES


Table 1 Summary of which guidelines meet or do not meet the AGREE criteria

| No. 6 | Target users clearly defined | 5/6 | No. 20 | Cost implications considered | 0/6 |
| No. 4 | All relevant professions included | 5/6 | No. 13 | External review done | 0/6 |
| No. 16 | Clarity of management options | 6/6 | No. 23 | Conflicts of interest recorded | 0/6 |
| No. 21 | Criteria for monitoring presented | 5/6 | No. 19 | Independence from funding body | 0/6 |
| No. 23 | Conflicts of interest recorded | 0/6 | No. 10 | Method for formulating recommendation described | 1/6 |
The management of low back pain

M Rossignol

*Occup Environ Med* 2003 60: 617
doi: 10.1136/oem.60.9.617

Updated information and services can be found at:
http://oem.bmj.com/content/60/9/617

These include:

**References**
This article cites 5 articles, 1 of which you can access for free at:
http://oem.bmj.com/content/60/9/617#BIBL

**Email alerting service**
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/