E-Poster

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Treatment Approach for Acute Low Back Pain in Physical Therapy and Rehabilitation Clinics

Topic: Pharmacological Agents

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BACKGROUND

Low back pain (LBP) is a very common complaint presenting in physical medicine and rehabilitation outpatient clinics. It occurs in 80% of people and has been the leading cause of lost work days. Treatment of an acute episode of LBP includes relative rest, activity modification, physical therapy and medical treatment. Nonsteroidal antiinflammatory drugs (NSAIDs) and muscle relaxants are the commonly prescribed drugs for acute LBP. We aimed to determine treatment was mostly had been prescribed in our clinic for acute LBP.

METHODS

Patients admitted to our outpatient clinics for acute LBP in last two months (December 2024- January 2025) were scanned retrospectively for their prescriptions. Statistical analysis were done with SPSS 22 package program.

RESULTS

Hundred eighty-two women (68.1%) and 85 men (31.8%), totally 267 patients were admitted to our outpatient clinics for acute LBP in last two months (December 2024- January 2025). The age distribution of our study included 74 patients aged 65 and above (27.1%), 88 patients aged between 45 and 65 (32.9%), and 105 patients under the age of 45 (39.3%). 36 (13.4 %) of them were prescribed NSAIDs, 19 (7.1%) patients were prescribed muscle relaxants, and 42 (15.7%) patients were prescribed combined NSAIDs and muscle relaxants. Seven patients (2.6%) were referred to the pain management department, where pain management procedures were applied and an algological procedure was performed. 163 (62.04%) patients were received non-pharmacological therapies as education and reassurance, supportive advices, activity modification, physical therapy, and timely control visits.

CONCLUSION

Most patients with acute non spesific LBP recover quickly with conservative treatment. Oral medication with NSAID and muscle relaxant combinations improves efficacy and shortens the duration of treatment. The physician should choose medication according to lowest effective dose and the shortest duration. Our outpatient clinic results were compatible with literature.

Statement of Disclosures

None

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