

# Chronic low back pain (cLBP)



Both **nociceptive** and **neuropathic** mechanisms play a part in most cases of cLBP<sup>5</sup>

Therefore, this can be classified as a **mixed pain syndrome**<sup>5</sup>



cLBP is the **2<sup>nd</sup>** leading cause of disability globally<sup>1</sup>



Management options for cLBP include:<sup>2,3,5</sup>

From 2006 to 2016, the prevalence of cLBP in adults has **increased by more than 100%**<sup>1</sup>




**Medical history** and **physical examination** are predominantly used to identify any serious conditions causing pain<sup>3</sup>



A **thorough examination** of the back and neurological tests can also be conducted to determine the cause of pain and appropriate treatment<sup>3</sup>



**Early intervention** is important; delays initiating multimodal management of cLBP can negatively impact patient functionality and quality of life<sup>6</sup>

 **Conventional treatments** e.g. physical activity, hot or cold packs

 **Pharmacotherapy**

 **Non-surgical procedures** e.g. spinal manipulation, acupuncture

 **Surgical procedures**