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Editorial

# The absurdity of low back pain research

At a recent Residents' Journal Club meeting, we reviewed several articles from a recent issue of *Spine* [1].

The weakness of most studies about low back pain is apparent immediately to the experienced clinician — 'ambiguous diagnosis'.

It seems clear to me that all back pain is lumped together — making the phrase 'low back pain' as a diagnosis, an inapt, and some might say dangerous assumption.

Even medical students attending the Journal Club objected that low back pain was a *symptom* and *not a disease*. Many of us have had patients consult us from a primary care physician with 'my low back hurts' and a careful history and examination will generate the probability of duodenal ulcer, pelvic inflammatory disease, prostatitis, etc. And how about a dissecting aortic aneurysm?

Even if the condition is centered in the back, possibilities include muscle strain, L/S sprain, facet arthropathy, tumor, myofascial pain and herniated nucleus pulposa, with or without radiculopathy, among others.

How about degenerative disc disease? I prefer to label this 'gray hair of the back'.

To mix all of these together under 'low back pain' and then energize a randomized controlled trial to evaluate treatment efficacy, return to job, or anything, is naive at best or intentional deception at worst.

Please don't separate these complaints into radiculopathy or just back pain on the basis of pain below the knee. Our EMG-verified study of 100 L/S radiculopathy patients identified the *most* frequent site of pain referral to the ipsilateral buttock! Some non-clinical researchers have used 'pain below the knee' for just such a division, an obvious error.

Even studies purporting to show 'gold standard' tests identifying causes of low back pain are fraught with inconsistencies and inaccurate conclusions when viewed by the knowledgeable clinician with the patient nearby

Unfortunately, we must await more appropriate and convincing investigations before making substantive changes in our clinical practice on the uncertain conclusions based on faulty grouping of patients with 'low back pain'.

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## References

[1] van-Tulder MW, Koes BW, Bouter LM. Conservative treatment of acute and chronic non-specific low back pain. A systematic review of randomized controlled trials of the most common interventions. Spine 1997; 22:2128–2156.

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