

Xiaoqiong Yang<sup>1</sup>, Yangyang Wang<sup>2</sup>, Ting Wu<sup>3</sup>\*, Zhengmin Zuo<sup>3\*</sup>

<sup>1</sup>The pain department of Kunming Fifth People 's Hospital ,Yunnan,650200, China

<sup>2</sup>The pain department of Xian Daxing Hospital, Shanxi, 710016, China

<sup>3</sup>The pain department of Shougang Shuigang Hospital, Guizhou, 553000, China.

**\*Corresponding author:** Zhengmin Zuo and Ting Wu, The pain department of Shougang Shuigang Hospital, Guizhou, 553000, China. Email: 761038404@qq.com, 785989940@qq.com

# Abstract

**Background:** Low back pain has serious adverse effects on the quality of life and is an important factor leading to systemic disability. At present, the increasing number of people go to the pain department due to back pain, leading to the increasing medical burden of back pain. The disease has caused a significant impact on people's life and health state, and has become a major health problem in modern society. Most people will experience low back pain throughout their lives<sup>[1]</sup>, Lback back pain not only let a person feel physical discomfort, but also to the person's psychology, quality of life and labor ability have sustained negative effects, in 2010 global 291 kinds of disease burden study, back pain in the disabled health life loss years (years lived with disability, YLD, refers to the life in not ideal health years) more than any other disease<sup>[2]</sup>.

Keywords: modern; low back pain; diagnosis and treatment strategy

# Epidemiology

The average lifetime prevalence of low back pain was 38.9% [3]. In past reports in China, the prevalence of adult low back pain was as high as 7.21% to 39.0%, and the annual prevalence ranged from 20.88% to 29.88%, while the realtime prevalence was between 6.11% and 28.5%<sup>[4]</sup>. Low back pain is common in over vears old, people 45 with significantly more female patients than men. Furthermore, the prevalence was generally higher in rural areas than in urban areas<sup>[5]</sup>.

# **Cause of Disease**

From a biopsychosocial perspective, the causes of low back pain can be divided into somatic factors <sup>[6-9]</sup>, psychologic factor <sup>[10]</sup> And social factors<sup>[11, 12]</sup>. Somatic factors include: traumatic, inflammatory, degenerative, congenital, and neoplastic diseases.

# **Clinical Diagnosis**

# Ask About the Medical History

By asking the history, the first to exclude specific LBP, which is of great significance to clear the diagnosis of nonspecific LBP, especially first patients, the contents of the history collection should include the location of pain and degree, onset time and possible causes, past history, psychological mental condition, the work before the information, at the same time should pay special attention to the presence of patients<sup>[13]</sup>(Table 1). Hongqi sign reminds doctors to clarify the etiology of specific LBP, so as to guide the selection of auxiliary examination items.

age	action in chief	sign	medical history
<20 Years old	Low heat, night sweats	Spinal tenderness,	spinal tuberculosis
	Fever, chills	percussion pain	Spinal infection
		Spinal distension pain,	
		activity pain	
> 50 Years old	Bladder-rectal dysfunction	Neurological signs (lower	syndrome of cauda equina
		limb muscle strength, anal	
		anus, urinary retention or	
		incontinence, sellar	
		sensation,	
		Tendon reflex abnormalities	
		and pathological signs, etc.)	
	Trauma, low back pain	Spinal activity was limited	fracture of lumbar vertebra
	Low back pain, morning stiffness	Lumbar spine pain,	ankylosing spondylitis
		deformity	
	Lback back pain accompanied by lower		Radicular pain lesions
	limb pain		
	Nturnal pain, unexplained weight loss		A history of malignancy
	Urogenital symptoms		History of urogenital disease
	Menstrual abnormalities or amenorrhea		osteoporosis

Table1. Red flag sign of low back pain

#### **Physical Examination**

The physical examination covers the test of spinal palpation and range of motion, which includes checking the symmetry of the spine, deformity, range of motion and angle of the spine, and tenderness and percussion pain in the paravertebral tissue. These results can help doctors make a initial diagnosis. However, the physical examination lack of precision and reliability, doctors can not only rely on spinal palpation results to diagnosis of disease, but also need to collect the history of the examination of lower limbs and muscle strength, whether there is a saddle anesthesia or feeling weakened, through the rectal examination anal sensation is weakened or disappear, whether lower limb tendon reflex abnormalities and other positive signs, to help determine the diagnosis and treatment plan.

#### **Auxiliary Inspection**

#### X-ray

X-ray is a commonly used method of low back pain examination, which can help doctors determine the presence of fractures, dislocation, arthritis, tumors and other lesions. By looking at the images on the X-ray film, the doctor can tell whether the patient's spine is abnormal. In addition, X-rays can also be used to evaluate the treatment effect and monitor the disease progression. It should be noted that although X-ray is a commonly used examination method, it cannot detect all the causes of low back pain, so the comprehensive analysis should be combined with other examination methods in practical application.

#### CT Tomography Scan

CT plays a crucial role in the radiographic evaluation of low back pain. It can clearly show the position, shape and size of the disc, help to determine whether the disc is protruding or bulging problems. In addition, CT can also show whether the nerve root is compressed, such as for aminal stenos is and nerve root compression, which is an important means to clarify the diagnosis of specific low back pain, and is also an important reference for the development of treatment plan.

# Magnetic Resonance Imaging (MRI)

provide MRI can multiplane images, including cross section, sagittal plane and coronal plane, which can clearly show the soft tissue situation of intervertebral disc, muscle, ligament, smooth capsule and so on. Therefore, MRI has uniaue advantages in the comprehensive assessment of the lumbar spine and surrounding soft tissues.

#### Single-Photon Emission Computed Tomography (SPECT)

SPECT has high clinical utility in diagnosing elderly patients with back pain.

Compared with traditional imaging methods, SPECT can help doctors better determine the etiology of back pain in elderly patients, which can reduce unnecessary surgical treatment<sup>[14]</sup>.

#### Bone Mineral Densitometry Technique

Bone mineral density measurement technology is mainly using the principle of X-ray through the attenuation of different media, the human bone mineral content, bone density for noninvasive measurement method. At present, the commonly used bone density measurement techniques mainly include double energy X-ray bone density measurement (DXA), limb DXA (pDXA) and quantitative CT (QCT). Bone densitometry techniques can be used to assess osteoporosis, confirm the risk of fracture, and can also be an important method to evaluate the therapeutic effect of abnormal bone metabolism<sup>[15]</sup>.

Table2. Common low back pain assessment scale

#### Assessment Scale

There are four commonly used clinical assessment scales for low back pain. namely, the 11-point numerical scoring method (NRS-11)<sup>[16]</sup>, And the Roland-Morris dysfunction questionnaire<sup>[17, 18]</sup>, SF-36 concise health questionnaire<sup>[19]</sup> And ability assessment of activities of daily living (ADL)<sup>[20, 21]</sup>. According to our survey, the four evaluation scales have different advantages, and doctors should choose the appropriate evaluation scale according to the actual situation and the real situation and requirements of the patients (Table 2). We routinely recommend the Roland-Morris dysfunction questionnaire and the 11-point numerical scoring method (NRS-11), because patients with low-moderate back pain in outpatient clinic, the Roland-Morris dysfunction questionnaire is particularly sensitive to this, while the NRS-11 is easy to record and easy to express.

Evaluation scale	characteristic
11-point number scoring method (NRS-11)	Patients are easy to understand and express, easy to record, significantly reduce the burden of medical staff
The Roland-Morris dysfunction	Most sensitive to patients with mild to moderate disability due to
questionnaire	acute, subacute or chronic low back pain,
The SF-36 Concise Health	
Questionnaire	with low back pain
Daily Living, Activity Capacity	The evaluation of the rehabilitation effect and the quality of medical
Assessment (ADL)	care is of great significance

# Treatment

Low back pain treatment usually includes five aspects: non-drug treatment, drug treatment, minimally invasive interventional treatment, preventive intervention and rehabilitation exercise.

#### **Non-Drug Therapy**

Because some diseases of low back pain are difficult to cure completely and easy to relapse, long-term treatment is usually needed. When dealing with diseases with a long course of disease, doctors need to take into account the metabolic and economic burden of patients and pay attention to non-drug treatment. For this collected purpose, we 14 non-drug treatments. These methods include massage, electrical stimulation. acupuncture. phototherapy, and psychological and exercise therapy. The specific items, rationale and experimental results of these methods are listed in Table 3.

Table3. Non-pharmacological treatment for low back pain

Non-pharmacological treatment	Evidence and treatment outcomes
moxa-moxibustion <sup>[22]</sup>	It can dilate blood vessels, accelerate the speed of blood circulation, inhibit the
	permeability of blood vessels, reduce the exudation of inflammation, but also can
	accelerate the absorption speed of inflammatory exudate, relieve low back pain
massage <sup>[23]</sup>	Make the local tissue degeneration, tissue internal fluid displacement, so as to
	promote the metabolism, to achieve the effect of treating low back pain
acupuncture and moxibustion <sup>[24]</sup>	By piercing specific acupoints, help and improve the dynamic balance of various
	forces of the body to achieve the purpose of relieving low back pain
Muscle energy technology <sup>[25]</sup>	May involve alternating contractions of the antagonistic muscles and auxiliary
	stretching to reduce pain and discomfort

manipulation <sup>[26]</sup>	In the spine related tendons, bones, joints and other tissues and meridians and
I I I I I I I	acupoints for massage operation, in order to relieve the pain of skeletal muscle and
	improve the range of motion
psychotherapy <sup>[27]</sup>	Relieve the anxiety and worry of patients with back pain, prevent the occurrence of reinjury behavior, so that patients achieve the unity of body and mind.
Suspension motion <sup>[28]</sup>	Improve the blood circulation of the local tissue, inhibit the segmental muscle
	spasm, stimulate the brain to release analgesic substances, improve muscle
	strength, and achieve the purpose of relieving back pain
Yoga <sup>[29]</sup>	Improve body flexibility and muscle strength while making the body relax and
	relieve stress and reduce pain through breathing meditation exercises
cinesiatrics <sup>[30]</sup>	Exercise promotes the generation of bone, and reduces the low back pain caused
	by the fatigue and spasm of the lumbar and back muscles
High-energy laser therapy <sup>[31]</sup>	Strengthen the function of fibroblasts, accelerate tissue growth and reduce
	prostaglandin synthesis, reduce the inflammatory response, and reduce pain
TCNS <sup>[32]</sup>	Stimulation of proprioceptive nerves, inhibiting pain signaling and the excitation of
	C-type nerve fibers, can also increase the release of endorphin molecules and
	relieve back pain
heat treatment <sup>[33]</sup>	Skin vasoconstriction, reduce local edema, reduce lower back pain
cold treatment <sup>[33]</sup>	Reduc the nerve conduction velocity and reduces pain sensitivity
Extracorporeal shock-wave	Shock wave stimulates sensory nerve endings to reduce nerve sensitivity, hinder
therapy <sup>[34]</sup>	nerve conduction and relieve pain

# **Drug Therapy**

Low back pain is a common pain symptom that can be treated with medication to relieve the pain. Commonly used drugs include nonstero IDs, antidepressants and anxiolytics. Furthermore, skeletal muscle relaxants and opioids can also be used to lower back pain. Chinese medicine is also an effective way to treat back pain, which can relieve pain through Chinese medicine decoction.

# Nonsteroidal Antiinflammatory Drugs (NSAIDs)

NSAIDs By inhibiting cyclooxygenase, reduce the inflammatory reaction and pain feeling, thus relieving the symptoms of back pain. It should be noted that NSAIDs cannot cure low back pain itself and can only improve the quality of life of patients by relieving symptoms. Moreover, long-term use of NSAIDs may cause some side effects, such as gastrointestinal bleeding, and kidney injury. Therefore, physician recommendations should be followed when using NSAIDs and attention to dose and medication duration.

# Skeletal Muscle Relaxants

Muscle relaxants are mainly by inhibiting the conduction between nerve muscles, make muscle relaxation, so as to relieve muscle tension. Specifically, relaxants act by blocking impulse transmission between the neuromuscles, relaxing the muscles and relieving pain

# Opioids

Opioids can bind to opioid receptors in the central nervous system to reduce pain sensation by inhibiting the release and delivery of neurotransmitters. Acting mainly on µ receptors can inhibit neuronal firing and neurotransmitter release, thereby inhibiting the transmission of pain signals. In addition, opioids can also enhance analgesia by promoting the release of endorphins. Opioids have good efficacy in relieving back pain, but they also have adverse reactions such as reduced gastrointestinal activity. respiratory depression, coma and confusion.

# Antidepressants, Anxiolytics

Antidepressants and anxiolytics are adjuncts in the treatment of low back pain and the mechanisms are unknown. It is currently believed that patients with anxiety and depression will focus their attention on the physical discomfort, leading to an increase in pain sensitivity. Will also increase tension, make the skeletal muscle load increase, if maintain this state, easy to cause back pain [<sup>35, 36]</sup>.

# **Chinese Patent Medicine Treatment**

Commonly used Chinese patent medicine is xianling bone bao capsule, rheumatism bone pain capsule, Bi qi capsule, strong bone pain capsule and so on. Its treatment The principle is to promote qi and blood circulation, remove blood stasis, remove blood stasis and relieve pain, activate meridians and collaterals,

strengthen liver and kidney, strengthen muscles and bones, so as to relieve the symptoms of back pain and improve the quality of life of patients<sup>[37]</sup>.

# Minimally Invasive Interventional Therapy

Minimally invasive interventional therapy methods for LBP include injection therapy, minimally invasive interventional therapy, and neuromodulation therapy. In some interventional guidelines for LBP, the largest number of recommended treatments are radiofrequency ablation and facet thermo coagulation<sup>[38]</sup>.

# Preventive Interventions and Health Education

Doctors should use a variety of ways to seize every education opportunity to spread the back pain disease information to the masses, help them establish health beliefs, and be responsible for their own health. This pattern of beliefs generated by knowledge that change behavior is called the know-letter-line pattern, which can help people better understand and prevent back pain and promote health. Preventive intervention plays a very important role in the treatment of back pain. Doctors should actively evaluate the risk of back pain caused by various factors and handle them appropriately, and the prevention measures of pain should be taken in daily diagnosis and treatment<sup>[39-41]</sup>, In addition, patients should be constantly informed of the inducing factors to prevent back pain, so that patients can understand these LBP inducing factors and precautions in daily life.

The following are the common inducing factors of low back pain, which doctors should be familiar with and disseminate to patients as daily health knowledge. Whether standing, sitting, or walking, the correct posture should be maintained. Raise the head, chest, abdomen, avoid long bending or excessive force. Also avoid maintaining the same position for a long time, such as sitting or standing for a long time. Timed to stretch and relax to improve blood circulation and relieve muscle fatigue. Inappropriate seat and bed mattress may also aggravate the condition, should be paid attention to, timely replacement. Avoid long time bending and overload work, long time bending will accelerate the wear of the lumbar spine, lumbar disc, in the work should pay attention to effort and compensation operation, torso to maintain a flexion position, to avoid direct force on the waist. At the same time, it is best to wear belt, wrist guards, knee pads when heavy manual labor, and take them off in time after labor.

### **Rehabilitation and Exercise**

# Back Back Muscle Exercises

Appropriate back muscle exercises, enhance the core muscle group, can improve the support and stability of the back, so as to prevent back pain. You can do some exercises for the core muscles, such as sit-ups, five-point lumbar and back muscle exercises, etc.

#### Healthy and Balanced Diet

Recommend enough calcium, vitamin D, and protein, which are key to maintaining bone health. And to control the amount of food, too heavy or too light weight may increase the burden of the lumbar spine, so we should maintain the appropriate weight.

# Follow-up

Regular follow-up visits can monitor disease changes, adjust treatment plans, provide psychological support, and promote doctor-patient communication. The standardization and effectiveness of followup is crucial to improve the effectiveness of treatment and the quality of life of patients. In order to improve the effect of follow-up, doctors should be good at using modern information means, pay attention to personalized follow-up, improve the quality of follow-up and strengthen patient education, so as to meet the specific needs of patients.

#### Focus on Changes in the Condition

During the follow-up, attention should be paid to monitoring the physical condition of patients, such as whether there are tumor symptoms, emaciation, fatigue, fever, etc., and whether there is a trend of chronic development, such as persistent low back pain, pain, etc., so as to adjust the treatment plan in time.

#### Pay attention to psychological support

To pay attention to the patient's emotional state, if the patient has

depression, anxiety and other emotions, to provide timely psychological support and treatment.

#### Establish a reminder system

For patients with poor compliance habits or poor memory, doctors can advise patients to set reminders before taking medication, such as mobile phone alarm clocks or marking on the calendar. Family members can provide the necessary support and supervision to ensure that patients take their medication on time.

#### Summary

Lback back pain is a common health problem in outpatient clinics and has a significant impact on the life and health status of patients. In the diagnosis and treatment of back pain, doctors need to use scientific diagnosis and treatment thinking, abide by the bio-psychological-social medicine model, and adopt accurate diagnosis and treatment strategies to provide patients with reasonable diagnosis and treatment plans. The etiology of low back pain is complex, including somatic factors, psychological factors and social factors. Doctors should comprehensively evaluate the patient's condition by means of physical medical history collection, examination, auxiliary examination and reasonable assessment. In addition, doctors should also pay attention to the mental health of patients, help patients establish a positive attitude and improve the quality of life. In terms of drug therapy, multiple drugs can be used, and TCM therapy is also a safe and effective treatment method. Preventive intervention occupies a very important position in the treatment of low back pain, including maintaining the correct position. strengthening labor protection, low back muscle exercise, and healthy and balanced diet<sup>[42]</sup>. Regular follow-up can monitor condition changes, adjust treatment plans, provide psychological support and promote doctor-patient communication. To sum up, the treatment of low back pain requires comprehensive treatment methods, combining a variety of treatment methods and preventive measures to achieve satisfactory results.

# References

[1] Hoy D, Brooks P, Blyth F, et al .The Epidemiology of low back pain[J].Best Pract Res Clin Rheumatol.2010 Dec;24(6): 769-81. DOI : 10.1016/j.berh.2010.10.002. PMID: 21665125.

- Hoy D, March L, Brooks P, et al .The global burden of low back pain: estimates from the Global Burden of Disease 2010 study[J]. Ann Rheum Dis.2014 Jun;73(6):968-74. DOI : 10.1136/annrheumdis-2013-204428. Epub 2014 Mar 24. PMID: 24665116
- Hoy D, Bain C, Williams G, March L, et al .A systematic review of the global prevalence of low back pain[J].Arthritis Rheum.2012 Jun;64(6):2028-37. DOI: 10.1002/art.34 347. Epub 2012 Jan 9. PMID: 22231424.
- [4] Chen Dong, Chen Chunhui, Hu Zhichao, etc. Systematic evaluation of the epidemiology of low back pain in Chinese adults [J]. Chinese Journal of Evidence-based Medicine, 2019,19 (06): 651-655.
- [5] Zhang Yanzhuo, Wang Qianqian, Yuan Yue, etc. Survey of low back pain in people over 45 years in China: Based on China Health and Pension Tracking Survey data [J]. Journal of Orthopaedic Clinical and Research, 2018,3 (01): 38-42.
- [6] Cohen SP, Wang EJ, Doshi TL, et al .Chronic pain and infection: mechanisms, causes, conditions, treatments, and controversies
  [J].BMJ Med.2022 Mar 31;1(1):e000108. DOI: 10.1136/bmjmed-2021-000108. PMID: 36936554; PMCID: PMC10012866.
- [7] Kumar S, Patralekh MK, Boruah T, et al. Thoracolumbar fracture dislocation (AO type C injury): A systematic review of surgical reduction techniques[J].J Clin Orthop Trauma.2020 Sep-Oct;11(5):730-741. DOI: 10.1016/j.jcot. 2019.09.016. Epub 2019 Sep 25. PMID: 32879561; PMCID: PMC7452329.
- [8] Vasconcelos DP, Jabangwe C, Lamghari M, et al. The Neuroimmune Interplay in Joint Pain: The Role of Macrophages[J].Front Immunol.2022 Mar 10;13:812962.DOI :10. 3389/fimmu.2022.812962. PMID:3535598 6; PMCID: PMC8959978.
- Zemková E, Kováčiková Z, Zapletalová L.Is There a Relationship Between Workload and Occurrence of Back Pain and Back Injuries in Athletes[J]?Front Physiol.2020 Jul 24;11:894.
   DOI : 10.3389/ fphys. 2020. 00894. PMID: 32792989; PMCID: PMC7 394240.
- [10] Krismer M, van Tulder M; Low Back Pain Group of the Bone and Joint Health Strategies for Europe Project.Strategies for prevention and management of musculoskeletal conditions.Low back pain (non-specific) [J]. Best Pract Res Clin Rheumatol.2007 Feb;21(1):77-91. DOI : 10. 1016/j.berh.2006.08.004.PMID:1735045.

- [11] Expert group of Spinal Cord Committee of Medical Association of Chinese Rehabilitation Association in China [J]. Chinese Journal of Spinal Cord, 2016,26 (12): 1134-1138.
- [12] Janwantanakul P, Sihawong R, Sitthipornvorakul E, et al .A Path Analysis of the Effects of Biopsychosocial Factors on the Onset of Nonspecific Low Back Pain in Office Workers[J].J Manipulative Physiol Ther.2018 Jun;41(5):405-412. DOI: 10. 1016/ j.jmpt.2017.10.012. Epub 2018 Jul 12. PMID: 30007743.
- [13] DePalma MG.Red flags of low back pain
   [J].JAAPA.2020 Aug; 33(8):8-11. DOI:10.10
   97/01.JAA.0000684112.91641.4c.PMID: 32740106.
- [14] Kato S, Demura S, Matsubara H, et al .Utility of bone SPECT/CT to identify the primary cause of pain in elderly patients with degenerative lumbar spine disease[J].J Orthop Surg Res.2019 Jun 20;14(1):185. DOI: 10.1186/s13018-019-1236-4. PMID: 31221166; PMCID: PMC6585050.
- [15] Zhang Zhihai, Liu Zhonghou, Li Na, etc. Expert consensus on Chinese diagnostic criteria for osteoporosis (third draft, 2014 edition) [J]. Chinese Journal of Osteoporosis, 2014,20 (09): 1007-1010.
- [16] Abdullayev R, Uludag O, Celik B.Índice de Analgesia/ Nocicepção: avaliação da dor aguda pós-operatória [Analgesia Nociception Index: assessment of acute postoperative pain] [J].Braz J Anesthesiol. 2019 Jul-Aug;69(4):396-402. DOI: 10.10 16/j.bjan.2019.01.003. Epub 2019 Aug 6. PMID: 31399197; PMCID: PMC9391861.
- [17] Igwesi-Chidobe CN, Obiekwe C, Sorinola IO, et al .Assessing self-reported disability in a low-literate population with chronic low back pain: cross-cultural adaptation and psychometric testing of Igbo Roland Morris disability questionnaire[J].Disabil Rehabil. 2019 Apr;41(8):948-957. DOI : 10.1080/ 09638288.2017.1416185. Epub 2017 Dec 14. PMID: 29239235.
- [18] Hush JM, Refshauge KM, Sullivan G, et al .Do numerical rating scales and the Roland-Morris Disability Questionnaire capture changes that are meaningful to patients with persistent back pain[J]?Clin Rehabil. 2010 Jul;24(7):648-57. DOI : 10.1177/ 0269215510367975. Epub 2010 Jun 8. PMID: 20530647.
- [19] Joelson A, Sigmundsson FG, Karlsson J.Stability of SF-36 profiles between 2007 and 2016: A study of 27,302 patients surgically treated for lumbar spine diseases[J].Health Qual Life Outcomes.2022 Jun 7;20(1):92. DOI: 10.1186/s12955-022-

01999-7. PMID: 35672781; PMCID: PMC 9172105.

- [20] Yan Ling, Qu Guangya, Xiong Xiangyu, etc. Assessment of the ability of daily living activities of the elderly [J]. Journal of Gerontology, 1990,10 (05): 266
- [21] Yanfang Liao, Kevin Guo, Li Jianguang. Applied study on functional assessment of capacity in activities of daily living [J]. Vocational University Newspaper, 2021, (05): 109-117.
- [22] Li Qingfang, Huang Weijian, Gu Yubiao, etc. The application effect of moxibustion physiotherapy combined with yoga exercise in the treatment of occupational low back pain in nursing staff [J]. Chinese and Foreign Medical Research, 2022,20 (02): 169-171.
- [23] Chen Shaoqing, Lu Sufen, Weng Xueling, etc. Observation on the effect of postpartum back massage in the treatment of maternal back pain [J]. Chinese Journal of Misclassification, 2009,9 (28): 6866-6867.
- [24] Urits I, Wang JK, Yancey K, et al. Acupuncture for the Management of Low Back Pain[J]. Curr Pain Headache Rep.2021 Jan 14;25(1):2. DOI : 10.1007/s11916-020-00919-y.PMID: 33443607.
- [25] Franke H, Fryer G, Ostelo RW, et al .Muscle energy technique for non-specific low-back pain[J].Cochrane Database Syst Rev.2015 Feb 27;(2):CD009852. DOI: 10.1002/146 51 858.CD009852.pub2. PMID: 25723574.
- [26] An Guanghui, Zhao Yi, Yao Fei, etc. Systematic evaluation of the efficacy and safety of spinal massage in the treatment of lumbar back and neck pain [J]. Chinese Journal of Evidence-based Medicine, 2015,15 (09): 1010-1017.
- [27] Li-qiu Chen. On the application of psychotherapy in the treatment of low back pain [J]. Hebei Traditional Chinese Medicine, 2006, (11): 861-863.
- [28] Li Fei, Li Li, Chen Jiaxin, etc. Clinical observation of suspension exercise therapy in the treatment of spinal arthritic low back pain [J]. Rheumatology and Arthritis, 2017,6 (07): 34-37.
- [29] Wieland LS, Skoetz N, Pilkington K, et al .Yoga treatment for chronic non-specific low back pain[J].Cochrane Database Syst Rev.2017 Jan 12;1(1):CD010671. DOI : 10. 1002/14651858.CD010671.pub2. Update in: Cochrane Database Syst Rev.2022 Nov 18;11: CD010671. PMID: 28076926; PMCID: PMC5294833.
- [30] Pan Hongliang, He De. Evaluation of the effect of exercise therapy, magnetic therapy and phototherapy to improve bone mineral

density and low back pain in elderly patients with osteoporosis [J]. Clinical Rehabilitation in China, 2004, (24): 5072-5073.

- [31] Vallone F, Benedicenti S, Sorrenti E, et al .Effect of diode laser in the treatment of patients with nonspecific chronic low back pain: a randomized controlled trial[J]. Photomed Laser Surg.2014 Sep;32(9):490-4. DOI : 10.1089/pho.2014.3715. PMID: 25141218.
- [32] van Middelkoop M, Rubinstein SM, Kuijpers T, et al .A systematic review on the effectiveness of physical and rehabilitation interventions for chronic non-specific low back pain[J].Eur Spine J.2011 Jan;20(1):19-39. DOI: 10.1007/s00586-010-1518-3. Epub 2010 Jul 18. PMID: 20640863; PMCID: PMC3036018.
- [33] French SD, Cameron M, Walker BF, et al .Superficial heat or cold for low back pain[J].Cochrane Database Syst Rev.2006 Jan 25;2006(1):CD004750. DOI: 10.1002/ 14651858.CD004750.pub2. PMID: 164374 95; PMCID: PMC8846312.
- [34] Lin Zhiguo, Li Cunjia, Jiang Jinsheng, et al. Observation of the efficacy of extracorporeal shock wave in chronic back pain [J]. Medical information, and 2013 (13):367-367.DOI:10.3969/j.issn.1006-195 9.2013.13.471.
- [35] Ren Hui, Wang Min. Effect of psychosocial factors on low back pain rehabilitation [J]. Anhui Medicine, 2010,31 (08).

- [36] Kolber MR, Ton J, Thomas B, et al.PEER systematic review of randomized controlled trials: Management of chronic low back pain in primary care[J].Can Fam Physician, 2021, 67(1):e20-e30. doi: 10.46747/cfp.6701e20.
- [37] Cheng Zhixiang, Zhang Ying, Liu Qing, et al. Chinese guidelines for the treatment of chronic musculoskeletal pain (2023 edition) [J]. Chinese Journal of Pain, 2023,19 (1): 6-12. DOI:10.3760/cma.j.cn 101658-20230213-00019.
- [38] Olivier TJ, Konda C, Pham T, et al.Clinical practice guidelines on interventional management of low back pain: A synthesis of recommendations[J].PM R, 2023, 15(8): 1052-1063. doi: 10.1002/pmrj.12930.
- [39] Shi Ke Ren. Common causes and prevention of neck and waist back pain [J]. People's Military doctor, 1993, (07): 25-26.
- [40] Wu string light. Preventive care for low back pain in rehabilitation trainers [J]. Rehabilitation Theory and Practice in China, 2003, (08): 490-492.
- [41] Gillen M.Use of back belts to prevent low back injury[J].AAOHN J.1995 Sep;43(9): 48 9-93. PMID: 7545999.
- [42] Liu Tanghua, Liu Qing, Liu Yanqing, et al. Expert consensus of chronic back pain rehabilitation [J]. Chinese Journal of Pain, 2021,17 (6): 570-579. DOI:10.3760/cma .j.cn101658-20211119-00168.

*Citation:* Xiaoqiong Yang et al., (2024), "Modern Low-Back Pain Diagnosis and Treatment Strategy", Arch Health Sci; 8(1): 1-8.

DOI: 10.31829/2641-7456/ahs2024-8(1)-001

*Copyright:* © *2024* Xiaoqiong Yang et al., This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.