

Specialist-Beliefs Often Prevent a Genuinely Effective Approach to Chronic Low Back Pain

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In 2018, Henningsen and Schiltenswolf published a book containing an overview of the preferred perception on the underlying cause of chronic low back pain according to the respective specialty 1. And this small table summarizes nicely what may be one of the key reasons why millions of people with low back pain end up with a significant degree of chronification and all its therapeutic, psychological and socioeconomic consequences.

Despite chronic low back pain having a significant number of different causes, an equally significant number of medical and psychological specialties focus their treatment only around a very limited spectrum and disease concept.

Orthopedic surgeons and neurosurgeons focus on functional and muscular disbalance, morphological changes and structural degeneration of the spine. They typically prescribe physiotherapy, nonsteroidal medication, injections and surgery of any kind.

The neurologists approach frequently assesses a neuropathy as the underlying cause of low back pain and often turns to antidepressant and anticonvulsive medication.

Pain medicine prefers the concept of the failed balance between the somatic and the psychological causes of low back pain, a central sensitization of pain and neurophysiological changes in neural function. The preferred treatment focuses on opioids and co-medications.

Those that aid in the rehabilitation see muscular deconditioning, excessive stress, lack of specific disease education and somatic dysregulation as the main reasons for the development of chronic low back pain. The preferred treatments consequently focus around this: Specific patient education, guided relaxation as well as muscular activation and physiotherapy. These things make up the main components of the treatment.

Psychosomatic medicine sees chronic low back pain as a result of an underlying conflict and addresses this with a cognitive behavioral therapy and psychodynamic techniques.

And last but not least, the pain-psychologist frequently sees kinesiophobia as well as a generally passive approach to the disease as the main features of chronic low back pain. Behavioral therapy techniques are the basis for treatment.

While this list is far from complete, one aspect stands out in the majority of healthcare systems around the world: each specialty is conveniently trained in dealing with low back pain patients within its proprietary preferred concept. The patient is diagnosed, enrolled and treated within the caregiver's medical environment. And only within that specific preferred concept. This approach leads to suboptimal results over time and can limit a precise and comprehensive diagnosis. Each specialty is so fully immersed into its own scope, that a genuinely interdisciplinary approach to chronic spinal pain is often delayed or even skipped. Most treatment guidelines for chronic low back pain from stakeholders around the world agree that an interdisciplinary approach for diagnosis and treatment is necessary and the supporting evidence is equally vast. But adherence to guidelines in daily practice is low all over the world and personal beliefs and local logistics are significant factors that keep the patients hooked.

The single most effective way to overcome this silo-approach is interdisciplinary education. Knowledge is key to expanding the horizon of back pain specialists beyond its own specialty. And while certainly not everyone may provide the full range of treatments, individual knowledge paired with an interdisciplinary network can be the missing link in spine care in the truest sense of the word, ensuring a personalized approach to the complete range of therapeutic possibilities for these challenging patients.

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