CLINICAL SCENARIO: low back pain
Patient attends your outpatient clinic with an acute flare up of low back pain. They say that they do have back pain usually but it has become significantly worse over the last few days.

Patient/therapist characteristics:
1. Patient wants massage and electrotherapies as in the past these have helped.
2. Patient happy to participate in whatever treatment is recommended. Physiotherapist is happy to provide treatment favoured by the patient.
3. Therapist wants to get patient involved in an exercise program.

Questions	Exercise option	Manual therapy option	Pharmacological option
What could this involve?	Specific exercises provided by the physiotherapist.	Manual therapy (Spinal manipulation, massage).	Anti-inflammatory medicines (NSAIDs).
Will this improve the pain I have in my back	Not in the short term. There is high quality evidence that specific exercises do not provide superior pain relief to no exercise. However, exercise has other benefits. There is low- to very low–quality evidence that, doing some specific exercises after the initial pain settles could reduce your risk of another episode by 45% (1 episode per year vs 2 episodes).	Maybe. There is low quality evidence that these treatments have small effects on pain compared to no treatment. It is unclear whether they are better than placebo. The amount of pain relief you could expect is probably around 1 point on a 10 point. That is the average; some people experience more pain relief, others less.	Yes, but only by a small amount. There is moderate quality evidence that these medicines have a small effect (mean difference 6.4 points on a 100-point scale, 95% CI 2.5–10.3, in other words less than 1-point on a 10-point scale) compared with placebo.
Will this treatment help improve which activities I can manage to do?	Not in the short term. Longer term, exercise is effective at reducing activity limitations.	Maybe. These therapies can reduce activity limitations (small effect, low quality evidence).	It may. As you get pain relief you should be able to manage more activities.
Are there any risks to this treatment	• Inconvenience (time, equipment, motivation). • Discomfort during and/or after exercise.	• Need to see a physiotherapist (time/cost). • Reliance on passive therapies. • Short-term increase in pain in 50% to 67% of patients.	• Increased risk of abdominal pain, gastrointestinal bleeding and heartburn. • Increased risk of heart attack.
How long will it take to get better?	2-6 weeks.	2-6 weeks.	2-6 weeks.
Are there any other benefits?	• Can do it at home. • Actively participate in the therapy. • Self-efficacy (Empowered to take control of your pain-long term results). • Exercise has many health benefits (improved mood, heart health, musculoskeletal health).	• Enjoyable.	• Cheap. • Easily accessible.