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Case Vignette 1



Fig a. A 26-year-old female teaching assistant with an eight-month history of lower back pain (severity 7/10). Her BMI is 16.4 kg/m² and she has no neurological symptoms or signs. Has outpatient physiotherapy (education and exercise programme) and daily non-steroidal anti-inflammatory drugs with no improvement over time. Significant L5/S1 disc degeneration only.

How will you perform the surgery if you choose spinal fusion surgery? *

- Anterior (ALIF)
- Lateral or extreme lateral interbody fusion (XLIF)
- Oblique lumbar interbody fusion/anterior to psoas (OLIF)
- Transforaminal (TLIF)
- Posterior (PLIF)
- Posterior lateral grafting only
- I do not perform spinal surgery
- Other

If choosing the best conservative care for this patient, what will you offer? *

- Advice and self-management education
- Exercise of any type
- Manual therapy
- Exercise and manual therapy
- Psychological therapy (e.g. cognitive behavioural therapy)
- Combined physical and psychological programme
- Outpatient pain management programme
- Inpatient pain management
- Other

What medication will you use for best conservative care? *

- Simple analgesia available over the counter without prescription such as paracetamol and non-steroidal anti-inflammatory drugs
- Oral opioids
- Fentanyl patches

- Suppositories
- Pregabalin / Gabapentin
- Intravenous opioids / patient-controlled analgesia
- Other

What will be your preferred management option if there were no limits to what is available?*

- Best conservative care
- Spinal fusion surgery
- Other

Which of these factors did you consider important in making this decision? Choose all that apply*

- Age
- Sex
- BMI
- Previous or current treatment
- Radiological evidence

Will you be willing to randomize this patient to a trial of best conservative care or spinal fusion surgery for the management of persistent low back pain?*

- Yes
- No

Case Vignette 2

A 49-year-old male surgeon with a BMI of 23 kg/m². He has a history lower back pain of three years, and has had to reduce operating hours. He has had outpatient combined exercise and psychological programme. The pain radiates to the legs but there are no features of neural compression. L4/L5 disc degeneration only on imaging.

Case Vignette 3

A 58-year-old male with a BMI of 42 kg/m² who has had fluctuating lower back pain for 15 years. He is now unable to work and has daily oral opioids in addition to occasional exercise and manual therapy. He had bilateral leg pain. Neural compression has been ruled out on imaging. Significant L5/S1 disc degeneration only.

Case Vignette 4

A 37-year-old female who previously played rugby with ongoing lower back pain for five years. She is allergic to opioids and cannot tolerate non-steroidal anti-inflammatory drugs. Paracetamol and self-help exercises performed (not via accessing health professionals - yoga, pilates classes) have been of no help. Her BMI is 20 kg/m² and she had no leg pain and no neurological symptoms or signs. Minor spondylolisthesis (Grade 1) at L5/S1.

Case Vignette 5

A 63-year-old male construction worker with BMI of 18.5 kg/m² has had previous self-limiting episodes of low back pain over the last 20 years. Pain has been persistent since he stumbled in the street 12 months ago. No success with inpatient pain management in addition to cognitive behavioural therapy. He has intermittent numbness in both feet. Imaging shows only significant L4/L5 + L5/S1 disc degeneration with no neural compression.