

NATIONAL CLINICAL GUIDELINE FOR THE NON-SURGICAL TREATMENT OF RECENT ONSET LUMBAR NERVE ROOT COMPRESSION (LUMBAR RADICULOPATHY)

Quick guide

Information about physical activity

↑	Consider recommending normal physical activity rather than reduced activity in the form of bed rest to patients with recent onset lumbar nerve root compression (⊕⊕○○).
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Active treatments

↑	Consider offering supervised exercise therapy to patients with recent onset lumbar nerve root compression as an add-on to the usual treatment (⊕⊕○○).
↑	Consider recommending direction-specific exercises or exercises for neuromuscular control training to patients with recent onset lumbar nerve root compression. There is no documentation of a clinically relevant difference between the two types of treatment (⊕○○○).
√	It is good practice to consider combining direction-specific exercises with exercises for neuromuscular control training rather than direction-specific exercises alone for patients with recent onset lumbar nerve root compression, since a synergistic effect of the two interventions cannot be ruled out.

Passive treatments

↑	Consider offering manual joint mobilisation techniques to patients with recent onset lumbar nerve root compression as an add-on to the usual treatment (⊕⊕○○).
√	It is not good practice to offer acupuncture on a routine basis to patients with recent onset lumbar nerve root compression.

Active vs. passive treatments

↑	Consider recommending supervised exercise therapy or manual joint mobilisation techniques to patients with recent onset lumbar nerve root compression. There is no documentation of a clinically relevant difference between the two interventions (⊕○○○).
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MRI

↓	MRI should only be offered to patients with recent onset lumbar nerve root compression upon due consideration, since the beneficial effect is uncertain (⊕○○○).
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Extraforaminal glucocorticoid injection

↓	Extraforaminal glucocorticoid injection in the lumbar nerve root area should only be offered to patients with recent onset lumbar nerve root compression upon due consideration, since the beneficial effect is probably short-lived and minor (⊕○○○).
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Back surgery assessment

√	It is good practice that patients with recent onset lumbar nerve root compression are assessed by a spine surgeon within 12 weeks in cases where severe and disabling pain persists despite non-surgical treatment.
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About the quick guide

This quick guide contains the key recommendations from the national clinical guideline for the non-surgical treatment of recent onset lumbar nerve root compression (lumbar radiculopathy).

The national clinical guideline focuses on selected non-surgical and non-medical interventions as well as MRI and supervision of a surgeon for patients with recent onset lumbar nerve root compression.

Thus, the guideline contains recommendations for selected parts of the field only and therefore must be seen alongside the other guidelines, regional protocols etc. in this field.

The recommendations are preceded by the following indications of their strength:

- ↑↑ = a strong recommendation for
- ↓↓ = a strong recommendation against
- ↑ = a weak/conditional recommendation for
- ↓ = a weak/conditional recommendation against

The symbol (√) stands for good practice. This symbol is used in case of lack of evidence, when the working group wants to emphasise particular aspects of the established clinical practice.

The recommendations are followed by the following symbols which indicate the strength of the underlying evidence – from high to very low:

- (⊕⊕⊕⊕) = high
- (⊕⊕⊕○) = moderate
- (⊕⊕○○) = low
- (⊕○○○) = very low

In case of lack of evidence, a recommendation is not followed by a symbol. This applies to the good practice recommendations.

Further information at sundhedsstyrelsen.dk

At sundhedsstyrelsen.dk, a full-length version of the national clinical guideline is available, including a detailed review of the underlying evidence for the recommendations.

About the national clinical guidelines

The national clinical guideline is one of the 47 national clinical guidelines to be prepared by the DHA during the period 2013-2016.

Further information about the choice of subjects, method and process is available at sundhedsstyrelsen.dk.
