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Lumbar Facet Joint Syndrome

Syndrome facettaire lombaire

1. Systematic review and meta-analysis

2. Clinical Practice Guidelines

⊕ positive recommendation (regardless of the level of evidence reported)
Ø negative recommendation (or lack of evidence)

2.1. American Society of Regional Anesthesia and Pain Medicine (ASRA, USA) 2020 ⊕

Cohen SP, Bhaskar A, Bhatia A, Buvanendran A, Deer T, Garg S, Hooten WM, Hurley RW, Kennedy DJ, McLean BC, Moon JY, Narouze S, Pangarkar S, Provenzano DA, Rauck R, Sitzman BT, Smuck M, van Zundert J, Vorenkamp K, Wallace MS, Zhao Z. Consensus practice guidelines on interventions for lumbar facet joint pain from a multispecialty, international working group. Reg Anesth Pain Med. 2020;45(6):424-67. [212219].URL

Rationale for continued or concurrent conservative care and Physical Therapy. Recommendations. We recommend a 3-month trial of different conservative treatments before facet joint interventions. Conservative therapies may include medications (eg, non-steroidal anti-inflammatory drugs, antidepressants), physical treatments (exercise, heat or cold therapy, massage), integrative treatments (**acupuncture**, spinal manipulation if indicated) and others (nutrition, weight loss, sleep hygiene).

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