Background: Low back pain (LBP) is the most common disorder seen in physical therapy practice. There are several hundred clinical trials on the management of LBP. To summarize these trials, researchers wrote Evidence Based Practice (EBP) guidelines. This article reviewed the implications of EBP guidelines recommendations for physical therapy practice. Objectives: To review the recommendations for conservative management of LBP published in EBP guidelines since 2002. Methods: Searches were performed on the following databases: Google web searching engine, Medline, Cochrane Library, and the Guideline Clearing House. Guidelines published in English and addressing conservative management of LBP were included. Results: Thirteen multidisciplinary and three mono-disciplinary guidelines met the inclusion criteria. LBP was triaged into three groups: with red flags, with radiculopathy, or non-specific. Patients without red flags could be safely managed without specialist referral. Patient education was recommended for all patients with LBP. There was an agreement to advise spine manipulation for patients with acute and sub-acute non-specific LBP. There was a consensus to recommend exercises for acute, sub-acute, and chronic LBP. Few guidelines addressed conservative management of LBP with radiculopathy. Overall, the guidelines did not offer specific advice for manipulation (hypomobility or instability) and exercise (stabilization or directional preference). Conclusion: Multidisciplinary guidelines focused on primary care and lacked details significant for physical therapy practice. There is a need for mono-disciplinary physical therapy guidelines to improve the balance between evidence and professional relevance.

Keywords
Evidence based practice; guidelines; physical therapy; low back pain.