**Rubin2007 – Epidemiology and Risk Factors for Spine Pain:**

* Survey paper reporting many statistics regarding back and neck pain, prevalence and incidence in various populations
* Discusses some societal impact including missed work, workers’ compensation
* Explores demographic factors related to spine pain such as age, gender, economic and educational status, as well as health factors such as weight, smoking, occupational factors and anatomic factors (including scoliosis, no stats though)

**Hoy2010 – The Epidemiology of low back pain:**

* Provides a review of several studies on the epidemiology of low back pain discussing mainly prevalence, incidence, duration, recurrence, remission, and causes.
* Discusses the difficulties of estimating incidence due to the heterogeneity of other studies. Most studies identify back pain by point incidence or one-year incidence. Most do not specify a minimum duration for classification, but a few require at least one day. The nature of the pain is often not rigorously studied either; some studies deal with the lower back, some focus on the lumbar region, and some with the area between the 12th rib and the inferior gluteal folds.
* Remission is also difficult to estimate due to a lack of consistent definition. Back pain being as common as it is, it is rare for an individual to have one episode with no recurrence ever; it is more a question of how long before recurrence. Recurrence tends to be worse than prior episodes, and people often have pain or disability between what are considered episodes.
* Recurrence is common, associated with longer work disability, and predicted by LBP episodes within the last 12 months.
* Causes of LBP are often unclear, with 5-15% attributable to a specific cause. Relationships have been demonstrated between LPB and certain risk factors, including: age, possibly gender, education, weight, manual labor, and significantly with psychosocial factors such as job dissatisfaction, monotonous work, stress, poor workplace relations.
* Cites studies which estimate the direct health care cost of LBP in the USA as ~$90B in 1998 and around $10-15B in the UK (2000) and Australia (2001).