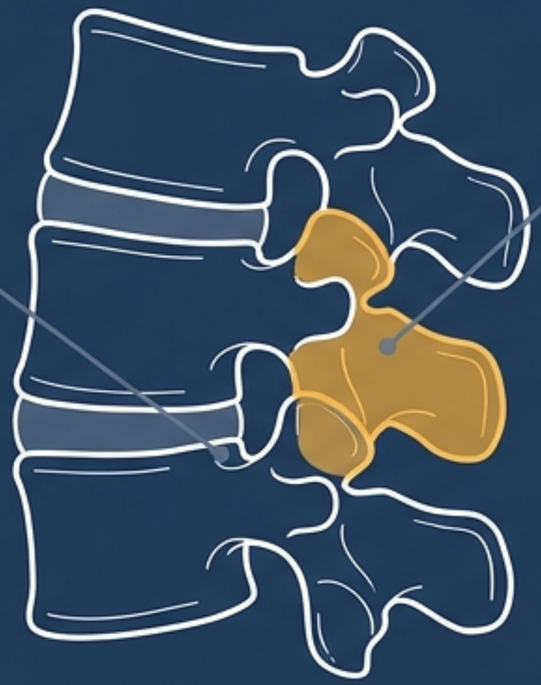
2026 Evidence-Based Guidelines for Facet Joint Interventions

An Executive Dossier on the ASIPP Consensus for Chronic Spinal Pain Management.

Source: American Society of Interventional Pain Physicians (ASIPP)	Publication Year: 2026	Journal: Pain Physician	PMID: 42370930

Chronic axial spinal pain requires precise, validated therapeutic targets.

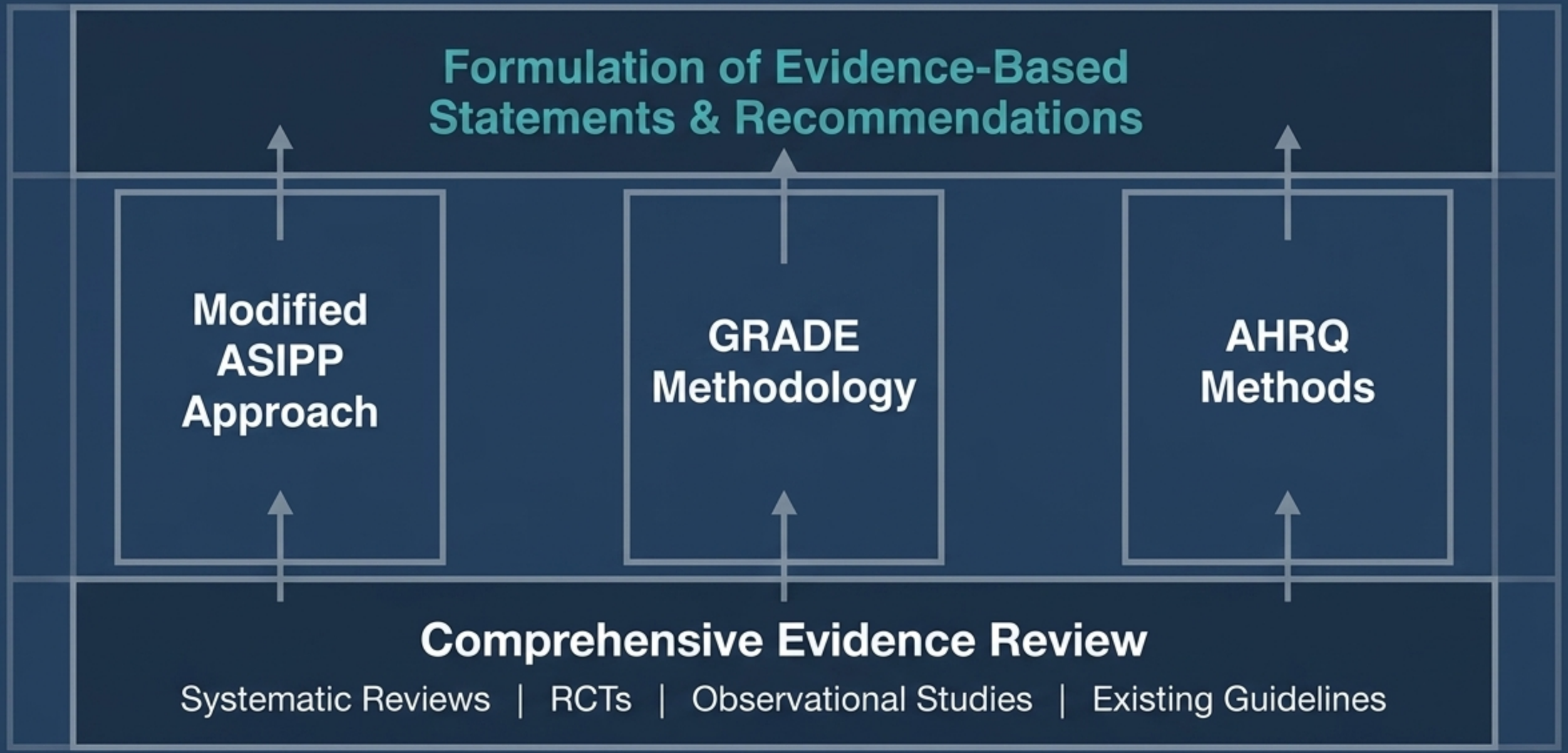
The Burden:
Chronic axial spinal pain remains a major driver of global disability and escalating healthcare expenditures.



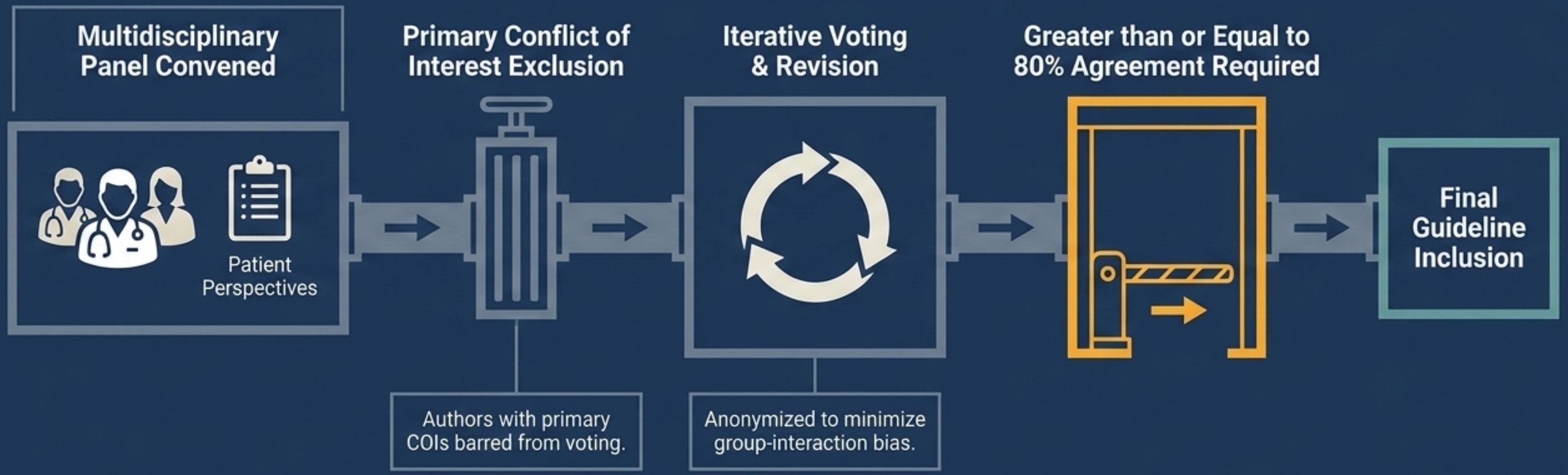
The Target:
Facet joints are definitively recognized as an established primary source of this chronic pain, necessitating updated, evidence-based intervention protocols.

Objective: To provide evidence-based guidance in performing diagnostic and therapeutic facet joint interventions.

Three distinct grading methodologies form the foundation of the evidence review.



The Modified Delphi Technique structurally eliminates bias to forge consensus.



48 multidisciplinary experts drove a unanimous final guideline output.

The 37 recommendations span diagnosis, therapy, and specialized safety precautions.

Diagnostic Interventions

Protocols for accurately isolating and diagnosing facet joint-mediated pain.

Therapeutic Interventions

Evidence-based approaches for interventional pain management and sustained relief.

Special Considerations

Critical safety guardrails encompassing sedation practices, concurrent antithrombotic therapy, and precautions in special clinical circumstances.

Evidence certainty remains highest in core diagnostic and therapeutic interventions

Intervention Evidence Matrix		
Clinical Domain	Level of Evidence	Strength of Recommendation
Diagnostic & Therapeutic Interventions	Level II to III	Moderate to Strong
Special Considerations & Safety Assessments (Sedation, Antithrombotics)	Level II to V	Variable (Context-Dependent)

Methodological Limitations

The panel notes a current paucity of high-quality studies in specific, niche aspects of both diagnosis and therapy, necessitating reliance on lower-level evidence (Level IV-V) for certain specialized safety parameters.

A clinical compass, not an inflexible standard of care.

The Best Available Evidence (2026 Guidelines)

These guidelines represent the definitive synthesis of current evidence, optimized through rigorous Delphi methodology.

However, due to the continually changing body of evidence and complex individual patient presentations, this document does not constitute inflexible treatment recommendations.

These recommendations guide clinical judgment; they do not replace it as a rigid standar