Acute low back pain is a very common symptom. Up to 90% of all adults suffer at least once in their life from a low back pain episode, in the majority of cases a nonspecific lumbago. They are, with or without sciatica, usually self-limited and have no serious underlying pathology and subside in 80-90% of the concerned patients within six weeks. Beside a sufficient pain medication and physiotherapy, reassurance about the overall benign character and the favourable prognosis of the medical condition should be in the centre of the therapeutic efforts. A more thorough assessment is required for selected patients with warning signs, so called "red flags" findings, because they are associated with an increased risk of cauda equina syndrome, cancer, infection, or fracture. These patients also require a closer follow-up and, in some cases, an urgent surgical intervention. Among patients with acute nonspecific mechanical low back pain, imaging diagnostic can be delayed for at least four to six weeks, which usually allows the medical condition to improve. From a therapeutic viewpoint, there is enough evidence for the effectiveness of paracetamol, nonsteroidal anti-inflammatory drugs, skeletal muscle relaxants, heat therapy, physiotherapy, and the advice to stay "active". A complete relief and protection represent an out-dated concept, because the deconditioning is stimulated and the return to the workplace is needlessly delayed. Spinal manipulative therapy may provide short-term benefits in certain patients. In a multimodal therapeutic concept, the patient education should focus on the natural history of an acute back pain episode, the overall good prognosis, and recommendations for an effective treatment.