

Low Back Pain

Reference
Link

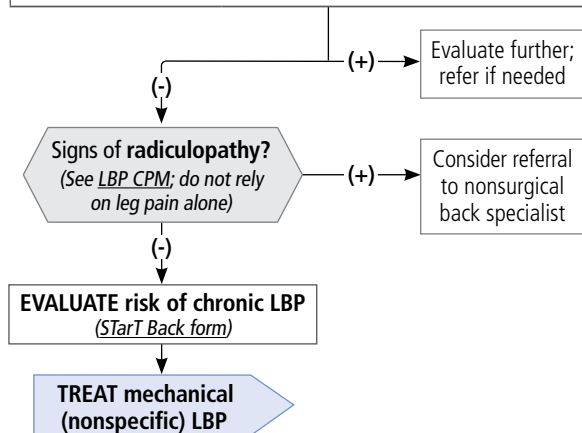
DIAGNOSIS

Low Back Pain Symptoms

CHECK for RED FLAGS — signs of serious pathology or injury:

- Cauda equina
- Upper neuro/motor deficit
- Fracture
- Cancer
- Infection
- Spinal deformity, spondylolysis
- Suspected spondyloarthropathies:
 - Ankylosing spondylitis (AS)
 - Reactive arthritis/Reiter's Syndrome
 - Spondyloarthropathy-associated IBD
 - Psoriatic arthritis

(See LBP CPM; **NO IMAGING** unless red flags present)



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TREATMENT

Mechanical LBP

LOW risk of chronic LBP
(<3 on *StarT Back form*)

EDUCATE, REASSURE, and TREAT conservatively

- **Education and reassurance:** Stay active, you're likely to recover, NO imaging needed at this stage (patient [fact sheet](#))
- **Pain meds:** 1st line NSAIDs or acetaminophen; 2nd line muscle relaxant (<7 days); 3rd line short course of opioids

MOD/HIGH risk of chronic LBP
(See *StarT Back form*)

ADD physical therapy, Mental Health Integration

- **Education, activity, and conservative pain meds**
- **Physical therapy** (PT with psychosocial approach if high risk of chronic LBP)
- **Mental health** screening using [MHI packet](#)

FOLLOW UP in 3 to 6 weeks

Improvement

CONTINUE primary care management as described above

No improvement

REEVALUATE for psychosocial factors; **REFER** to nonsurgical back specialist

Disabling pain persists

MANAGE as *chronic* low back pain

- [Patient education](#) booklet, pain management plan, MHI care plan, functional restoration or other team approach, meds risk management (see [Chronic Pain CPM](#))
- Promotion of exercise and everyday activity
- Shared decision-making about other treatments; nonsurgical specialist consult before considering imaging or surgery