

Clinical Guidelines for Lower Back Pain³

Adult with low back pain or back related leg symptoms for < 6 wk.

Focused medical history and physical exam

- Serious disease (table 1)
- Risk for Chronicity
- Strength and reflexes

NO ————— Radiating LBP ————— YES

INITIAL VISIT

NON-MEDICATION TREATMENT: Ice as needed
Gradual stretching

MEDICATION: Time contingent, not pain contingent
Medication strategy:

- Acetaminophen
- NSAIDs
- Muscle relaxants

ACTIVITY LIMITATIONS: Avoid bed rest
Not commonly restricted from work
Resume usual activities

PATIENT EDUCATION: Address epidemiology, diagnosis, prognosis, activity, non-medication treatments, medications, and warnings.

INITIAL VISIT

NON-MEDICATION TREATMENT: Ice as needed
Gradual stretching

MEDICATION: Time contingent, not pain contingent
Medication strategy:

- Acetaminophen
- NSAIDs and COX-2 inhibitors
- Acetaminophen with codeine or other narcotic analgesics
- Muscle relaxants

ACTIVITY LIMITATIONS: Bed rest. 3-5 days max
Possibly restrict from work
Possibly restrict from very strenuous activities
Minimize restrictions
Establish timetable for activity limitations and follow-up

PATIENT EDUCATION: Address diagnosis, prognosis, activity, non-medication treatments, medications, and warnings.

YES — Risk for chronic disability? — NO

CHRONIC DISABILITY PREVENTION:

- Address barriers
- Maintain work
- Minimize restrictions

SCHEDULE FOLLOW-UP VISITS:

- If kept out of work : see in 2-3 days, then weekly
- If moderate pain/restrictions: see weekly
- If pain resolved and no restrictions: see patient prn

SUBSEQUENT VISITS

UPDATE HISTORY AND PHYSICAL

- If pain better: Reduce meds, increase activity
- If pain worse: Consider changing/adding meds, increasing restrictions
- If no improvement at 1-2 weeks: Consider manual physical therapy (spinal manipulation)

EARLY AGGRESSIVE INTERVENTION

- At 6 weeks of disability strongly consider referral to a spine rehabilitation team
- Discuss future prevention after episode resolves

Risk for chronic disability?

YES

CHRONIC DISABILITY PREVENTION:

- Address barriers
- Maintain work
- Minimize restrictions

YES — Risk for chronic disability? — NO

CHRONIC DISABILITY PREVENTION:

- Address barriers
- Maintain work
- Minimize restrictions

SCHEDULE FOLLOW-UP VISITS:

- If kept out of work : see in 2-3 days, then weekly
- If moderate pain/restrictions: see weekly
- If pain resolved and no restrictions: see patient prn

SUBSEQUENT VISITS

UPDATE HISTORY AND PHYSICAL

- If pain better: Reduce meds, increase activity
- If no improvement:
 - At 1-2 weeks consider manual physical therapy (McKenzie exercise)
 - At 2-4 weeks obtain MRI. If MRI is not diagnostic obtain EMG
 - If pathology proven by MRI/EMG, consider acute physiatric evaluation (for injection therapy) or surgical evaluation.
 - If pathology not proven by MRI/EMG, consider physiatrist referral

EARLY AGGRESSIVE INTERVENTION

- At 2-3 weeks of disability strongly consider referral to a spine rehabilitation team
- Discuss future prevention after episode resolves

Risk for chronic disability?

YES

CHRONIC DISABILITY PREVENTION:

- Patient education
- Minimize restrictions
- At 6 weeks consider referral to spine rehab program.