

develop new or changed symptoms. Exclude specific causes of low back pain—for example, cancer, infection, trauma, or inflammatory disease such as spondyloarthritis. *[Based*

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PRACTICE

What you need to know

- Consider risk stratification (such as with the STarT Back tool) to target more intensive support at initial presentation for those less likely to recover quickly
- Consider exercises such as stretching, strengthening, aerobic, yoga, or Tai Chi in a group setting for all patients with low back pain and sciatica as the main component of non-invasive treatment. Manual therapy and psychological approaches should be recommended only alongside an exercise programme, while acupuncture or electrotherapies should not be recommended
- Consider a short course of non-steroidal anti-inflammatory drugs (NSAIDs), or a weak opioid where an NSAID is ineffective or poorly tolerated, and do not offer paracetamol alone for low back pain; and consider neuropathic drugs such as gabapentin and epidural steroids for sciatica

Box 1: STarT Back Screening Tool (created by Keele University)

For questions 1-8, score 1 for agreement, 0 for disagreement

1. My back pain has spread down my leg(s) at some time in the last 2 weeks
2. I have had pain in the shoulder or neck at some time in the last 2 weeks
3. I have only walked short distances because of my back pain