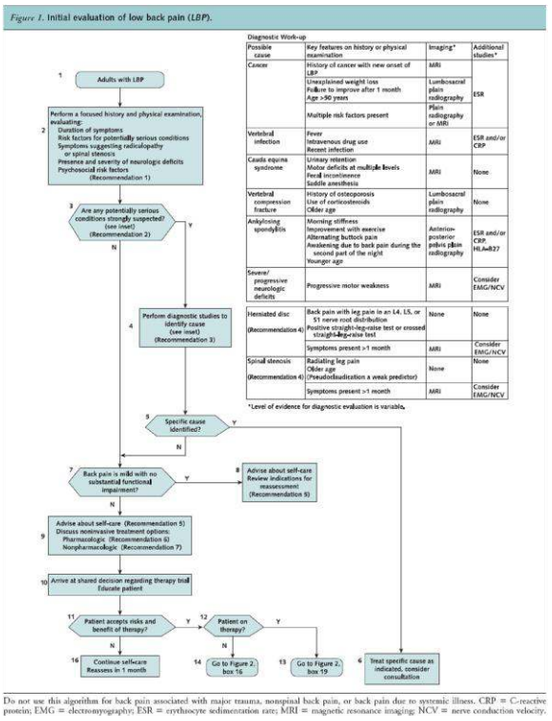
33. Low Back Pain Algorithm

This clinical pathway is intended to supplement, rather than substitute for, professional judgment and may be changed depending upon a patient's individual needs. Failure to comply with this pathway does not represent a breach of the standard of care.



Adult with Low Back Pain (LBP)
- Monitor and support ABCs
- **Provide immediate analgesia – see Analgesia Chart**

Perform a focused history and physical examination, evaluating;
- Duration of symptoms
- Risk factors for potentially serious conditions (tumour, infection, cauda equina syndrome, ankylosing spondylitis or vertebral compression fracture).
- Symptoms suggesting radiculopathy or spinal stenosis
- Presence and level of neurologic involvement - All patients should be evaluated for the presence of rapidly progressive or severe neurologic deficits, including motor deficits at more than 1 level, faecal incontinence, and bladder dysfunction.
- Psychosocial risk factors

Any potentially serious conditions strongly suspected? (see table)
The possibility of low back pain due to problems outside the back, such as **Ectopic pregnancy**, **Pancreatitis, Nephrolithiasis, or Aortic Aneurysm, or Systemic illnesses,** such as endocarditis or viral syndromes, should be considered.

No **Yes**

Perform diagnostic studies to identify cause (see table)
DO NOT routinely obtain imaging or other diagnostic tests in patients with nonspecific low back pain. Early, routine imaging and other tests usually cannot identify a precise cause, do not improve patient outcomes, and incur additional expenses.

Specific cause identified **Yes** → **Consult appropriately**

No

Back pain is mild with no substantial functional impairment
Inform all patients of the generally favourable prognosis of acute low back pain with or without sciatica, including a high likelihood for substantial improvement in the first month

Yes
- **Advice about self-care;**
  - Advice to remain active
  - Application of superficial heat
- **Review indications for reassessment**
  - Risk factors for potentially serious conditions as above
- **Discharge with Analgesia and for Physiotherapy. Reassess in 4 weeks in Orthopaedic Clinic if necessary**

No
- **Advice about self-care;**
  - Advice to remain active
  - Application of superficial heat
- **Discuss non-invasive treatment options;**
  - **Pharmacologic;**
    - 1st line – NSAIDs
    - 2nd line – Tramadol – for severe, disabling pain that is not controlled (or is unlikely to be controlled) with acetaminophen and NSAIDs.
  - **Non-pharmacologic – Physiotherapy**

Arrive at shared decision regarding therapy trial
Educate patient

Patient accepts risks and benefits of therapy **No** → **Refer to Orthopaedic Clinic**

Yes

Continue self-care and non-invasive options (analgesia and physiotherapy)
Discharge and reassess in 4 weeks in Orthopaedic Clinic if necessary