

## Guidelines for Acute (<4 wks) or Subacute (>4 wks < 3 mos.) Low Back Pain

<b>RED FLAGS AND ADDITIONAL RISK FACTORS FOR SERIOUS CONDITIONS</b>	<b>Refer To ER Immediately</b>	<ul style="list-style-type: none"> <li>• Sudden onset or otherwise unexplained loss or changes in bowel or bladder control</li> <li>• Sudden onset or otherwise unexplained bilateral leg weakness</li> <li>• Saddle numbness</li> </ul>	
	<b>Appt &lt; 24 hours</b>	<ul style="list-style-type: none"> <li>• Fever 38° C or 100.4°F for longer than 48 hours</li> <li>• Unrelenting night pain or pain at rest</li> <li>• Leg weakness (less than antigravity strength in major muscle groups)</li> <li>• Began &lt; 6 wks ago w/ progressive pain &amp; distal (below the knee) numbness or weakness of legs</li> <li>• Progressive neurological deficit</li> </ul>	
	<b>Additional Risk Factors for Serious Conditions</b>	<ul style="list-style-type: none"> <li>• Recent significant trauma or age &gt; 50 &amp; milder trauma</li> <li>• Unexplained weight loss</li> <li>• Immunosuppression</li> <li>• History of cancer</li> </ul>	<ul style="list-style-type: none"> <li>• IV drug use</li> <li>• Prolonged use of corticosteroids, history of osteoporosis</li> <li>• Age &gt; 70</li> </ul>
<b>TREATMENT</b>	<b>For patients with red flags, suspected serious pathology</b>	<ul style="list-style-type: none"> <li>• Cauda equina syndrome or severe or progressive neurologic deficit – arrange for advanced imaging and definitive evaluation and care <i>immediately</i></li> <li>• Expected spinal compression fractures – order plain LS spine X-ray. If x-ray does not confirm fracture, and after 10 days, patient is in severe pain OR has multiple sites of spinal pain, obtain MRI and consider referral</li> <li>• Cancer or infection – CBC, urinalysis, erythrocyte sedimentation rate, and plain X-ray. If still suspicious of cancer or infection, not sure about results of x-rays, get MRI scan or consider referral</li> <li>• Anticoagulation – concern for spinal bleed due to trauma or even suspected spontaneous bleeding – usually presents with severe back pain and progressive neurologic deficit. Obtain PT/INR and if neurologic exam is progressing MRI and emergent referral.</li> </ul>	
	<b>For patients with no red flags</b>	<p><b><i>Non-Invasive Treatment and Self-Care</i></b></p> <ul style="list-style-type: none"> <li>• Reassure patients that 90% of episodes resolve spontaneously in 6 weeks</li> <li>• Explain that early routine imaging &amp; other tests usually cannot identify a precise cause &amp; may trigger unnecessary procedures and worsen outcomes.</li> <li>• Recommend remaining active and avoiding bed rest. Complete pain relief usually occurs after, rather than before, resumption of normal activities and return to work should be before complete pain relief. Light activity often hastens recovery and lessens pain.</li> <li>• Superficial heat by heating pads or heated blankets.</li> <li>• Aerobic exercise, exercise therapy, Intensive interdisciplinary rehabilitation (intervention that includes a physician consultation coordinated with psychological, physical therapy, social or vocational intervention), spinal manipulation by providers with appropriate training.</li> <li>• Recommend self-care education books such as The Back Book.</li> </ul> <p><b><i>Medications</i></b></p> <ul style="list-style-type: none"> <li>• Assess severity of baseline pain and functional deficits and consider use of medications with proven benefits .</li> <li>• For most patients, first line medication options are nonsteroidal anti-inflammatory drugs (NSAIDs) or possibly acetaminophen</li> <li>• Consider muscle relaxants with limited sedative side effects as 2<sup>nd</sup> line treatment in moderate to severe acute LBP not adequately controlled by NSAIDs.</li> <li>• Opioids are rarely needed and should be prescribed cautiously.</li> </ul> <p><b><i>Follow Up Visit 1-3 Weeks After Initial Evaluation If</i></b></p> <ul style="list-style-type: none"> <li>• No improvement with home management</li> <li>• Significant pain persists beyond a week</li> <li>• Symptoms persist, worsen or progress</li> </ul>	