PRIMARY CARE MANAGEMENT GUIDELINES
Low Back Pain

DATE & VERSION: 27 August 2004, 13:43.35 **NATIONAL GUIDELINE** **DISTRICT HEALTH BOARD: National**

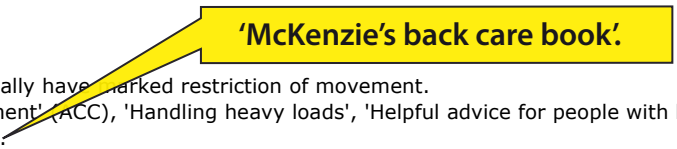
Low back pain can have **serious features (1%)** or **nerve root pain features (4%)**. In patients without these features, the cause is usually **non-specific (95%)**, characteristically in the lumbar-sacral area. **Non-specific back pain** varies with time and activity.

CLINICAL PROBLEM (Clinical Determinants)	ACTIONS	LOCAL IMPLEMENTATION REQUIREMENTS
SERIOUS FEATURES ("RED FLAGS")[1]		
Bilateral nerve pain (leg pain usually extending below the knees), bowel/bladder dysfunction, perineal anaesthesia, progressive weakness[2]	Consult Specialist urgently	Refer to orthopaedic / neurosurgical services Discuss need for x-ray prior to referral
Unilateral pain (usually going below the knee) and weakness or loss of reflex	Consult Specialist	Refer to orthopaedic / neurosurgical services Discuss need for x-ray prior to referral
Features of systemic illness (history of carcinoma, steroid use, HIV, unexplained weight loss, fever or raised ESR, CRP or WCC without other obvious signs)[3]	Consult Specialist	Refer to orthopaedic / neurosurgical services Discuss need for x-ray prior to referral
History of progressive weakness or anaesthesia	Consult Specialist	Refer to orthopaedic / neurosurgical services Discuss need for x-ray prior to referral
Constant unremitting pain	Consult Specialist	Refer to orthopaedic / neurosurgical services Discuss need for x-ray prior to referral
NERVE ROOT PAIN – RADIATING TO CALF/FOOT/ANKLE		
Duration less than 6 weeks	• Conservative management: ○ Analgesia ○ Patient self-management[4] ○ Avoid bed rest rest (except suspected disc prolapse)[5] ○ Physical therapy ○ Assess and manage associated psychosocial issues ("Yellow Flags")[6] ○ Encourage return to work	Patient self-management [4] [e.g. services available in outpatient clinic, local GPs who have interest/expertise, etc physiotherapy, manipulation, musculoskeletal therapist, etc]
Duration more than 6 weeks	• Conservative management: ○ Analgesia ○ Patient self-management[4] ○ Avoid bed rest rest (except suspected disc prolapse)[5] ○ Physical therapy ○ Assess and manage associated psychosocial issues ("Yellow Flags")[6] ○ Encourage return to work and • Consult Specialist	Patient self-management [4]
NON-SPECIFIC WITHOUT NERVE ROOT OR SERIOUS FEATURES		
Duration less than 12 weeks	• Conservative management: ○ Analgesia ○ Patient self-management[4] ○ Avoid bed rest rest (except suspected disc prolapse)[5] ○ Physical therapy ○ Assess and manage associated psychosocial issues ("Yellow Flags")[6] ○ Encourage return to work	Patient self-management [4] [e.g. services available in outpatient clinic, local GPs who have interest/expertise, etc physiotherapy, manipulation, musculoskeletal therapist, etc]
Duration more than 12 weeks	• Conservative management (see above) and • Pain management service[7]	Discuss local preferences for investigations, e.g. MRI prior to Specialist consultation [e.g. Orthopaedic Service, Regional Pain Service]

SEE NOTES ON REVERSE >>>

NOTES:

1. "Red Flags" raise concern of cancer. "Red Flags" for potentially serious conditions as defined by the NZ Guidelines Group and ACC include the following:
    - Features of cauda equina syndrome (especially urinary retention, bilateral neurological symptoms and signs, saddle anaesthesia) - this requires **very urgent** referral
    - Significant trauma
    - Weight loss
    - History of cancer
    - Fever
    - Intravenous drug use
    - Steroid use
    - Patient aged over 50 years
    - Severe, unremitting night-time pain
    - Pain that gets worse when patient is lying down.
2. Suggests cauda equina syndrome.
3. Patients whose back pain is due to causes such as infection usually have marked restriction of movement.
4. Variety of leaflets available, e.g. 'Acute low back pain management' (ACC), 'Handling heavy loads', 'Helpful advice for people with low back pain' (from physiotherapy society), 'McKenzie's back care book'.
5. Sometimes with disc prolapse a short period of bed rest is beneficial.
6. "Psychosocial Yellow Flags" as defined by NZ Guidelines Group and ACC include the following areas to be assessed: Attitudes and beliefs about back pain, Emotions, Behaviours, Family, Compensation issues, Work, Diagnostic and treatment issues. Clinical assessment of Yellow Flags may identify the risk of long-term disability, distress and work loss.
7. Pain management could include starting patients on low dose amitriptyline as well as usual analgesia. Referral to pain clinic (usually multidisciplinary) is next step if no response to this level of treatment within a week.



REFERRAL LETTER INFORMATION

- Demographic data
- Specific critical determinants leading to referral
- Results of any investigations (e.g. ESR), duration of symptoms, treatment tried and response, co-morbidities.

SUPPORTING INFORMATION

- Red Flags information
- Yellow Flags information/explanation
- ACC guideline for back pain

ADDITIONAL INFORMATION

The Elective Services National Referral Guidelines & Clinical Priority Assessment Criteria and the Low Back Pain Primary Care Management Guidelines can be found at: www.electiveservices.govt.nz

This management guideline has been prepared to provide general guidance with respect to a specific clinical condition. It should be used only as an aid for clinical decision making and in conjunction with other information available. The material has been assembled by a group of primary care practitioners and specialists in the field. Where evidence based information is available, it has been utilised by the group. In the absence of evidence based information, the guideline consists of a consensus view of current, generally accepted clinical practice.