AFFILIATED DOCTORS OF ORANGE COUNTY

Evaluation and Treatment Guidelines for Acute Lower Back Pain for Primary Care Physicians

clinical guideline

Aching, low back, buttock or posterior thigh pain.

Sharp, shooting or burning pain, low back to lower leg.

- 70 percent or more of acute LB strain and radiculopathy patients resolve or improve within two weeks.
- 90 percent of all patients with acute LB strain and radiculopathy resolve or improve within six weeks.

AP and LAT spine x-rays (other views are rarely indicated) are not generally useful in the acute setting, but may be warranted when the patient:

- Is 50 years of age or older
- Has had significant trauma or has had mild trauma or strain with a history of osteoporosis
- Has neuromotor deficits
- Has unexplained weight loss (10 lbs. in six months)
- Has a suspicion of ankylosing spondylitis
- Has a history of drug or alcohol abuse
- Has a history of cancer
- Uses corticosteroids
- Has fever of 38° C or history of IV drug use (suggesting infection)
- Complains that pain not relieved in the supine position or awakens them from sleep.
- Acute low back strains are episodic and can be recurring. Each episode should be treated onto itself.

MRI is not indicated during evaluation and/or management of acute LB strain or radiculopathy unless surgery, infection, or cancer are considerations.

MRI INDICATION

Indicated *immediately* upon diagnosis:

- Cauda equina syndrome or progressive neurologic deficit
- Suspicion of discitis, abscess, or osteomyelitis — especially if patient has fever or recent steroid use
- Suspicion of malignancy in a patient with neurologic changes

Indicated after four to six weeks of conservative management:

- Radiculopathy that is not responding or there is new or progressive motor deficit.
- Previous lumbar spine surgery, to differentiate between scar formation and recurrent disc herniation

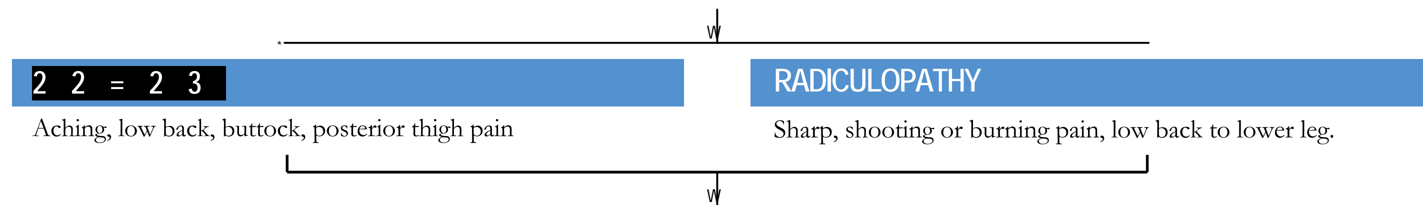
The following is intended to convey information about current guidelines for the management of back pain. Individual patient management will depend on their history and findings and the training and experience of the personal care physician caring for them.

ONSET ACUTE LB STRAIN OR RADICULOPATHY*

PRIMARY CARE EVALUATION *(Symptoms classified by* ***duration*** *and* ***location****)*

IMMEDIATE REFERRAL TO SPECIALIST

1. Significant, acute or progressive neurologic deficit.
2. Cauda equina syndrome or progressive neurologic deficit
3. Suspicion of discitis, abscess, or osteomyelitis, especially if patient has fever, or recent steroid use
4. Suspicion of malignancy in a patient with neurologic changes
5. Spinal fractures other than compression fractures



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Aching, low back, buttock, posterior thigh pain

RADICULOPATHY

Sharp, shooting or burning pain, low back to lower leg.

CONSERVATIVE THERAPY

- Patient Education Materials for treatment of current episode and avoidance of future injury.
- Continued physical activity (avoid heavy lifting, continue walking) as tolerated. With acute radiculopathy, two to three days of bed rest may be beneficial.
- Appropriate medication (e.g., acetaminophen, anti-inflammatory, narcotics if needed)

EVALUATE AFTER THREE WEEKS *(70 percent of patients resolve or improve by two weeks)*

- If improving, continue conservative therapy and reevaluate in three to five weeks.
- If not improving:
  - **Consider continuing conservative therapy and reevaluate in one to two weeks.**
  - **OR consider evaluation by Dr. Garofalo at his back clinic or physical therapy**
  - If resolved reinforce patient education to avoid future injury.

Remember: 90 percent of patients ***resolve or improve*** **by six weeks**

SIX TO EIGHT WEEKS, REEVALUATION

SUBACUTE LB-STRAIN

- US series, if indicated (see guidelines)
- Non-Surgical Specialty Consultation or Physical Therapy Referral
- Intensive Patient Education

RADICULOPATHY

- MRI (see guidelines)
- Specialty Referral

* This management strategy is derived from current medical literature and practice experience. It is based on practice parameters developed by Diagnosis and Management of Acute Low Back Pain, American Family Physician, March 15, 2000. Patel A., Ogle A, University of Kansas Medical Center, Kansas City, Kansas. Can also be found at http://www.aafp.org/afp/20000315/1779.html.

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http://www.aaos.org/wordhtml/pdfs_r/guidelin/chart_06.pdf Phase I
http://www.aaos.org/wordhtml/pdfs_r/guidelin/chart_07.pdf Phase II

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