

Scope and Target Population:

Adult patients age 18 and over in primary care who have symptoms of low back pain or radiculopathy. The focus is on the acute (pain for up to 7 weeks) and subacute (pain for between 7 and 12 weeks) phases of low back pain. It includes the ongoing management, including indications for spine specialist referral within the first 12 weeks of onset.

Aims:

1. Improve the evaluation and reevaluation of patients 18 years and older with acute and subacute low back pain diagnosis.
2. Reduce or eliminate imaging for non-specific low back pain diagnosis in patients 18 years and older in the absence of "red flag" indicators.
3. Delay imaging in patients with radicular pattern pain until after six weeks to allow for resolution that usually occurs within this period.
4. Increase the use of a core treatment plan as first-line treatment. This includes activity, heat, education, exercise and analgesics for patients 18 years and older with low back pain diagnosis.
5. Limit the use of opioids to the appropriate management of acute or subacute low back pain.
6. Increase the utilization of validated pain and function scales to help differentiate treatment approaches in order to improve the patients ability to function.
7. Increase the use of collaborative decision-making to allow patients to make more informed decisions about their care. Focus on shared decisions related to imaging, interventions and surgery for radicular pain diagnosis.

Clinical Highlights:

- Low back pain assessment should include a subjective pain rating, functional status, patient history including notation of presence or absence of "red flags," psychosocial indicators, assessment of prior treatment and response, employment status, and clinician's objective assessment.
- Reduce or eliminate imaging unless "red flag" indicators exist.
- A conservative approach should be first-line treatment. Emphasize patient education and a core treatment plan, that includes encouraging activity, use of heat, no imaging, rare use of opioids, anti-inflammatory and analgesic over-the-counter medications and return to work assessment.
- Patients with acute or subacute low back pain should be advised to stay active and continue ordinary daily activity as tolerated.