

ICSI has developed a new format for all guidelines. Key additions and changes are:

- Citations are listed in the guideline utilizing the format of *Author, YYYY [report class]*. A full explanation of ICSI Evidence Grading System can be found in the Foreword of the guideline.
- Based on the AGREE (Appraisal of Guidelines Research & Evaluation) Instrument as a framework to improve the quality of this guideline, many references were moved to the sentence level, replaced with updated citations, or omitted.

Algorithm, Clinical Highlights, Annotations

Changed the worker's comp link in the Scope and Target Population to allow users to search by state.

Revised Clinical Highlights to reflect key areas of assessment, unnecessary imaging, conservative treatment approach, patient activity, and consultation if conservative treatment fails.

- 1) Changed the worker's comp link to allow users to search by state.
- 2) Clarified statement about patient request for same day appointment.
- * 4) Added knee extension and hip flexors to the physical examination. Omitted specific lab tests if suspicion of cancer or infection and replaced with general statement about blood work as necessary. Replaced "spine therapy professional" with non-surgical or surgical spine specialist. Cited a new systematic review on diagnosis and treatment of acute and chronic low back pain (Chou, 2007a).
- * 5) Added statement to differentiate between acute and chronic pain. Statement is consistent with ICSI Acute and Chronic Pain Guidelines. Cited a new systematic review on diagnosis and treatment of acute and chronic low back pain (Chou, 2007b). Removed statement about specific exercise programs for strengthening and targeting specific muscles and replaced with a more general statement about activity that doesn't worsen symptoms, based on lack of strong evidence for specific exercises not based on individual patient characteristics and symptoms.
- * 9) Revised consultation or referral recommendations to include neurogenic "pseudo" claudication unresponsive to conservative treatment and sciatica unresponsive to conservative treatment.
- * 10) Expanded statement about opioids and appropriate use, citing a new systematic review on medications for acute and chronic low back pain (Chou, 2007a). Added a statement and references for staying active and consulting a non-surgical spine

specialist to establish a specific exercise program based on individual characteristics and symptoms. Omitted statements about specific exercises not based on individual patients.

- 13) Changed “non-surgical spine care specialist” to “spine therapy professional” and provided time frames for visits and improvement based on work group consensus. Moved non-surgical spine specialist referral content from annotation #9 since annotation #13 recommends re-evaluation and redirection from a non-spine specialist if conservative treatment has failed.
- 16) Omitted specific lab tests if suspicion of cancer or infection and replaced with general statement about further evaluation.
- * 19) Revised MRI and CT imaging content and added literature (Bischoff, 1993; Modic, 1986; North American Spine Society, 2007; American College of Radiology, 2006). Added information on open upright MRI.
- 21) Clarified that injections may help avoid or decrease incidence of surgical intervention.
- 23) Revised annotation to simplify consultation options with non-surgical spine specialist, rheumatology, or surgical spine specialist. Removed list of specific diagnostic tests.

Appendix A - Oswestry Low Back Pain Scale: Added interpretation of disability scores.

Appendix B – Roland-Morris Disability Questionnaire: Added new.

Appendix C - Functional Ability Questionnaire: Added statement that while this is not yet a validated tool, it was work group consensus to include it as an example due to lack of other similar tools.

Appendix D – Psychological Screening and Assessment Tools: Changed CAGE alcohol screening to CAGE-AID alcohol/substance abuse or dependence tool.

Appendix E – Upright and Positional Imaging; Added new.

Appendix F – General Guidelines for CT and MRI Order Sets for Adult Low Back Pain. Omitted previous order sets and added this as new.

Priority Aims & Suggested Measures, Measurement Specifications

Revised Aims and Measures to reflect key areas of assessment and reassessment, unnecessary imaging, and conservative treatment approach.

Support for Implementation

Updated resources table to include resources for patients and families on low back care.

**An asterisk indicates any changes in clinical practice recommendations*