

**Algorithm, Clinical Highlights, Annotations**

Changed the flow of the algorithm in order to align the boxes on conservative treatment and visually identify end points.

Clinical Highlight #2 and Annotation #2: clarified patient to be offered an appointment within 24 hours if there is a “new onset (less than 6 weeks) of progressive pain with distal numbness or weakness of leg(s)”.

Clinical Highlight #3: revised statement “lumbar spine x-rays should be considered red flag indications when the following exist”.

Clinical Highlight #5: changed “gentle stretching” to “resume light duty activities”.

- 1) Clarified that user’s of the guideline should check with state guidelines where the patient resides, where the injury took place, or to see the website provided for Minnesota.  
  
Added “Radiculopathy” along with Sciatica. Updated link to Worker’s Compensation Treatment Guidelines.
- 4) Gave examples of factors that may prolong disability in the Key Point. Provided the New Zealand Acute Low Back Pain Guide as a resource for more information on psychosocial yellow flags. Clarified red flag indicators to be consistent with the clinical highlights.
- 5) Revised recommendations for stretching and specific exercises to “light duty activities” and provided references that support strengthening programs and targeting specific muscles (Dollan, 2000; Hides, 1994; Hides, 1996; Hodges, 1996; Saal, 1989; Saal, 1990).
- 10) Added bullets to the decision diamond defining the components of conservative treatment. Added a statement about use of oral steroids. Omitted the statement that strengthening exercises may aggravate symptoms and the statement about specific exercises. Added a statement to consider referral to a formal rehab program.
- 11) Clarified to “initiate or” continue conservative treatment.
- 13) Used the term “spine therapy professional” rather than “therapist” to better match with the types of providers discussed in the annotation.
- 16) Replaced content on clinical indications for SJD with verbiage on other etiologies of chronic low back pain to consider if the patient is not better.
- 19) Revised the statement regarding provider consult for MRI or CT to emphasize that it should be considered if the provider is uncertain whether one should be ordered.

- \* 21) Added a statement that there is limited evidence for epidural steroid injections, and that it should only be considered after initial appropriate conservative treatment program has failed. Summarized additional literature (Arden, 2005; ICSI, 2004) including research on multiple injections (Buttermann, 2004; Wang, 2002; Vad, 2002; Botwin, 2002; Lutz, 1998) and added additional information about literature already noted in guideline (Karpinnen, 2001; Riew, 2000). Streamlined remaining content for clarity.

Appendix B: Replaced revised version of Oswestry Scale with original version and added scoring instructions.

### **Priority Aims & Suggested Measures, Measurement Specifications**

- 1c) Revised measure to read “documentation of recommendations to take an anti-inflammatory *or* analgesic OTC medication”.
- 2) Revised measure to be those patients without red flag indicators undergoing xray. Updated related measurement specifications including denominator, ICD-9 codes, source of data collection, and corresponding notes.
- 4) Added a measure toward use of an appropriate outcome tool.

### **Support for Implementation**

Added a website link from HealthPartners.

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