Patient with Low Back Pain

Inclusion?

Hx and Exam 10 min

Red Flags?
Cauda Equina, Spinal Fx, Spinal Malig, Spinal Infect

Send C2C
Cauda Equina, Spinal Fx, Spinal Malig, Spinal Infect

Acute < 4w Low Risk

SubAcute 4-12w Med Risk

Chronic > 12w High Risk

Chronic Non-responsive

Stable Radiculopathy

Excluded patients
< 18 yoa, neg English skills, neg internet access
WCB or MVA patient, Pregnant or 1yr pp
Exercise contraindicated, in other LBP trials

Usual care

Usual care

Specialist / Imaging

Emergency Department

ULGENT
NON-URGENT

INFORMATION
• Prognosis usually better in 1m.
• Active as tolerable

NON-PHARM
• Heat packs
• Massage
• Acupuncture
• SMT

PHARM
• NSAID
• SMR

DO NOT DO
• Imaging
• Specialists
• Procedures
• Acetaminophen
• Corticosteroids

GLA:D EDUCATION

GLA:D BACK

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INFORMATION
• Active as tolerable.
• Pain is an alarm, not a harm

NON-PHARM
• Movement and exercise as tolerated.
• Possible chronic pain specialist

PHARM
1. NSAIDs
2. Tramadol / Duloxetine
3. Opioids last if at all

DO NOT DO
• Imaging
• Procedures

INFORMATION
• Activity as tolerable

DO NOT DO
• Long term use of Acetamin, Benzos, Opioids or Anti-D

GLA:D EDUCATION

Improvement at 12w?

CBT: Cognitive behavioral therapy
EMG: Electromyography
MBSR: Mindfulness stress reduction
NSAID: Non-steroidal anti-inflammatory
SMT: Spinal manipulative therapy
SMR: Skeletal muscle relaxant
SMT: Spinal manipulative therapy