

BACKACHE - A CARE PATHWAY

STEP 1 - ASSESS

LOOK OUT FOR RED FLAGS

- AGE > 60 YEARS
- TRAUMA
- FEVER (INFECTION)
- UNEXPECTED WEIGHT LOSS (MALIGNANCY, METASTASIS, TUBERCULOSIS)
- NOCTURNAL PAIN
- SYSTEMIC STEROID USAGE/ NARCOTIC USAGE
- HISTORY OF MALIGNANCY
- ANAL SPINCHTER LAXITY/ PERIANAL SENSORY LOSS (CAUDA EQUINA SYNDROME/ SPINAL CORD COMPRESSION)
- MOTOR WEAKNESS - NERVE ROOT COMPRESSION
- POINT TENDERNESS TO PERCUSSION - FRACTURE/ INFECTION
- POSITIVE SLRT - L5 OR S1 HERNIATED DISC

IF ANYONE IS PRESENT URGENT REFERRAL IS NEEDED

NON SPECIFIC BACKPAIN

ASSOCIATED FACTORS

- SPRAIN / STRAIN
- SUDDEN INCREASE / DECREASE IN ACTIVITY OR EXERCISE
- OTHER CO-MORBIDITIES - OA/RA/FMS
- STRESS, ANXIETY, LOW MOOD, POOR SLEEP, FATIGUE
- OBESITY

Assess Recovery Outcome (use STarT Back Tool) Proceed as of risk level below

Low Risk

SELF MANAGEMENT, IF REQUIRING FOLLOW UP REVIEW & NEEDING FURTHER SUPPORT OFFER FCP ASSESSMENT
*FCP - FOCAL CARE POINT

Medium Risk

SELF MANAGEMENT, IF NEEDING FURTHER/ ONGOING SUPPORT OFFER PHYSIO REFERRAL

High Risk

REFER TO MSK TRIAGE FOR CONSIDERATION OF COMBINED PHYSICAL AND BEHAVIOURAL PROGRAMME

First-Line Care

Advice, reassurance, self management, return to work and encouraging physical activity should be provided for all patients

Stepped approach

Stratify by symptom duration : acute, subacute or chronic

Acute or subacute (<12 weeks)

- Superficial heat
- Massage
- Spinal manipulation
- Acupuncture

Chronic (>12 weeks)

- Structured exercise and TENS
- Spinal manipulation
- Psychological therapies (such as CBT)

Risk stratification approach

Stratify by risk assessment using the STarT Back tool or the OMPSQ: low, medium or high risk

Low risk: simpler and less intensive support

- Manual therapy (spinal manipulation or massage)
- Group exercise

Medium or high risk : more complex and intensive support

- Structured exercise
- CBT, graded activity or exposure therapy
- Multidisciplinary treatment (combining physical and psychological therapies)

Consider pharmacological therapies if non-pharmacological options are unsuccessful

- NSAIDs
- Skeletal muscle relaxants (for acute pain only)
- Opioids
 - Only use when other medicines are contradicted, not tolerated or are ineffective
 - Their use requires careful risk-benefit assessment and is discouraged for chronic lower back pain
- Paracetamol is not recommended