evidence based guidelines

LOW BACK PAIN

Acute pain (<6 weeks)

Rule out "Red Flags" – Refer to spinal surgery if concern for any of the following

Cauda Equina Syndome (bowel/bladder dysfunction, saddle anesthesia, worsening neuro deficit)
- **Order urgent MRI and call spinal surgeon immediately if positive**

Cancer or Infection (pain when laying down, fever, immunosuppression, weight loss)
- Evaluation: CBCdiff, CRP/ESR, procalcitonin, X-ray
- Contact spinal surgeon urgently (<24hrs) for help with further work-up

Fracture (trauma or high risk for osteoporosis)
- Start with Xray, proceed to CT if still concern after 10 days of conservative care

Concern for hematoma (anticoagulated, recent spinal injection, etc)
- Refer to emergency department for full evaluation

Begin with conservative care

Educate about likely etiology, 90% of cases resolve in 6 weeks
Heat works better than ice
Stay as active as pain allows
Lidocaine patches, acetaminophen, topical/oral NSAIDs, muscle relaxers (not soma)
Consider Medrol Dose-pack for acute radicular pain
Consider referral to Holland Hospital PT's "Non-operative spine pathway" (specify if urgent)
No imaging is recommended unless there are severe or progressive neurologic changes or a failure to respond to conservative care after 6 weeks

If symptoms are severe (but no red flags)

Consider Tramadol or Opiate <50 MME/day for 3-5 days
Reassess within 1 week
Consider referral to physiatry or pain clinic

Subacute/Chronic pain (6 weeks or longer)

Treatments:

Encourage a healthy lifestyle (smoking cessation, regular exercise, good nutrition, healthy BMI)
Work on achieving adequate sleep (low-dose TCA or a muscle relaxer may assist)
Recommend Tylenol and NSAID (see Pain Management guideline for more ideas)
Avoid opioid medication unless function would improve (e.g. PEG scale)
Suggest Holland Hospital PT's "Non-operative spine pathway," Yoga, Pilates, or Tai Chi

Imaging:

Plain film X-Ray
MRI if significant radicular symptoms are still present and patient is a surgical candidate

Among people in the following age groups with no back pain, a lumbar spine MRI will show…							
	20-30 years old	30-40 years old	40-50 years old	50-60 years old	60-70 years old	70-80 years old	80+ years old
Disc Degeneration	37%	52%	68%	80%	88%	93%	96%
Disc Signal Loss	17%	33%	54%	73%	86%	94%	97%
Disc Height Loss	24%	34%	45%	56%	67%	76%	76%
Disc Bulge	30%	40%	50%	60%	69%	77%	84%
Disc Protrusion	29%	31%	33%	36%	38%	40%	43%
Annular Fissure	19%	20%	22%	23%	25%	27%	29%

holland pho
Physician Hospital Organization

APPROVED BY:
Quality & Care Management Committee,
Holland Physician Hospital Organization
Approved: 02/24/2022