



# Acute Low Back pain

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- What can we do in 10 minutes?



## What can we do in 10 minutes ~ 1.

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- Listen & engage the patient
- Validate their story – don't trivialise or dismiss
- Explore the beliefs, fears, values & expectations of the patient
- Explore the symptoms and the meaning the patient makes of them in the context of their life.
- Conduct appropriate examination



## What can we do in 10 minutes ~ 2.

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- Exclude “serious” i.e. life-threatening illness

### ‘Red Flags’

- Rest pain
- Systemic illness – fever, weight loss
- Relevant medical history – Ca, TB, HIV, Steroids etc
- Presentation under age 20 or onset over 55
- Thoracic pain
- Widespread neurological symptoms or signs
- Structural deformity



## What can we do in 10 minutes ~ 3.

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- Recognise Cauda Equina syndrome:  
immediate referral required
  - Sphincter disturbance
  - Gait disturbance
  - Saddle anaesthesia



## What can we do in 10 minutes ~ 4.

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- Nerve root pain:
  - Unilateral leg pain worse than low back pain
  - Radiates to foot or toes
  - Numbness & paraesthesia in same direction
  - SLR reproduces leg pain
  - Localised neurological signs
- Specialist referral not generally required within first 4 weeks, provided resolving



## What can we do in 10 minutes ~ 5.

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- Simple backache: Specialist referral not required
  - Presentation 20-55 years
  - Lumbosacral, buttocks and thighs
  - "Mechanical" pain
  - Patient well



## What can we do in 10 minutes ~ 6.

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- Recognise and respond to Yellow Flags
- Expose myths, 'faulty thinking' and dysfunctional behaviours. e.g.
  - Presence of a belief that back pain is harmful or potentially severely disabling
  - Fear-avoidance behaviour (avoiding a movement or activity due to misplaced anticipation of pain) and reduced activity levels
  - Tendency to low mood and withdrawal from social interaction
  - An expectation that passive treatments rather than active participation will help.



## What can we do in 10 minutes ~ 7.

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- Be optimistic about the outcome -  
Give appropriate advice about exercise, return to activity & work, analgesia. Negotiate & share the decision making.



## What can we do in 10 minutes ~ 8.

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- Recognise co-existing problems such as depression, home or work difficulties that may hamper how the patient copes with the pain and plan to re-assess these – maybe later.



# Resources to help:

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- Working Backs Scotland. An excellent website includes a link to a PDF of the Back Book:  
<http://www.workingbacksscotland.com>
- The Back Book – hard copies - are also available from The Stationary Office – some PCTs have purchased supplies for local Practices
- New Zealand Acute Low back Pain Guide incorporating the guide to assessing psychosocial yellow flags in Acute Low back Pain.  
<http://www.acc.co.nz/acc-publications/pdfs/ip/acc1038-col.pdf>
- The Arthritis and Rheumatism Council (ARC) has a leaflet on back pain with some useful exercise sheets:  
[http://www.arc.org.uk/about\\_arth/booklets/6002/6002.htm](http://www.arc.org.uk/about_arth/booklets/6002/6002.htm)