

**Clinical Guideline:** Acute Lower Back Pain Site: FPH

History

Acute onset low back pain +/- sciatica

General Information

**Please use MSK/Tier 2 services if available**
**Role of MSK:**

Review treatment to date

Arrange x-rays/MRI scans/investigations as appropriate

Arrange further physiotherapy as appropriate

Explore psychosocial factors

Refer to secondary care back consultants if >80% sure patient has a condition for which surgery is required

* Advise patients on staying active and continue normal daily activity including work, if possible
* Advice on posture, exercise, lifting, bending, sitting, driving, mattress choice, weight loss as needed
* Pain relief  analgesics and NSAIDs
* Short course of muscle relaxants as needed e.g. diazepam, usually for 3-7 days, up to 2 weeks.
* Review after 2 weeks and refer to physiotherapy services as needed

Advice and Treatment

**Signs of cauda equine syndrome: refer as an emergency**

**Consider referral if:**

* Progressive neurological deficit such as weakness/anaesthesia - refer urgently to be seen within 1-2 weeks
* Nerve root pain not resolving after 6 weeks â€“ refer physiotherapy to be seen within 3 weeks and offered 4-6 sessions of physiotherapy over subsequent 3 weeks
* Refer rheumatology of concern regarding ankylosing spondylitis
* Refer MSK (if available)/FPH if simple back pain not responding to physiotherapy at 3 months

Referral Guidelines – red flag signs

* Lumbar spine x-rays only if concern regarding HO trauma, Osteoporosis fracture
* Link with systemic ill health

Investigation

* SLR reproduces pain
* Note dermatomal signs such as numbness, weakness, reduced reflexes, muscle wasting
* Look for red flags:
1. age<20, >65yrs old
2. gradual onset
3. both legs affected
4. unremitting night pain
5. systemic illness e.g. weight loss, night sweats
6. other signs of inflammation e.g. arthritis, iritis, early morning stiffness
7. sphincter disturbance e.g. reduced bowel/bladder control, abnormal anal sphincter tone, upgoing plantars, saddle area anaesthesia (if present, refer as an emergency to oncall orthopaedic/neurosurgery teams).

Examination