

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

History

Low back pain >12 weeks

General Information

**Please use MSK/Tier 2 services if available**

**Role of MSK:** Refer for physiotherapy service if not available locally or for further review and reinforcement of advice

**Role of secondary care:** There is no evidence for facet joint injections in treatment of chronic low back pain although NICE suggests could be considered if other measures have failed and back pain persists >1 year

If patients want surgical intervention consider spinal fusion as appropriate. Chronic pain service should include comprehensive multidisciplinary input and access to CBT

* Advise patient to stay active with advice on posture, exercise, lifting, bending, sitting, driving, mattress, weight control as appropriate
* Paracetamol as first line analgesic
* Ibuprofen as second line analgesic
* Advise to use regularly rather than as required
* Consider opiate containing analgesics and intermittent courses of NSAIDs
* Consider amitriptyline, occasional use of muscle relaxants as needed

Advice and Treatment

**Consider referral if:**

Refer to local Physiotherapy services if symptoms persist for a further 12 weeks despite measures taken by GP  
Programmes could include:

1. Back exercise advice (up to 8 sessions over 12 weeks)
2. Short course of manual therapy e.g. manipulation, massage (up to 9 sessions over 12 weeks)
3. Brief Education intervention
4. Back schools (groups up to 10people)
5. Acupuncture (up to 10 sessions over 12 weeks)

If not available locally or still not progressing refer to MSK if available for further review and reinforcement of advice.  
Refer to secondary care or chronic pain specialists as needed.

Referral Guidelines – red flag signs

* Blood tests such as FBC, ESR, CRP, PSA, Bone profile
* Lumbar spine x-ray if concern regarding HO trauma, osteoporosis, link with systemic ill health
* Consider DEXA if concern re Osteoporosis

Investigation

* Note dermatomal signs such as numbness, weakness, reduced reflexes and muscle wasting
* Note any red flag signs such as

1. age -20yrs, >65years
2. gradual onset
3. both legs affected
4. unremitting pain at night
5. associated systemic illhealth e.g. weight loss, night sweats
6. signs of inflammation such as arthritis, iritis, early morning stiffness
7. Sphnicter disturbance including bowel/bladder function disturbance, abnormal anal sphincter tone, upgoing plantars, saddle area anaesthesiea

Examination