

BACK PAIN DIAGNOSTIC TRIAGE REFERENCE MATRIX

This matrix provides a comprehensive, scannable overview mapping clinical presentation criteria against specific diagnostic pathways and their mandatory target management destinations.

Simple Backache	Nerve Root Pain	Red Flags (Serious Pathology)	Cauda Equina Syndrome	Inflammatory Disorders	Problem Elsewhere
<ul style="list-style-type: none"> • Presentation: 20 – 55 years • Lumbosacral region, buttocks & thighs • Mechanical pain: varies with physical activity and time • Patient otherwise well 	<ul style="list-style-type: none"> • Unilateral leg pain worse than low back pain (LBP) • Radiates to foot or toes • Numbness and paraesthesia in the same distribution • Straight Leg Raise (SLR) reproduces leg pain • Localised neurological signs 	<ul style="list-style-type: none"> • Presentation: < 20 or > 55 years *(Updated from original >50 limit to match NICE guidelines) • Violent trauma or structural deformity • Constant, progressive, non-mechanical back pain • Thoracic pain • Weight loss, unwell • PMH: Cancer, system steroids, HIV, osteoporosis 	<ul style="list-style-type: none"> • Sphincter disturbance (Incontinence or retention) • Saddle anaesthesia (about anus, perineum, or genitals) • Progressive motor weakness in the legs or gait disturbance not due to leg pain 	<ul style="list-style-type: none"> • Onset < 40 years • Marked morning stiffness • Night sweats • Peripheral joint involvement • Iritis, skin rashes (psoriasis), colitis, urethral discharge • Family history of connective tissue disorders 	<ul style="list-style-type: none"> • Abdomen • Genitourinary (GU) • Menopause • Systemic pathology • Psychogenic cause
<p>MANAGE IN PRIMARY CARE</p>	<p>Is there severe or progressive motor weakness?</p>	<p>URGENT SPECIALIST REFERRAL</p>	<p>EMERGENCY REFERRAL TO A SPINAL SURGEON OR ORTHOPAEDIC SURGEON</p>	<p>REFER SUSPECTED RHEUMATOLOGICAL DISEASE TO A CONSULTANT RHEUMATOLOGIST</p>	<p>DIAGNOSE AND MANAGE APPROPRIATELY</p>
	<p>YES → Urgent Specialist Referral</p>				

NB: These columns and diagnostic indicators provide a clinical warning framework rather than dictating an immediate blanket need for secondary care referral without clinical context. The clinical age cut-off for malignancy/serious pathology red flags has been modernised here from the historical 50-year limit to **55 years** to ensure complete clinical consistency with current UK and NICE guidelines.

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