

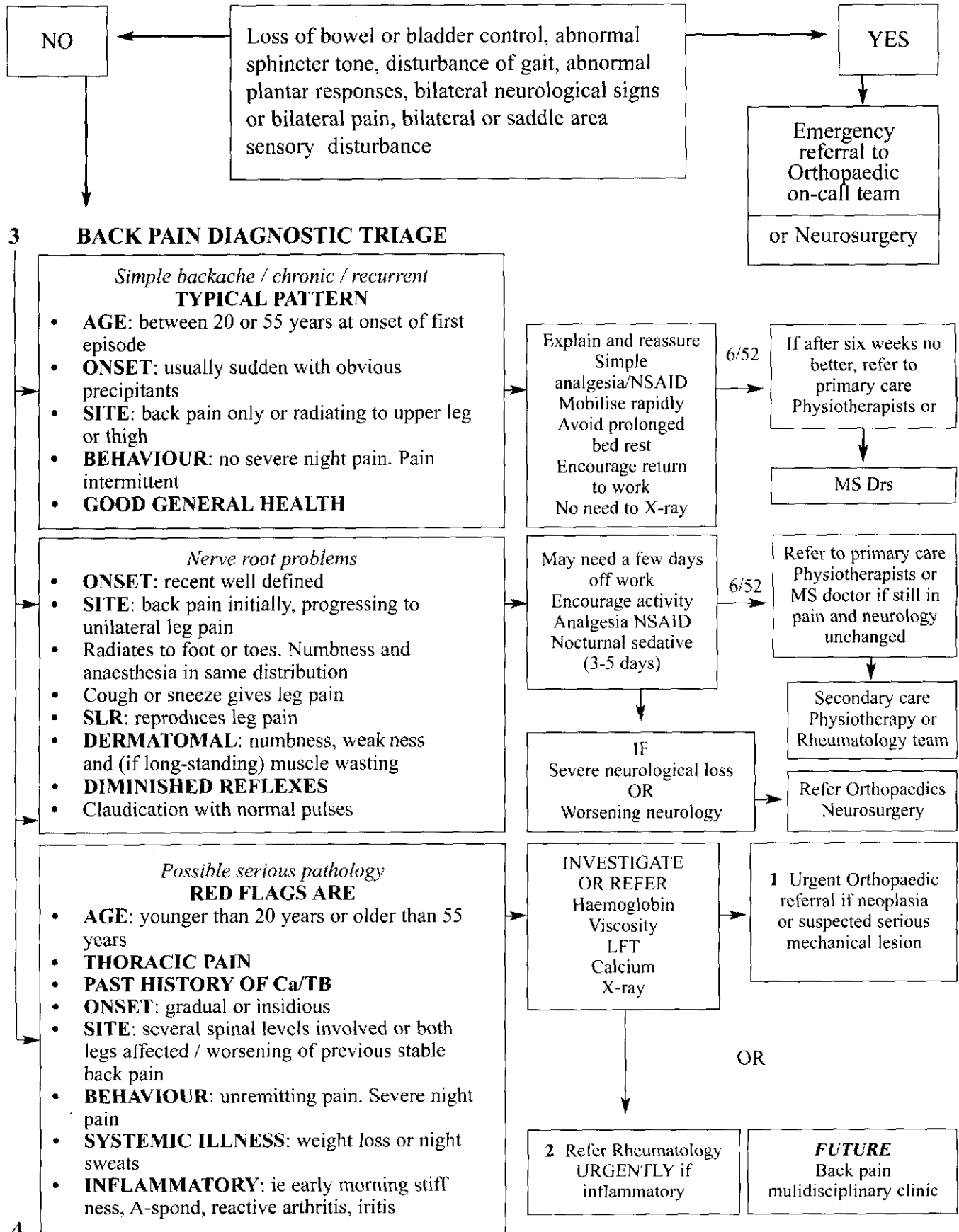
# BACK PAIN

## 1 IS THE PAIN SPINAL OR ORIGINATING ELSEWHERE?

eg in the abdomen or genitourinary system - investigate as appropriate

## 2 DOES THE PATIENT NEED EMERGENCY REFERRAL?

Are there any features which suggest acute spinal cord or cauda-equina lesion?



# BACK PAIN GUIDELINES

**A Initial GP Consultation:-** establish if this is simple backache or part of a more generalised disorder (if “yes” consider referral). Assess degree of nerve root involvement.

- **Look for red flags**
- **Simple analgesia** Opiates should rarely be needed. If used aim to discontinue after ten to fourteen days. NSAIDs may help in initial few days plus **adequate** simple analgesics.
- **Positive attitude to outcome** - try to keep patient at work and maintain activity levels. Assess and address issues of distress or depression.
- **Encourage early activity** - activity is **not** harmful and may help to reduce pain in many patients.
- **Avoid prolonged bed rest** - at most one or two days in simple back ache and perhaps up to a maximum of a week in sciatica.

**B Refer to Musculoskeletal Physiotherapist** if advice and reassurance are not enough and pain persists beyond six weeks.

**C Other Points to Consider**

- 1 **Review your initial diagnosis;** including psychosocial factors, attitudes and beliefs about the pain.
- 2 **Discuss with musculoskeletal doctors.**
- 3 **Consider doing relevant investigations:** Hb, PV, Calcium, Alk phosphatase. X-ray if red flags present.
- 4 **Depending on clinical situation then:** consider Orthopaedic / Rheumatology referral.
- 5 **Patients with persistent pain:** consider pain clinic referral.