

Diagnosis and Management of Low Back Pain

Low Back Pain Amenable to Conservative Care		
Condition	Common Management	
	Essential	Additional
<p>1. Common LBP: (e.g., non-specific, lumbar or lumbo-sacral strain/sprain, sacroiliac joint dysfunction, myofascial pain syndrome, facet joint irritation, osteoarthritis)</p> <ul style="list-style-type: none"> • Signs/Symptoms: Sharp, dull, shooting or aching pain below costal margin and above inferior gluteal folds, with possible leg pain. • Exam: Pain reproduced by physical examination tests. 	<ul style="list-style-type: none"> • Education and reassurance • Maintain normal activities • Address yellow flags • Self-care (proper diet, exercise, sleep, stress management) • Social and work activities • Ongoing follow-up to ensure alignment with treatment goals • Criteria for discharge/referral: achieved goals, worsening symptoms, failed treatment (e.g., no improvement after 6-8 weeks). 	<ul style="list-style-type: none"> • Exercise therapy • Manual therapy (e.g., SMT, mobilization, soft tissue techniques) • Needling therapies • Topical cayenne pepper • Medications • Electrotherapies • Psychological or social support • Mind-body interventions (e.g., mindfulness, meditation) • Mobility assistive devices (e.g., walkers, canes) • Multicomponent biopsychosocial care (e.g., exercise therapy, cognitive behavioural therapy, and social support)
<p>2. LBP with Radicular Pain (Radiculopathy): (from disc pathology)</p> <ul style="list-style-type: none"> • Signs/Symptoms: Sharp, shooting, burning pain originating in low back and radiating down leg; numbness, tingling, weakness associated with a nerve root. • Exam: Positive straight leg raise test, sensory deficits, muscle weakness, altered reflexes. 		
<p>3. Deep Gluteal Syndrome: (e.g., piriformis syndrome)</p> <ul style="list-style-type: none"> • Signs/Symptoms: Buttock and posterior leg pain, may radiate to foot; pain with sitting, climbing stairs, squatting; deep gluteal tenderness. • Exam: Sciatic nerve root irritations signs; does not follow radicular pattern associated with nerve roots. 		
Red Flags: Immediate Emergency Care Referral		
<p>1. Cauda Equina Syndrome: Saddle anesthesia, bladder/bowel dysfunction, bilateral radicular signs.</p> <p>2. Spinal Infection: Immunosuppression, recent infection or surgery, TB history, unexplained fever/chills, IV drug use, poor living conditions.</p> <p>3. Traumatic Spinal Fracture: Severe trauma.</p>		
Referral to Medical Provider		
<p>1. Spinal Fracture: Sudden severe pain, osteoporosis, corticosteroid use, female sex, age >60), history of spinal fracture/cancer.</p> <p>2. Spinal Malignancy: Progressive pain, cancer history, constitutional symptoms (fatigue, weight loss).</p> <p>3. Inflammatory Arthritides (e.g., spondyloarthropathies, rheumatoid arthritis, systemic lupus erythematosus): Morning stiffness >1 hour, systemic symptoms (fatigue, weight loss, fever), symmetrical joint pain, joint swelling/deformity, skin lesions.</p> <p>4. Referred Pain: (from abdominal/pelvic visceral conditions): Abdominal or pelvic tenderness.</p>		
<p>Orange Flags (Psychiatric Disorders): Major depression, personality disorders, PTSD, substance addiction and abuse.</p> <p>Action: Refer to appropriate provider/psychiatric specialist.</p>	<p>Yellow Flags (Psychosocial Factors): Fear of movement, poor recovery expectations, depression, anxiety, work-related or family issues, litigation or compensation claims, maladaptive coping mechanisms.</p> <p>Action: Address these as part of conservative care, co-manage, or refer to an appropriate provider.</p>	