

BACK PAIN ONLY:

I. INITIAL EVALUATION:

Red Flags: * Bowel or bladder problems * Numbness in the groin or rectal area * Extreme weakness or numbness in feet or legs * Fever * Night sweats * Significant trauma * Weight loss

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|--|-----------------------------------|---|
| <input type="checkbox"/> Review for Red Flags | <input type="checkbox"/> Pamphlet | <input type="checkbox"/> Education on benign nature |
| <input type="checkbox"/> Medication: Aggressive pain management to maintain mobility and restore functionality | | |
| NSAIDS | Muscle Relaxant / Sedative | Narcotic |
| | <i>Useful in restoring sleep</i> | <i>Likely to be necessary for severe pain</i> |

II. ACUTE PAIN (@ 1-5 WEEKS)

Treatment – Focus on relative rest for 2 days followed by gradual return to activity

Yellow Flags: * Fear avoidance * Catastrophizing * Passive attitudes * Extended rest * 10/10 pain * Fear of pain * Depression/anxiety * Poor compliance with exercise * Exaggerated exam/history

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| <input type="checkbox"/> Review Analgesic Support | | |
| <input type="checkbox"/> Therapeutic Intervention: <i>2-6 visits to see effect</i> | | |
| Physical Therapy | OMT | Chiropractic |

III. SUB ACUTE PAIN (@ 6-12 WEEKS)

TREATMENT – FOCUS ON RESTORATION OF MOBILITY

- Review Analgesic Support
- Review need for active treatment (Section II. Above)

Referrals:

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| <input type="checkbox"/> LBP Coordinator / O.A. Spine Ctr. | Consult on yellow flags, therapy, medications, diagnostics |
| <input type="checkbox"/> Neurology | Consult on neuro involvement, diagnostics |
| <input type="checkbox"/> Pain Management Referral | Consult on injections, medications |
| <input type="checkbox"/> OMT Referral | Consult on OMT |

Diagnostic:

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| <input type="checkbox"/> X ray (instability or cancer) | <input type="checkbox"/> Bone Scan (infection, cancer) |
| <input type="checkbox"/> CT Scan (Spinal stenosis) | <input type="checkbox"/> MRI (neurologic compromise) |

LOW BACK AND LEG PAIN NON PROGRESSIVE (NO MOTOR DEFICIT):

I. INITIAL EVALUATION

- Section I above
- Consider corticosteroid taper (methylprednisolone dose pack)

II. PAIN FOR 2-6 WEEKS:

- Section II above
- Pain Management Referral (Consider epidural steroid)

III. PAIN 6-12 WEEKS:

- Section III above

UNREMITTING PAIN OR PROGRESSIVE NEUROLOGIC INVOLVEMENT:

- Spine Surgeon

Physical Therapy

InterMed Stroudwater Crossing – 3 rd Floor 1685 Congress Street Portland, Maine 04102 Ph 780-8860 Fax 541-4865	Saco Health Care PT 13 Industrial Park Road Saco, Maine 04072 Ph 294-8100 or 294-8181 Fax 294-8188	SMMC @ Park Square PT 72 Main Street Kennebunk, Maine 04043 Ph 467-6999 Fax 467-6996
InterMed Yarmouth Health Center 259 Main Street Yarmouth, Maine 04096 Ph 846-9013 Fax 846-0996	SMMC PT 1 Medical Center Drive Biddeford, Maine 04005 Ph 283-7767 Fax 283-7755	

OMT

Sam M. Nawfel, DO 10 Forest Falls Drive Yarmouth, Maine 04096 Ph 846-3282 Fax 846-5565	James Findlay, DO Orthopaedic Associates of Portland 33 Sewall Street Portland, Maine 04101 Ph 828-2100 Fax 828-2192	
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Chiropractic

Bob Lynch, DC 1200 Broadway South Portland, Maine 04106 Ph 799-2263 Fax 799-2263	Marc G. Malon, DC 322 Elm Street Biddeford, Maine 04005 Ph 283-0104 Fax 283-4322	
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Behavioral Health

Gordon Clark, MD Integrated Behavioral Healthcare 1 Forest Avenue Portland, Maine 04101 Ph 761-4761 Fax 780-1729		
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Spine Surgery

Michael Binette, MD Peter Guay, DO Orthopaedic Associates of Portland 33 Sewall Street Portland, Maine 04101 Ph 828-2100 Fax 828-2192		
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Neurology

John Dolan, DO Jeff Fecko, MD PrimeCare Neurology 2 Medical Center Drive Biddeford, Maine 04005 Ph 282-5509 Fax 284-8516	<u>Physiatry</u> Michael Totta, MD Orthopaedic Associates of Portland 33 Sewall Street Portland, Maine 04101 Ph 828-2100 Fax 828-2192	
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