

NovaHealth 
ACUTE LOW BACK PAIN PATHWAY

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

- | | | |
|--|-----------------------------------|---|
| <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

- Review Analgesic Support
- Therapeutic Intervention: *2-6 visits to see effect*
Physical Therapy OMT

LBP Coordinator
 Jeff Fecko, MD or
 John Dolan, DO
 PrimeCare Neurology

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:

- | | |
|---|--|
| <input type="checkbox"/> LBP Coordinator/Dr. Fecko or 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:

- | | |
|--|--|
| <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