

best care practices for diagnosis and management of low back pain

EVIDENCED BASED GUIDELINES

According to the American Academy of Family Physicians, doctors should not order X-rays, CT scans, MRIs or other tests unless they suspect nerve damage, or a specific cause of low back pain that would show up on the test.

Plain radiographs are a reasonable diagnostic option in:

- History of osteoporosis or steroid use and whose initial evaluation shows signs of possible fracture
- Recent trauma
- Nonspecific LBP that lasts longer than 6 weeks and does not show improvement with conservative care.

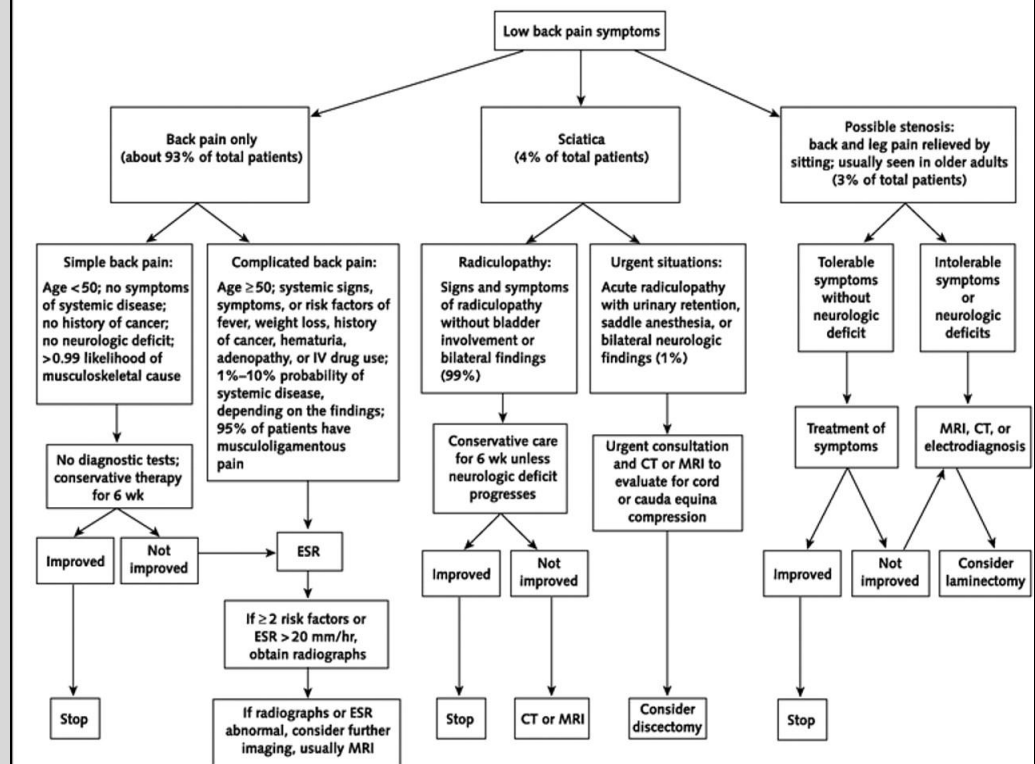
Referral for surgical evaluation and advanced imaging (MRI/CT) is recommended if signs or symptoms of severe or progressive neurologic deficit are present, or if a serious condition such as:

- Vertebral or disk infection
- Abdominal aneurysm
- Cauda equina syndrome
- Malignancy

Patients who have radicular pain or radiculopathy do not need to be referred for surgical evaluation or undergo diagnostic imaging on an emergent basis unless signs or symptoms of cauda equina syndrome are present.

Watkins, Kimberly, Stanley A. Herring, and Francis G. O'Connor. "Caring for Patients Who Have Chronic Low Back Pain." *CME Bulletin* 7 (2008). American Academy of Family Physicians. 8 Mar. 2009 <<http://www.aafp.org/cmebulletin/lbp>>.

ASSESSMENT OF LOW BACK PAIN



Jarvik, Jeffrey G. "Diagnostic Evaluation of Low Back Pain with Emphasis on Imaging." *Annals of Internal Medicine*. 137 (2002): 586-97.

The literature clearly supports the recommendation that doctors should not order X-rays, CT scans, MRIs or other tests unless they suspect nerve damage, or a specific cause of low back pain that would show up on the test. For patients presenting with back pain only without a history of cancer or any neurological deficits, the likelihood of a musculoskeletal cause best treated with conservative therapy was over 99%.

Studies have also shown that the use of lumbar radiography strongly correlates

with patient satisfaction. Therefore, physicians must make sure reassure the patient and explain that radiography and referral to a specialist are not needed in most cases.

Management of low back pain centers on the use of NSAIDs, local ice or heat, and patient education. Advise the patient to gradually return to usual activity, avoid bed rest, and participate in low stress aerobic exercise.