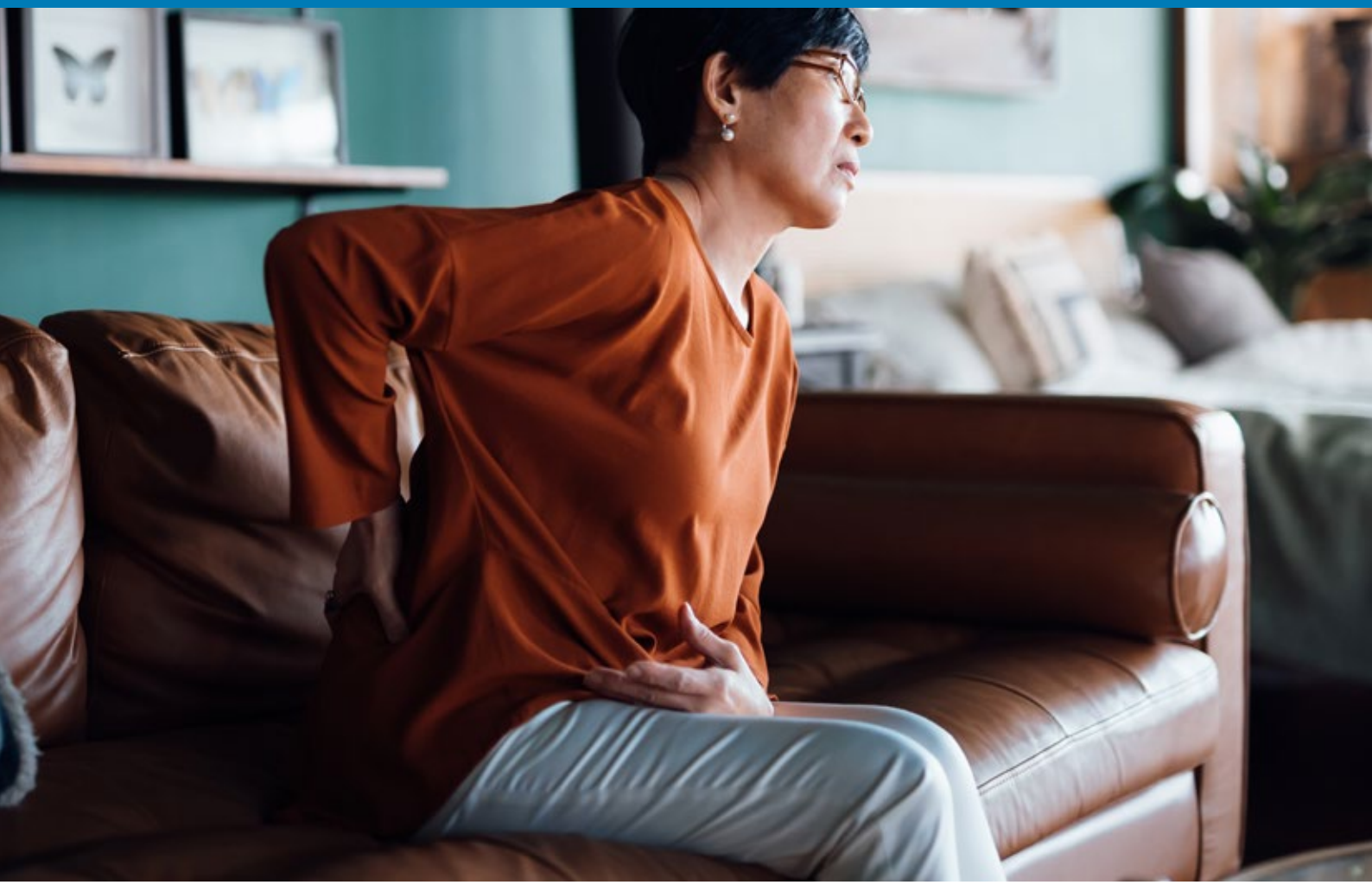
LOW BACK PAIN CLINICAL CARE STANDARD

QUICK GUIDE FOR PHYSIOTHERAPISTS



AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

This quick guide outlines the care described in the Low Back Pain Clinical Care Standard, developed by the Australian Commission on Safety and Quality in Health Care.
It provides an evidence-based approach to the early assessment, management, review and referral of patients with low back pain, with or without leg pain, who present with a new acute episode.

1 Conduct an initial clinical assessment

ASSESS patients early in each new presentation of low back pain, including:

- A targeted history (pain, past history, functional capacity, health comorbidities and features that may indicate specific and/or serious pathology)
- A physical examination to assess movement, functional capacity and pain interference
- A focused neurological examination for patients with low back pain with leg pain.

ARRANGE

- Appropriate referral or investigations if specific and/or serious underlying pathology is suspected
- Follow-up for monitoring or further assessment.

REFER

- Immediately to emergency department (ED) for suspected cauda equina compression, spinal infection or acute severe neurological deficit
- To a GP if suspicious of malignancy, spondyloarthropathy or aortic aneurysm
- For imaging if suspicious of a fracture.

DOCUMENT findings in the patient's medical record.

Communication tips

- **No signs of pathology:** Based on a thorough assessment there is no indication that your back pain is due to a serious condition. While back pain can be severe and distressing in most cases these symptoms will settle within a couple of weeks. Let's discuss how we can support your recovery.
- **Suspicion of serious pathology (other than fracture):** Based on a thorough assessment, you have signs that require medical review. I am going to refer you to your GP/ED for further investigation and management.
- **Suspicion of fracture:** Based on a thorough assessment, you have signs that need further investigation. I am going to refer you for imaging to get a better understanding about your back pain before we make any decision about your treatment plan.

2 Assess for psychosocial factors

SCREEN using risk assessment tools (STaRT Back or Örebro).

ASSESS for factors which may delay recovery on first assessment.

- Use findings from risk assessment tools (STaRT Back or Örebro) to identify risk status and prompt discussion
- Explore the patient's concerns, beliefs, pain-related fears, avoidance and protective behaviours, pain-related distress, lifestyle factors and social stressors (including financial, family, relationship and work, and any legal involvement)
- Consider history of mental health problems.

DOCUMENT findings and repeat the assessment at subsequent visits to measure progress.

Communication tips

- Validate the patient's pain and distress–acute back pain can be scary and distressing.
- Provide targeted reassurance by addressing the patient's specific concerns, fears and worries based on a comprehensive assessment that specifically assesses these.
- Discuss how the experience of pain (whether associated with a specific diagnosis or not) can be influenced by how we think and feel about our pain, as well as our work, social or cultural environments.
- Emphasise the importance of developing active pain coping strategies.

3 Reserve imaging for suspected serious pathology

ADVISE that imaging:

- Is important to identify serious pathology when suspected (~1% of patients in primary care, likely higher in ED)
- Is not indicated for people with low back pain in the absence of features indicating the presence of serious pathology (95+% of people) and is not helpful as it won't change how their back pain condition is managed
- Can create unnecessary concerns where normal age-appropriate findings are mislabelled as pathology
  - For example, imaging findings such as disc degeneration, facet joint arthritis, disc bulges, fissures and protrusions are common in people without pain and are a normal feature of ageing
- Monitor for changes in presentation that indicate a sinister pathology where imaging is required.

REFER a patient with alerting features for serious pathology or suspicion of fracture (as outlined above).

NOTE If imaging is indicated, MRI offers better sensitivity and a superior safety profile to CT and X-ray. However, MRI is not covered by the Medicare Benefits Schedule if requested by a GP, a physiotherapist or a chiropractor.

EXPLAIN radiological findings and any relevance to their clinical presentation or management, if the patient has been imaged.

Communication tips

- Imaging is important to rule out serious pathology in people with low back pain, but only where there is suspicion of serious pathology – that's about 1% of people. It should not be a routine approach for everyone.
- For the vast majority (95+%) of people with back pain, it will not help to identify the cause of your pain or help us manage it.
- From my assessment, you do not have any signs of the serious or specific causes of low back pain so there is no indication for scans at this stage, as it won't change the treatment.
- Importantly, imaging shows up changes that occur normally, even in people without back pain, so the findings are not very helpful.
- Let me know if your symptoms get worse or if you have any concerns. In subsequent visits I will be monitoring your symptoms closely so if you experience any changes that indicate serious pathology, I will refer you for imaging.

4 Provide patient education and advice

ADVISE patients about the:

- Positive natural history of low back pain and the low risk of serious underlying disease
- Importance of engaging in relaxed, graded movement and activity, return to work and social activities. These movements may initially be sore, but they will gradually improve with time
- Importance of good sleep habits and stress management where relevant.

EXPLAIN

- A specific diagnosis is not possible for most low back pain because there are many interacting factors that influence the pain experience, and the low back area has numerous structures that can become sensitive and are difficult to isolate
- Movement will not cause harm. There are no 'bad' movements or postures and there is no need to avoid certain movements once the patient has recovered
- Heat packs may provide short-term pain relief, as an adjunct to active management
- The potential benefits, risks and costs of any treatment strategies being considered.

PROVIDE written explanations and tailored educational resources (including links to websites) to reinforce key messages, and repeat at subsequent visits.

Communication tips

- Low back pain can occur due to a range of interacting factors.
- A specific diagnosis is not possible in the majority of cases.
- Using language such as a 'sprain' or a 'backache' can be helpful without causing undue concern.
- Most people with acute low back pain will feel much better or will have recovered within two weeks, if they follow simple advice.
- The key is to have a clear, confident plan for recovery.

5 Encourage self-management and physical activity

ADVISE that:

- it is important to maintain or gradually return to normal activities including normal spinal movement, physical activity, a graded return to work and/or meaningful activities.

- **Prolonged bed rest delays recovery and should be discouraged.**

SUPPORT patients to self-manage their symptoms by:

- Prioritising active management strategies over passive strategies, guided by the evidence base
- Mapping out a plan to help them engage in graded movement and activity, return to work and social activities
- Gradually increasing activity levels based on their preference, using time-contingent pacing
- Setting SMART goals (specific, measurable, achievable, relevant, and time-bound).

Communication tips

- Let's work out a plan to put you in control of your pain and get you back to living well again.
- Remember that your back is strong. Movements may be painful at first; they will get better as you gradually regain mobility and get active again. Staying active and continuing daily activities as normally as possible (including work) will help you recover.
- It's normal to have some set-backs on the journey to recovery and I will support you when you need it.

6 Offer physical and/or psychological interventions

Based on the findings from the psychosocial risk assessment:

ADVISE that:

- Active coping strategies directed at optimising physical and psychological health can enhance recovery
- For most people with new back pain, additional therapies are not necessary because the pain will improve naturally by following advice related to physical activity and self-management
- Hands-on therapies may be offered as an adjunct to facilitate independent symptom management in the longer term.

PROVIDE patient-specific reassurance, guidance on self-management and advice to stay active. This may include:

- Helping the patient develop a positive mindset and an understanding about their pain condition based on the findings from the screening questionnaires, interview and examination
- A program of regular graded exercise therapy and physical activity to relieve pain and build confidence to re-engage with normal movement and activities in line with their goals
- Promoting healthy sleep habits and relaxation techniques
- A plan for social engagement and return to work
- Time-limited manual therapy to provide short-term pain relief, as an adjunct to active management
- Resources including patient stories.

REFER to a GP where severe pain results in acute distress and significant activity limitation for review and further pain management options.

Communication tips

- **Validation:** Acknowledge that back pain can be debilitating, scary and distressing.
- Because the experience of pain affects both body and mind, treatments targeting both factors can reduce pain and disability more than medical care alone.
- Developing a positive mindset, effective pain-coping strategies and building confidence in your back to engage with normal activities is key to recovery.

7 Use pain medicines judiciously

Physiotherapists generally cannot provide patients with specific advice on pain medication.

REFER to a GP for pain management if the patient's level of pain is severe, distressing or a barrier to functional recovery. Seek advice from the GP or community pharmacist if you are concerned about the regimen of medicines the patient is taking.

ADVISE that the goal of pain medicines is to reduce pain to support continuation of usual activities including physical activity and work, rather than to eliminate pain completely.

PROVIDE information about how pain medicines may be combined with physical activity and self-management strategies to help improve function and mobility.

COMMUNICATE with the GP:

- about how physiotherapy care can support active management and clear goals to stop medication
- If you are concerned about medication side effects, abuse or overdose.

Communication tips

- Non-drug options are preferred over pain medicines to manage back pain. Let's set up a plan to put you in control of the pain and get you moving.
- Relaxation techniques, gentle movement and activity can provide pain relief.
- Manual therapies, such as massage and joint mobilisation, as well as heat wraps at home, can also provide short-term pain relief to get moving and engaging in valued activities.
- If the pain is severe, distressing and limits your ability to move, I can talk to your GP about a short course of medication so we can get you back to normal function as soon as possible.

8 Review and refer

If the patient's pain is persisting or worsening:

REASSESS to reconsider diagnosis, assess for alerting features (red flags) and review psychosocial factors and engagement with self-management strategies.

ARRANGE referral to ED if new concerning features are identified (serious pathologies, severe neurological deficits or cauda equina symptoms)

REFER a patient with disabling back or leg pain and/or significantly limited function on review at 2–6 weeks to:

- **GP** for review and pain management
- **Specialist physiotherapy** for patients who present with high levels of pain-related fear and distress, avoidance and protective behaviours
- **Psychologist** for patients who present with psychological comorbidities, for example unresolved trauma, high levels of anxiety, distress, depression or social stress. Use screening such as the DASS or K10 to assist identification of these
- **Imaging and surgical review if severe or progressively deteriorating neurological signs and symptoms.**

COMMUNICATE with others providing care to ensure integrated multidisciplinary care and a common message to the patient.

Communication tips

- Advise the patient of the referral options suitable for their circumstances including seeing their GP to discuss further pain management options to support their journey to recovery.
- In the absence of signs of specific and/or serious pathology, discuss the rationale for seeing a physiotherapy specialist and/or psychologist where physical and psychosocial factors are dominant barriers to recovery.
- Addressing other factors (where relevant) such as unresolved trauma, high levels of worry, depressed mood and social stress can help with recovery.
- I will communicate with everyone on your care team, so we are all on the same page to support your goals.

Educational materials for patients

- The Australian Commission on Safety and Quality in Health Care has produced patient fact sheets outlining key information and self-management strategies.
- Websites providing evidence-based information and advice include My Back Pain and painHEALTH.