

Quality statement 1

Conduct an initial assessment



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

- a targeted history including pain, past history, functional capacity and features that may indicate specific/serious pathology
- a physical examination to assess movement, functional capacity and pain interference
- a focused neurological examination for patients who have low back pain with leg pain.



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



REFER immediately:

- to **ED** for suspected cauda equina compression, spinal infection or acute severe neurological deficit
- to **GP** if suspicious of malignancy, spondyloarthropathy or aortic aneurysm
- for **imaging** if suspicious of a fracture.



DOCUMENT findings in the patient's medical record.



The Low Back Pain Clinical Care Standard was developed by the Australian Commission on Safety and Quality in Health Care.

**AUSTRALIAN
COMMISSION
ON SAFETY AND
QUALITY IN
HEALTH CARE**

The Australian Physiotherapy Association endorses the Low Back Pain Clinical Care Standard



The Low Back Pain Clinical Care Standard and supporting resources are available at safetyandquality.gov.au/lowbackpain-ccs

For more information about what the Low Back Pain Clinical Care Standard means for physiotherapists, visit australian.physio/inmotion/low-back-pain-standard-opportunity-physios