

## Quality statement **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 and/or avoidance and protective behaviours
- **psychologist** for patients who present with psychological comorbidities, including unresolved trauma and/or high levels of anxiety, distress, depression or social stress
- **imaging and surgical review** if there are 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.



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](https://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](https://australian.physio/inmotion/low-back-pain-standard-opportunity-physios)