

## Diagnosis and Management of Low Back Pain

Low Back Pain Amenable to Conservative Care		
Condition	Common Management	
	Essential	Optional
<p><b>1. Common LBP:</b> (e.g., non-specific, lumbar or lumbo-sacral strain/sprain, sacroiliac joint dysfunction, myofascial pain syndrome, facet joint irritation, osteoarthritis)</p> <ul style="list-style-type: none"> <li>• <b>Signs/Symptoms:</b> Sharp, dull, shooting or aching pain below costal margin and above inferior gluteal folds, with possible leg pain.</li> <li>• <b>Exam:</b> Pain reproduced by physical examination tests.</li> </ul>	<ul style="list-style-type: none"> <li>• Education and reassurance</li> <li>• Maintain normal activities</li> <li>• Address yellow flags</li> <li>• Self-care (proper diet, exercise, sleep, stress management)</li> <li>• Social and work activities</li> <li>• Ongoing follow-up to ensure alignment with treatment goals</li> <li>• Criteria for discharge/referral: achieved goals, worsening symptoms, failed treatment (e.g., no improvement after 6-8 weeks).</li> </ul>	<ul style="list-style-type: none"> <li>• Exercise therapy</li> <li>• Manual therapy (e.g., SMT, mobilization, soft tissue techniques)</li> <li>• Needling therapies</li> <li>• Topical cayenne pepper</li> <li>• Medications</li> <li>• Electrotherapies</li> <li>• Psychological or social support</li> <li>• Mind-body interventions (e.g., mindfulness, meditation)</li> <li>• Mobility assistive devices (e.g., walkers, canes)</li> <li>• Multicomponent biopsychosocial care (e.g., exercise therapy, cognitive behavioural therapy, and social support)</li> </ul>
<p><b>2. LBP with Radicular Pain (Radiculopathy):</b> (from disc pathology)</p> <ul style="list-style-type: none"> <li>• <b>Signs/Symptoms:</b> Sharp, shooting, burning pain originating in low back and radiating down leg; numbness, tingling, weakness associated with a nerve root.</li> <li>• <b>Exam:</b> Positive straight leg raise test, sensory deficits, muscle weakness, altered reflexes.</li> </ul>		
<p><b>3. Deep Gluteal Syndrome:</b> (e.g., piriformis syndrome)</p> <ul style="list-style-type: none"> <li>• <b>Signs/Symptoms:</b> Buttock and posterior leg pain, may radiate to foot; pain with sitting, climbing stairs, squatting; deep gluteal tenderness.</li> <li>• <b>Exam:</b> Sciatic nerve root irritations signs; does not follow radicular pattern associated with nerve roots.</li> </ul>		
<p><b>Red Flags: Immediate Emergency Care Referral</b></p>		
<p><b>1. Cauda Equina Syndrome:</b> Saddle anesthesia, bladder/bowel dysfunction, bilateral radicular signs.</p> <p><b>2. Spinal Infection:</b> Immunosuppression, recent infection or surgery, TB history, unexplained fever/chills, IV drug use, poor living conditions.</p> <p><b>3. Traumatic Spinal Fracture:</b> Severe trauma.</p>		
<p><b>Referral to Medical Provider</b></p>		
<p><b>1. Non-traumatic Spinal Fracture:</b> Sudden severe pain, osteoporosis, corticosteroid use, female sex, age &gt;60, history of spinal fracture/cancer.</p> <p><b>2. Spinal Malignancy:</b> Progressive pain, cancer history, constitutional symptoms (fatigue, weight loss).</p> <p><b>3. Inflammatory Arthritides</b> (e.g., ankylosing spondylitis): Morning stiffness &gt;1 hour, systemic symptoms (fatigue, weight loss, fever), pain improves with activity, pain worse at night, other inflammatory signs (e.g., uveitis, psoriasis).</p> <p><b>4. Referred Pain:</b> (from abdominal/pelvic visceral conditions): Abdominal or pelvic tenderness.</p>		
<p><b>Orange Flags (Psychiatric Disorders):</b> Major depression, personality disorders, PTSD, substance addiction and abuse.</p> <p><b>Action:</b> Refer to appropriate provider/psychiatric specialist.</p>	<p><b>Yellow Flags (Psychosocial Factors):</b> Fear of movement, poor recovery expectations, depression, anxiety, work-related or family issues, litigation or compensation claims, maladaptive coping mechanisms.</p> <p><b>Action:</b> Address these as part of conservative care, co-manage, or refer to an appropriate provider.</p>	