





Low back pain

Low back pain (LBP) is the third most common presentation to Australian GPs. The cause of acute LBP is nonspecific in about 95% of people and serious conditions are rare. However, recurrences are frequent and chronic back pain can occur in some patients. GP registrars need to develop an effective approach to the assessment and management of acute LBP, as well as develop confidence in managing patients with chronic back pain.

TEACHING AND LEARNING AREAS 	<ul style="list-style-type: none"> • Non-specific nature of most cases of LBP • Red flags for potentially serious disease, and indications for investigation or referral • Yellow flags – psychosocial factors that may increase risk of chronicity • Non-MSk causes of back pain e.g. UTI, abdominal causes • Comprehensive back examination • General management of acute LBP, both non-pharmacological and medication • Approach to chronic back pain and indications for referral 						
PRE-SESSION ACTIVITIES 	<ul style="list-style-type: none"> • Read the article Acute Low Back Pain from the BPAC NZ Best Practice Journal 						
TEACHING TIPS AND TRAPS 	<ul style="list-style-type: none"> • Don't perform imaging for patients with non-specific acute low back pain and no indicators of a serious cause for low back pain - RANZCR Choosing Wisely • Acute LBP can be the manifestation of intra-abdominal pathology • Symptoms and signs of nerve root impingement e.g. sciatica, does not necessarily mean that imaging is required • Avoid opiates in both acute and chronic LBP 						
RESOURCES 	<table border="1"> <tbody> <tr> <td data-bbox="330 1579 432 1675">Read</td> <td data-bbox="432 1579 1505 1675"> <ul style="list-style-type: none"> • Australian Acute Musculoskeletal Pain Guidelines • NPS Back Pain Resources </td> </tr> <tr> <td data-bbox="330 1675 432 1742">Listen</td> <td data-bbox="432 1675 1505 1742"> <ul style="list-style-type: none"> • ABC Health Report – Guidelines for Treatment of Back Pain </td> </tr> <tr> <td data-bbox="330 1742 432 1805">Watch</td> <td data-bbox="432 1742 1505 1805"> <ul style="list-style-type: none"> • McMaster Back Examination video </td> </tr> </tbody> </table>	Read	<ul style="list-style-type: none"> • Australian Acute Musculoskeletal Pain Guidelines • NPS Back Pain Resources 	Listen	<ul style="list-style-type: none"> • ABC Health Report – Guidelines for Treatment of Back Pain 	Watch	<ul style="list-style-type: none"> • McMaster Back Examination video
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FOLLOW UP/ EXTENSION ACTIVITIES 	<ul style="list-style-type: none"> • Ask the registrar to complete the Clinical Reasoning Challenge under exam conditions • Registrar to audit ten patients presenting with low back pain for adherence to guidelines regards imaging and treatment 						

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Clinical Reasoning Challenge

Sam Trott, a 43 year old bricklayer, presents with a 10 day history of low back pain. The pain is 'aching' in character, and located in the lower back with some radiation to his buttocks. He says that it came on at the end of a day's work, but he cannot recall a particular incident. He is still managing to go to work but is quite restricted, and the pain is not improving. He tells you that he has had back pain on and off over the years, but nothing as long lasting as this.

QUESTION 1. What are the MOST IMPORTANT key features of history in helping to identify potentially serious causes of this patient's back pain? List up to SIX.

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____

QUESTION 2. What are the MOST IMPORTANT investigations to exclude other causes of Sam's symptoms? List up to FOUR.

QUESTION 3. What are the next steps in Sam's initial management? Select up to FOUR initial management steps.

- FBC
- ESR
- HLA B27
- Lumbosacral spine x-ray
- CT scan lumbosacral spine
- MRI lumbosacral spine x-ray
- Bone scan
- Continue normal activities
- 2-3 days off work/light duties
- 2-3 days bed rest
- Simple back exercises
- Refer for physiotherapy
- Referral to orthopaedic specialist
- Paracetamol
- NSAIDs
- Panadeine forte
- Oxycodone
- Pregabalin
- Epidural corticosteroid injection

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ANSWERS

QUESTION 1

What are the MOST IMPORTANT key features of history in helping to identify potentially serious causes of this patient's back pain? List up to SIX.

- History of malignancy
- Fevers
- Weight loss
- Night pain
- Neurological deficit
- Anticoagulant use,
- Prolonged past use of corticosteroids

QUESTION 2

In the absence of any significant further history, what is the MOST LIKELY diagnosis? List ONE diagnosis.

- Mechanical back pain (disc or facet joint)

QUESTION 3

What are the next steps in Sam's initial management? Select up to FOUR initial management steps.

- 2-3 days off work/light duties
- Simple back exercises
- Refer for physiotherapy
- Paracetamol
- NSAIDs