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Memorandum

To: Family Physicians, General Internists, Obstetricians / Gynecologists, Emergency Medicine Physicians, Neurosurgeons, Orthopedic Surgeons, Physiatrists, Rheumatologists, Anesthesiologists (Pain Group), Adult and Family Nurse Practitioners/Physician Assistants

From: GUIDES (Guideline Utilization Implementation Development and Evaluation Studies)
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Subject: **UMHS Clinical Care Guideline Update: Low Back Pain**

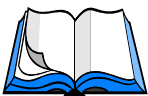
What's New!

- Updated medications (Table 7).
- Assess GI risk prior to prescribing NSAIDs (Table 8).
- Early opioid use is associated with prolonged length of disability and increased cost of care.
- For chronic low back pain, a multi-disciplinary program with integrated psychological and exercise services have been shown to be of greatest benefit.
- Lumbo-pelvic pain in pregnancy is associated with increased risk of depression.

Key aspects. Acute low back pain occurs in about 80% of adults. No anatomical diagnosis is provable in 85% of episodes. 90% of episodes will resolve satisfactorily within 6 weeks regardless of treatment. Key aspects of care include:

- Assess medical risks for serious disease ("red flags" Table 1).
- Assess risks for chronic disability. Better outcomes with early return to work with restrictions if needed.
- Plain X-rays, MRI, or CT scan are not recommended for routine evaluation of patients with non-radiating acute low back problems within the first 4-6 weeks of symptoms unless a red flag and high index of suspicion is noted on clinical evaluation.
- Provide symptomatic care treatment options; continue usual activities and avoid bed rest, NSAID as tolerated, heat (not ice) and core (abdomen and back stretching/strengthening exercises.
- Educate patients about good prognosis.

Patient education material (right-click, select "Open Hyperlink")



- Low Back Pain
- Low Back Pain Exercises