

# Low Back Pain With or Without Sciatica Referral and Management Pathway

Patient presents with low back pain, nerve root or mechanical back pain, with or without leg pain symptoms. **Are there? 'Red flag' signs:**

- First acute onset age <20 or >55
- Non-mechanical pain
- Thoracic pain
- PH-carcinoma, steroids, HIV
- Unwell, weight loss
- Widespread neurology – unilateral or bilateral lower limb weakness and/or numbness extending over several dermatomes
- Structural deformity, Trauma
- Consider Malignant Spinal Cord Compression
- Acute Cauda Equina Syndrome signs:**
- Dysfunction of bladder, bowel or sexual function
- Sensory changes in saddle or perianal area
- Discitis/infection symptoms:**
- Sudden onset of acute spinal pain or suspicious change in pattern, no history of trauma
- Systemic signs, fever, high pulse
- Night pain
- All spinal movements grossly restricted by pain & spasm
- Inflammatory Spondyloarthritis:**
- Morning stiffness & backache, or multiple joint problems (pain/stiffness/swelling)
- Generally unwell
- Associated skin rash, inflammatory bowel disease, eye problems (uveitis/conjunctivitis), urethritis or sacroiliac pain/tenderness

**No Red Flag Signs**

## Primary Care

Provide reassurance, keep on the move, stay at work if possible. Address any additional yellow flag signs:

- Attitudes & beliefs about back pain
- Behaviour
- Compensation issues
- Diagnosis & treatment
- Emotions
- Family
- Work

[www.nzqa.org.nz/guidelines/0072/acc1038\\_col.pdf](http://www.nzqa.org.nz/guidelines/0072/acc1038_col.pdf)  
(page 40 onwards)

Issue advice sheet. Meds as appropriate. Symptomatic measures: local cold pack (early post-onset – care that skin protected & short duration e.g. 5-10 mins with minimum 2 hr break) or heat (ensure skin protection e.g. through towelling and skin regularly checked). Other forms of manual therapy (e.g. chiropractics) may be beneficial, however, these are currently unavailable on the NHS. Encourage self management. Advise that nerve root pain may take several months to settle. Most back pain settles within 6 weeks.

After 3 weeks – is it settling?

**Yes Red Flag signs present**

## Primary Care

Request further investigations as clinically indicated +/- urgent onward specialist referral

Acute Cauda Equina Syndrome & Suspected Discitis/ Infection should be treated as emergencies and be directed to Emergency Medicine

History of Cancer? – Consider Malignant Spinal Cord Compression – see cancer guidelines

Inflammatory Spondyloarthritis indications should be referred to Rheumatology

No

Is the patient off work, sleep significantly disturbed, or ADL's severely affected? e.g. a parent with young children or carer responsibilities

No

Review Meds/advice & coping strategies over further 2-4 weeks

Yes

6 week review of clinical features. Settling?

Yes

Ensure Meds r/v + give verbal/printed advice to facilitate self management. Refer to local Physio or Vocational Rehab (if off work or struggling with work) State duration & if sleep, work or ADL's significantly affected

**Physio Management**

See page 2

No

Review diagnostic triage – any Red Flags developed requiring investigation?

No

Refer to secondary care as clinically indicated

Yes

Continue GP/Self Management – should return to normal function within 6-8 weeks – **IF NOT**

Facilitate Long Term Self Management! If available consider referral to Active Health

## Useful Information for Patients

<http://www.nhsinform.co.uk/health-zones/scottish-backs.aspx>  
[www.patient.co.uk](http://www.patient.co.uk)

Note: adapted from the NHS Lanarkshire Spinal Pathway

Patient - Self Management

Primary Care Management

Secondary Care Management

# Options

## Direct Access Physio IF

- 1) No physio input received within last 6 months or if previous episode of physio management ended with discharge due to DNA
- 2) Or had benefit from previous physio input

## Physio Management

Phone triage – verbal/printed advice given to aid self-management  
Advise ringback in 3 weeks if not improving (sooner if worsening) / refer for Physio 1:1 assessment at this stage

## Physio for 4 weeks

Could discuss with/refer to:

- 1) Physio Lead/ESP if concerned about the patient and/or confident in recommending investigations with rationale for this  
Or recommending Pain Clinic if psychosocial dominant or distressed presentation
- 2) GP if concerned about any concurrent problem or prescribing issue

Physio Lead/ESP: if patient has:

- 1) symptoms of spinal stenosis, significantly affecting quality of life OR
- 2) in the management of sciatica there is no improvement in leg pain, with symptoms significantly affecting quality of life

**AND THE PATIENT WOULD CONSIDER SURGERY: Order an MRI scan**

NB Patients with chronic symptoms unchanged for 2 years or more should not be considered for surgery  
If there is no deficit present then delay MRI request for further 4 weeks (watchful waiting) to see if neuropathic pain will improve

Between 6 and 12 week point for most patients

If MRI shows a significant stenosis, or a disc prolapse that could account for the patients pain, refer to Spinal Specialist for assessment for surgery

## Refer to Spinal Specialist

Use SCI Gateway & include the following information:

- Conservative management tried
- Any history of back problems or previous operations
- If patient is diabetic or pregnant
- Include report of MRI scan, where it was performed & its correlation with presenting symptoms & signs, indicating side of pain

If MRI shows no lesion to account for the pain

## Refer to Pain Clinic

Use SCI Gateway & include the following information:

- Conservative management tried
- Any history of back problems or previous operations
- If patient is diabetic or pregnant

## Discuss with Spinal Specialist

If holistic pain service approach is not successful and there is a clear mechanical element to the pain (and patient is psychologically ready for an operation), consideration should be given to a referral to an Orthopaedic Spinal Surgeon if patient would consider surgery. This should be discussed with the Spinal Surgeon prior to referral.

## For Management of continuing Chronic Low Back Pain

- For longstanding chronic pain with psychosocial dominance or distress indicating a multi-disciplinary team management approach is required.
- Refer to Pain Service