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Objectives: Low Back Pain

1. In a patient with undefined, acute low back pain:
    a. Rule out serious causes (e.g. cauda equina, pyelonephritis, ruptured abdominal aortic aneurysm, cancer), through a thorough history and physical examination.
    b. Make a positive diagnosis of musculoskeletal pain through an appropriate history and physical examination.
2. In a patient with suspected mechanical low back pain:
    a. Do not over-investigate in the acute phase
    b. Do not order an X-Ray unless clinically indicated.
    c. Advise the patient that:
        i. The symptoms can evolve and ensure adequate follow-up care
        ii. That the prognosis is positive (e.g. the overwhelming majority of cases get better).
3. In a patient with mechanical low back pain, whether it is acute or chronic, give appropriate analgesia and titrate to the patient's pain.
4. Advise the patient with mechanical low back pain to return if new or progressive neurologic symptoms develop.
5. In all patients with mechanical low back pain, discuss non-pharmacologic strategies such as exercise, physiotherapy, massage therapy etc…
6. In patients with chronic, low back pain, monitor for disabling symptoms or functional impairment and order imaging (e.g. MRI) if appropriate to look for potential surgical etiologies.
7. In patients with chronic, mechanical low back pain:
    a. Consider psychological treatments such as cognitive behavioural therapy and mindfulness-based stress reduction.
    b. Consider non-opioid pharmacotherapy (e.g. NSAIDs, Duloxetine, Pregabalin) before escalating to opioid therapy.

** Mapped to the CFPC's 105 priority topics: #63-Low Back Pain