Croydon NHS
Primary Care Trust
Clinical Assessment Service

Back Pain-Lower

Management

Primary Care management includes

- Exclusion of serious underlying pathology
- X-rays are not routinely indicated in simple backache and sciatica
- In selected people over 55 years, consider spine X-ray, FBC, ESR, U&Es, bone chemistry, urinalysis, PSA (in men)
- Recovery usually quicker in patients who stay mobile compared to those who rest
- Consider paracetamol, anti-inflammatory analgesic or muscle relaxant
- Early physiotherapy/osteopathic/chiropractic assessement (if accessible)
- Osteoarthritis has only a minor inflammatory component so paracetamol (+/- codeine) is the mainstay of therapy

Specialist management includes

- Consultant neurosurgery advice/assessment
- Consultant Physiotherapist advice/assessment
- CT scan/MRI scan where required

When to refer

Emergency [discuss with on-call specialist]

- The person has neurological features of cauda equina syndrome, e.g. sphincter disturbance, progressive motor weakness, perineal anaesthesia, or evidence of bilateral nerve root involvement.

Almost all people with acute low back pain can be managed in primary care

Urgent out-patient referral [liaise with specialist and copy to CAS]

- Serious spinal pathology is suspected (preferably seen within 1 week).
- The person develops progressive neurological deficit e.g. weakness, anaesthesia (preferably seen within 1 week).
- The person has nerve root pain that is not resolving after 6 weeks (preferably seen within 3 weeks).

Refer to CAS

- An underlying inflammatory disorder such as ankylosing spondylitis is suspected.
- The person has simple back pain and has not resumed their normal activities in 3 months. The effects of pain will vary and could include reduced quality of life, functional capacity, independence, or psychological well-being. Where possible, referral should be to a multidisciplinary back pain team / consultant physiotherapist (refer to Croydon protocol).
- If nerve root pain not resolving after 6 weeks.

Refer to RARC

- if the patient does not meet the referral criteria above consider referral to CAS requesting a RARC appointment.