




Low back pain

Low back pain (LBP) is the most common musculoskeletal reason for presentation to Australian general practice, and the third most common overall. The cause of acute LBP is nonspecific in about 95 per cent 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.

<p>TEACHING AND LEARNING AREAS</p> 	<ul style="list-style-type: none"> • Causes of LBP, both common and serious, including non-musculoskeletal causes e.g. abdominal pathology • Clinical features of mechanical versus inflammatory back pain • Red flags for potentially serious causes • Yellow flags – psychosocial factors that may increase risk of chronicity • Comprehensive lumbosacral spine examination • Indications for investigation and type of imaging • General management of acute LBP, both non-pharmacological and medication • Referral pathways • Approach to chronic LBP • Back pain in children 				
<p>PRE-SESSION ACTIVITIES</p>	<ul style="list-style-type: none"> • Read the 2020 AJGP article Non-radicular low back pain: Assessment and evidence-based treatment 				
<p>TEACHING TIPS AND TRAPS</p> 	<ul style="list-style-type: none"> • While red flag features should be sought, they have poor specificity for serious pathology • Don't perform imaging for patients with non-specific acute low back pain and no indicators of a serious cause - 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 • Imaging for LBP can lead to psycho-social harm and can have a negative impact on pain behaviours • First line care of low back pain is advice, reassurance and encouragement of physical activity • Avoid using terms such as injury, degeneration, or wear and tear • Paracetamol is no more effective than placebo for non-specific LBP • Avoid opiates in both acute and chronic LBP • There is good evidence for a lack of effectiveness of pregabalin and gabapentin for sciatica pain 				
<p>RESOURCES</p> 	<table border="1"> <tbody> <tr> <td data-bbox="336 1794 432 1995">Read</td> <td data-bbox="432 1794 1489 1995"> <ul style="list-style-type: none"> • Read the 2020 AJGP article Non-radicular low back pain: Assessment and evidence-based treatment • Read the 2012 AAFP article Diagnosis and Treatment of Acute Low Back Pain • 2018 MJA article - Primary care management of non-specific low back pain: key messages from recent clinical guidelines </td> </tr> <tr> <td data-bbox="336 1995 432 2056">Listen</td> <td data-bbox="432 1995 1489 2056"> <ul style="list-style-type: none"> • 2018 MJA podcast on non-specific lower back pain </td> </tr> </tbody> </table>	Read	<ul style="list-style-type: none"> • Read the 2020 AJGP article Non-radicular low back pain: Assessment and evidence-based treatment • Read the 2012 AAFP article Diagnosis and Treatment of Acute Low Back Pain • 2018 MJA article - Primary care management of non-specific low back pain: key messages from recent clinical guidelines 	Listen	<ul style="list-style-type: none"> • 2018 MJA podcast on non-specific lower back pain
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<p>FOLLOW UP/EXTENSION ACTIVITIES</p>	<ul style="list-style-type: none"> • Ask the registrar to complete the clinical reasoning challenge under exam conditions • Review the ACSQH Low back pain clinical care standard 				

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

- 1 _____

QUESTION 3. What are the MOST IMPORTANT investigations to order at this point? List as many as appropriate.

- _____
- _____
- _____
- _____

QUESTION 4. What are the MOST IMPORTANT steps in Sam's initial management? List up to four.

- 1 _____
- 2 _____
- 3 _____
- 4 _____

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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?

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

QUESTION 2

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

- Non-specific acute low back pain

QUESTION 3

What are the MOST IMPORTANT investigations to order at this point? List as many as appropriate.

- In the absence of any red flags on history or examination, imaging and other investigations are not required

QUESTION 4

What are the MOST IMPORTANT steps in Sam's initial management? List up to four.

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