

# STANDARD TREATMENT WORKFLOW (STW)

## LOWER BACK PAIN

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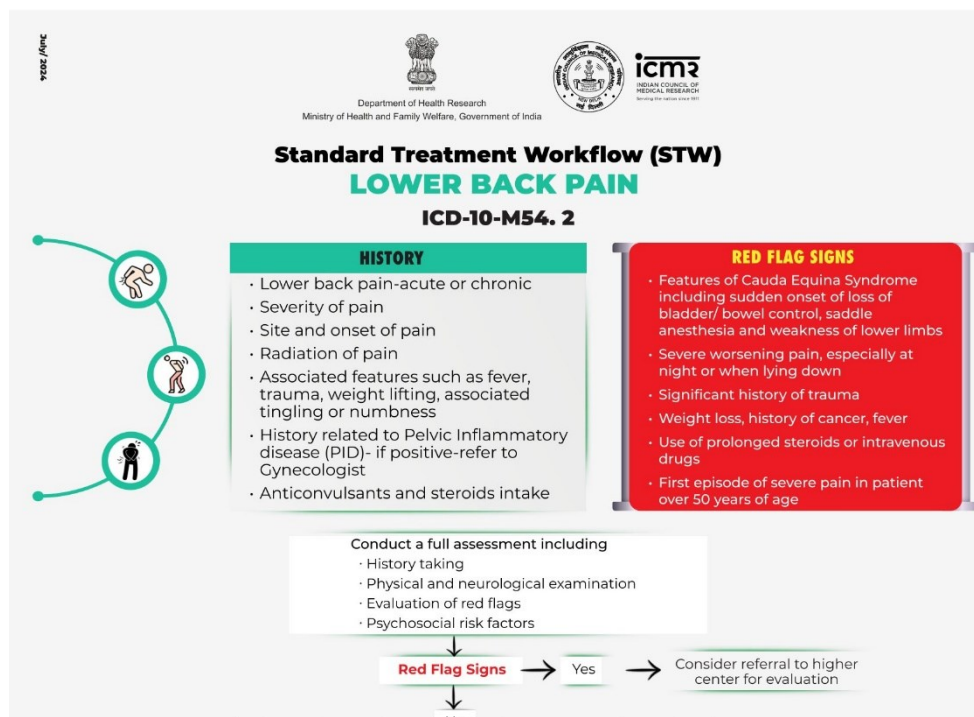
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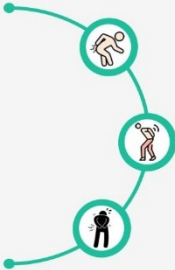
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Department of Health Research  
Ministry of Health and Family Welfare, Government of India

**Standard Treatment Workflow (STW)  
LOWER BACK PAIN**  
ICD-10-M54. 2



HISTORY

- Lower back pain-acute or chronic
- Severity of pain
- Site and onset of pain
- Radiation of pain
- Associated features such as fever, trauma, weight lifting, associated tingling or numbness
- History related to Pelvic Inflammatory disease (PID)- if positive-refer to Gynecologist
- Anticonvulsants and steroids intake

RED FLAG SIGNS

- Features of Cauda Equina Syndrome including sudden onset of loss of bladder/ bowel control, saddle anesthesia and weakness of lower limbs
- Severe worsening pain, especially at night or when lying down
- Significant history of trauma
- Weight loss, history of cancer, fever
- Use of prolonged steroids or intravenous drugs
- First episode of severe pain in patient over 50 years of age

Conduct a full assessment including

- History taking
- Physical and neurological examination
- Evaluation of red flags
- Psychosocial risk factors

Red Flag Signs

→ Yes →

Consider referral to higher center for evaluation

↓ No ↓

Acute and Sub acute-duration less than 12 weeks

- Consider analgesics for short duration
  - Acetaminophen
  - NSAIDs
  - Short course muscle relaxants
  - Use opioids (short duration) if not responding to above analgesics
- Recommend back strengthening exercises and/ or physical activity (when pain becomes bearable), avoid heavy weight lifting activities
- Prescribe self-care strategies
  - Alternating cold and heat therapy
  - Continuation of Activities of Daily Living as tolerated
- Encourage early return to work
- Educate patient that low back pain usually resolves with time

Chronic-duration greater than 12 weeks

- Consider lab test and imaging (X -rays)
- Prescribe back strengthening exercises or therapeutic exercise
- Analgesic options
  - Acetaminophen
  - NSAIDs
  - Short term muscle relaxant for flare-ups
- Pain not responding to above
  - Opioids for short term in severe pain
  - Low dose antidepressants for short duration
- Other modalities
  - Physiotherapy
  - TENS as adjunct to active therapy etc
- If pain still does not subside then consider Referral
- Modalities at Referral centre
  - Multidisciplinary chronic pain program/ clinic
  - Epidural steroids (for short-term relief of radicular pain)
  - Surgery in carefully selected patients after expert opinion and based on indications

Consider lab test and imaging\*

Consider Referral

- Physical therapist
- Orthopaedic surgeon (for unresolving radicular symptoms)
- Multidisciplinary pain program (if not returning to work)

\*Based on provisional diagnosis - Lab and imaging Test

- Lab tests
  - Hemogram with ESR and CRP
- Imaging
  - X rays LS Spine- Anteroposterior (AP) and lateral
  - MRI LS spine
  - DEXA Scan- suspected osteoporosis

ABBREVIATIONS

**CRP:** C-reactive Protein

**DEXA:** Dual-energy X-ray Absorptiometry

**LS:** Lumbo-Sacral

**ESR:** Erythrocyte Sedimentation Rate

**MRI:** Magnetic Resonance Imaging

**NSAIDs:** Non-Steroidal Anti-inflammatory Drugs

**PID:** Pelvic Inflammatory Disease

**TENS:** Transcutaneous Electrical Nerve Stimulation

REFERENCES

**KEEP A HIGH THRESHOLD FOR INVASIVE PROCEDURES**