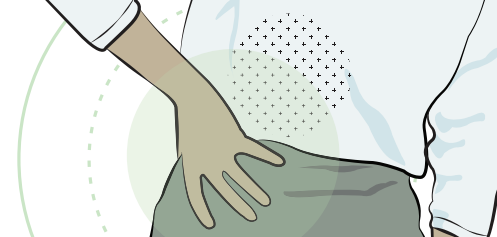


QUALITY STANDARD PLACEMAT FOR Low Back Pain

This document is a resource for health care providers and patients and summarizes the **Low Back Pain Quality Standard** - see Resources (page 2) for link to full document.



Adults who have acute or recurrent episodes of acute low back pain, +/- related leg symptoms, lasting less than 12 weeks

Quality Statement (QS)* 1: Clinical Assessment

Through patient history, physical exam, and functional assessment, determine:

- Pain severity
- Psychosocial barriers to recovery
- Functional mobility
- Health-related quality of life

Use a standardized assessment tool, such as:

- [Brief Pain Inventory-Short Form](http://www.npcrc.org/files/news/briefpain_short.pdf)
http://www.npcrc.org/files/news/briefpain_short.pdf
- [3-minute Primary Care Low Back Exam](https://uhn.echoontario.ca/wp-content/uploads/2017/07/3-minute-Primary-Care-Low-Back-Exam_UofTIHW.pdf)
https://uhn.echoontario.ca/wp-content/uploads/2017/07/3-minute-Primary-Care-Low-Back-Exam_UofTIHW.pdf

*These are provided in full on page 2

- [CORE Back Tool](https://cep.health/clinical-products/low-back-pain/)
https://cep.health/clinical-products/low-back-pain/

Note: Diagnostic imaging is NOT required unless red flags are identified (see **QS 2**)

Screen for red and yellow flags (see boxes below)

QS 2. Diagnostic Imaging

Diagnostic imaging (x-ray, CT, MRI, or bone scan) of the spine is **not** required unless patient presents with **red flags** suggesting serious pathological disease.

Initial Management

QS 3: Patient Education and Self-Management

Focus on the following information:

- Acute low back pain is common and usually improves in a short time (typically weeks), but it often recurs
- Acute low back pain, recurrent or not, usually does not indicate a risk of serious underlying pathological disease (reassure patients as part of the education strategy and screen for **red and yellow flags**)
- It is important to remain active and resume normal activities as soon as possible

QS 4: Maintaining Usual Activity

Encourage your patients with acute low back pain to continue their normal activities of daily living. Convey the importance of not resting in bed.

QS 5: Psychosocial Information and Support

- Identify **yellow flags** and provide psychosocial support and resources (see **Resources** list)
- Offer information and support to manage any psychosocial barriers to recovery

Treatment Options

QS 6: Pharmacological Therapies

If acute low back pain symptoms are not improving with physical activity, education, reassurance, and self-management support, offer information on how nonopioid pain-relieving medications may be combined with nonpharmacological therapies to improve function and mobility.

QS 7: Additional Nonpharmacological Therapies

Consider the use of additional nonpharmacological therapies such as superficial heat, manual therapy, or other nonpharmacological therapies if symptoms do not improve with physical activity, education, reassurance, and self-management support.

RED FLAGS^{a, i}

Neurological:

Diffuse or substantial motor/sensory loss; progressive neurological deficits; cauda equina syndrome

Inflammation:

Chronic low back pain for more than 3 months; an age of onset less than 45 years; morning stiffness for more than 30 minutes; improvement with exercise; disproportionate night pain

Fracture:

Trauma; osteoporosis risk/fragility fracture

Tumour:

History of cancer; unexplained weight loss; significant unexpected night pain; severe fatigue

Infection:

Fever; history of intravenous drug use; immunosuppression

^aSigns or symptoms of underlying pathological disease that may require tests or further investigations

YELLOW FLAGS^{b, i}

"Do you think your pain will improve or become worse?"

"Do you think you would benefit from activity, movement, or exercise?"

"How are you coping emotionally with your back pain?"

"What treatments or activities do you think will help you recover?"

^bPsychosocial risk factor for developing chronic low back pain

LOW BACK PAIN QUALITY STATEMENTS

Quality Statement 1: Clinical Assessment

People with acute low back pain who seek primary care receive a prompt comprehensive assessment.

Quality Statement 2: Diagnostic Imaging

People with acute low back pain do not receive diagnostic imaging tests unless they present with red flags that suggest serious pathological disease.

Quality Statement 3: Patient Education and Self-Management

People with acute low back pain are offered education and ongoing support for self-management that is tailored to their needs.

Quality Statement 4: Maintaining Usual Activity

People with acute low back pain are encouraged to stay physically active by continuing to perform activities of daily living, with modification if required.

Quality Statement 5: Psychosocial Information and Support

People with acute low back pain who have psychosocial barriers to recovery (yellow flags) identified during their comprehensive assessment are offered further information and support to manage the identified barriers.

Quality Statement 6: Pharmacological Therapies

People with acute low back pain whose symptoms do not adequately improve with physical activity, education, reassurance, and self-management support are offered information on the risks and benefits of nonopioid analgesics to improve mobility and function.

Quality Statement 7: Additional Nonpharmacological Therapies

People with acute low back pain whose symptoms do not adequately improve with physical activity, education, reassurance, and self-management support are offered information on the risks and benefits of additional nonpharmacological therapies to improve mobility and function.

Note: This resource can be used to support primary care providers in the provision of care. It does not override the responsibility of health care professionals to make decisions with patients, after considering each patient's unique circumstances. Grouping/directionality of statements may not be applicable for every patient, and clinical judgment should be used.

ⁱCentre for Effective Practice. Clinically Organized Relevant Exam (CORE) back tool. [Internet]. Toronto (ON): The CEP; 2016.

Resources

- [Low Back Pain Quality Standard](https://www.hqontario.ca/Portals/0/documents/evidence/quality-standards/qs-low-back-pain-quality-standard-en.pdf)
https://www.hqontario.ca/Portals/0/documents/evidence/quality-standards/qs-low-back-pain-quality-standard-en.pdf
- [Low Back Pain Patient Guide](https://www.hqontario.ca/Portals/0/documents/evidence/quality-standards/qs-low-back-pain-patient-guide-en.pdf)
https://www.hqontario.ca/Portals/0/documents/evidence/quality-standards/qs-low-back-pain-patient-guide-en.pdf
- [Diagnostic Imaging Appropriateness \(DI-App\)](http://pathways.coralimaging.ca/about.php)
http://pathways.coralimaging.ca/about.php
- [Spine Online Course](https://courses.mskcourses.net/moodle/course/index.php?categoryid=12)
https://courses.mskcourses.net/moodle/course/index.php?categoryid=12
- [Dr. Mike Evans' Low Back Pain patient self-management video](https://www.youtube.com/watch?v=BOjTegn9RuY)
https://www.youtube.com/watch?v=BOjTegn9RuY
- [Low Back Rapid Access Clinic Virtual Care Resource \(providers\)](https://www.isaec.org/for-providers.html)
https://www.isaec.org/for-providers.html
- [Low Back Rapid Access Clinic Virtual Care Resource \(patients\)](https://www.isaec.org/for-patients.html)
https://www.isaec.org/for-patients.html

Additional tools and resources are on [Quorum: Tools for Implementation](https://quorum.hqontario.ca/en/Home/Posts/Chronic-Pain-Osteoarthritis-and-Low-Back-Pain-Quality-Standards-Tools-for-Implementation)

<https://quorum.hqontario.ca/en/Home/Posts/Chronic-Pain-Osteoarthritis-and-Low-Back-Pain-Quality-Standards-Tools-for-Implementation>