



As the provincial advisor on the quality of health care, Health Quality Ontario is committed to helping providers and organizations improve health care for all patients.

To help address the gaps and unnecessary variations in care for specific conditions—acute low back pain and others—we produce quality standards. A quality standard is a reference document that outlines what quality care looks like for a given condition and is based on the best evidence and input from clinicians, patients, and caregivers.

We've used the information from Health Quality Ontario's quality standard for acute low back pain to create this conversation guide for patients. It is not meant to be a complete guide to low back pain, but a tool—based on what is in the standard—to help you talk with your health care providers about the topics that matter to you, and the things that can improve your care.

Download Health Quality Ontario's quality standard for acute low back pain to read more.



WHAT IS THIS GUIDE?

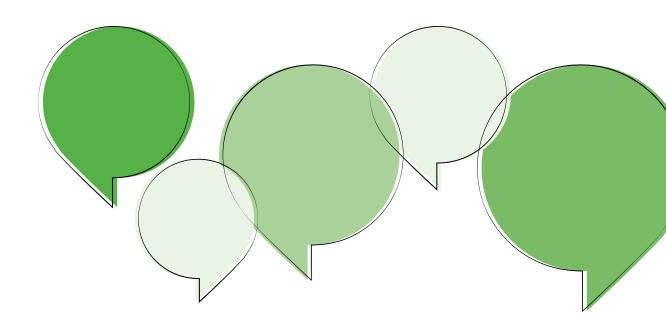
This conversation guide is meant to help you play an active role in getting the best possible care. We know that in Ontario, not every adult who has acute low back pain receives the same level of care—evidence shows there are key conversations that are missed as people are treated for their pain.

This guide is designed to highlight those gaps in care and help you address any questions or concerns you have about your acute low back pain.



Inside this guide you will find:

- Starting points for important conversations
- Thoughtful questions you may want to ask your health care providers as you work together to make a plan for your care



WHAT IS ACUTE LOW BACK PAIN?

Acute low back pain is often described as tension, soreness, or stiffness in the lower back that is temporary, lasting 12 weeks or less.

Acute low back pain is very common—about eight in 10 adults will experience it at least once in their lives. Evidence has shown that most cases are not caused by serious underlying injury or disease and that most episodes of acute low back pain will get better within weeks.

Keeping up with your usual activities and exercise, plus education and support from health care providers, can all help you manage the pain. This guide is designed to help support you along the way.



Learn more

There's a lot of information out there about back pain, but it can be challenging to know what is reliable and safe. Here are a few links that are easy to understand and backed by current best evidence:

- Imaging Tests For Lower Back Pain: When you need them and when you don't
- Treating Lower Back Pain: How much bed rest is too much
- Mike Evans's video "Low Back Pain"

START TALKING

Living with acute low back pain can be frustrating. Finding the right combination of treatments often involves trial and error, and you might feel frustrated that you're not able to make your pain go away immediately.

You might feel stressed if you can't carry on with your usual activities (like work, housekeeping, exercise), and wonder when things might get back to normal for you. Talking through your concerns and the details of your treatment with your health care provider can help ease some of that pressure.

Use the topics below to guide your conversations with your family doctor, nurse practitioner, physiotherapist, chiropractor, or other health care providers as you work together to figure out a treatment plan that's best for you:

- Tracking your pain
- Expectations for treatment

- Staying active
- Medication

There are many topics to cover—and you may have more you'd like to add. They may not all be addressed in a single visit or by a single provider, but you can adjust and refer to them over time. It's OK to ask lots of questions and get advice from a range of health care providers.



Feel free to write down your notes (either in a printed copy or right into this electronic version) and use this guide many times as you review your treatment plan with your health care providers.





Acute low back pain can be a different experience for everybody—the things that cause it, and the treatments that help it, vary widely. It's often a combination of things that helps most, and it can take a lot of experimenting to get there.

To help your health care providers help you, try to share as many details about your life and your feelings as you can. Building a strong relationship with your health care providers is key—they can advocate for you, help you navigate the health system, and support you in improving your condition.

Sharing details about how your pain feels can help your health care providers best treat you and rule out anything serious.

You may want to bring notes to your visits and review these questions if things change.

How would you describe the pain? Does the pain change depending on how you move? If so, how?



What were you doing when you first noticed the pain? What physical action triggered it?





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What was your mood like when the pain started? Was it a particularly stressful or emotional time for you?



Does the pain shoot or radiate down the back of your leg(s)? Do you feel tingling (pins and needles), numbness, or weakness in your leg(s)?*



*Health care providers say this is a priority topic to discuss

Are you able to walk and do your usual activities?* And if so, how difficult is it?

*Health care providers say this is a priority topic to discuss





Start talking: Expectations for treatment

It's important to know that for acute low back pain, x-rays, MRIs, and scans aren't helpful—tests like this won't explain your symptoms or help make a diagnosis. Though you might have a lot of pain and want to know why, finding the source isn't necessary and won't help with treatment.

What's more, diagnostic imaging of the low back introduces a few risks: the tests can expose you to radiation and they may also show age-related changes that may not be related to your pain.

All this can distract from more simple ways to ease the pain, like continuing with your daily activities.

In your initial visits for low back pain, you may want to ask:

What treatments should we focus on?





You might be avoiding physical activity because you're worried that it will cause your back pain to get worse or to come back. But evidence shows that it's very important for people with acute low back pain to keep moving as much as they can—that includes carrying on with your usual activities, returning to work, and exercising.

Lying in bed, resting too much, and avoiding exercise can actually make your pain and stiffness worse. Staying active can improve your overall health and well-being and reduce the chances that your back pain will return.



I was very hopeful when I was told I could start exercising. It made me feel included—like I'm not just the problem ... I'm now part of the solution.

PERSON WITH ACUTE LOW BACK PAIN EXPERIENCE

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If I continue with my usual activities, might I do more damage (to my back, bones, or muscles)? *Health care providers say this is a priority topic to discuss



What are some examples of activities I can do safely?





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How much exercise should I be aiming for?



What kind of modifications can I make at home and/or work for my low back pain?



Did you know?

If your symptoms do not improve with physical activity, ask your health care providers about other things to try.* Everyone is different and will find different results, but combining a few of the following treatments may help you:

- Applying heat to the low back
- Combining treatments like physiotherapy, chiropractic care, or massage therapy
- Aerobic, strength or yoga training, or other appropriate care

^{*} If cost is a concern, it's OK to ask your health care providers about low- or no-cost options.



If you are keeping up with your usual activities and have tried exercise and other non-drug treatments but still have pain, your health care provider may offer you medication.

The goal here is to add medication for a short time to the things you are already doing, not replace other treatments with medication alone.

Here are some questions you may want to ask your health care provider:	
At some point should I consider taking medication?	0
Should it be over-the-counter medication or a prescription?	0
If it's a prescription, how effective will it be? What are the possible benefits and side effects?	0



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How much will the medication cost? Will it be covered by the Ontario Drug Benefit plan or my drug plan?



How long will I be on this medication? What happens when that time is up?





Back pain is the most common reason opioids are prescribed in family medicine and the emergency department, even though evidence shows they are not an effective treatment.

Opioids do not help with acute low back pain, and taking them carries serious risks, including dependence and overdose.

For more information, please read our patient reference guide on Opioid Prescribing for Acute Pain.

WHAT'S NEXT?

Remember, everybody is different.

The care plan you land on with your health care providers and the support you require will be unique to you.

This conversation guide is meant only as a starting point.

You may have other topics you want to cover with your health care providers. It's important to speak with them should any questions or concerns come up.

Need more information?

If you have any questions or feedback about this guide, please contact us at qualitystandards@hqontario.ca or 1-866-623-6868.



FOR YOUR REFERENCE: THE QUALITY STANDARD IN BRIEF

The quality standard for acute low back pain is a document for health care providers that outlines what quality care looks like for this condition. It is based on the best evidence and input from health care clinicians, patients, and their caregivers.

Below is a summary of the quality standard. For further reading, download the full version online.

Clinical Assessment

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

What this means for you

If you seek primary care for your acute low back pain, your health care provider should take a complete assessment of your health and screen you for signs of a more serious condition. Once they understand your needs, preferences, prognosis, and goals for your care, your health care provider will be able to suggest the best treatment plan for you.

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.

What this means for you

Unless your health care provider notices signs of a serious disease, diagnostic imaging, including MRI, x-ray, bone, or CT scans, should not be done. These will not explain your symptoms or help make a diagnosis. Decisions about your treatment should be based on the assessment and how your pain affects your life.

Patient Education and Self-Management

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

What this means for you

Your primary care provider should offer you information to help you understand acute low back pain and how to manage it so you can make informed decisions about your care. Self-management techniques include keeping track of your pain, gradually increasing your activity, using relaxation techniques, and keeping a positive outlook.

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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.

What this means for you

Continue with your usual activities and/or exercise, moving around as much as you can and trying to do a little more each day until you feel better.

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.

What this means for you

If you are distressed, struggling to cope, or feel your acute low back pain is becoming chronic (lasting longer than 12 weeks), tell your health care provider so they can offer you the right supports and other non-drug therapies.

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.

What this means for you

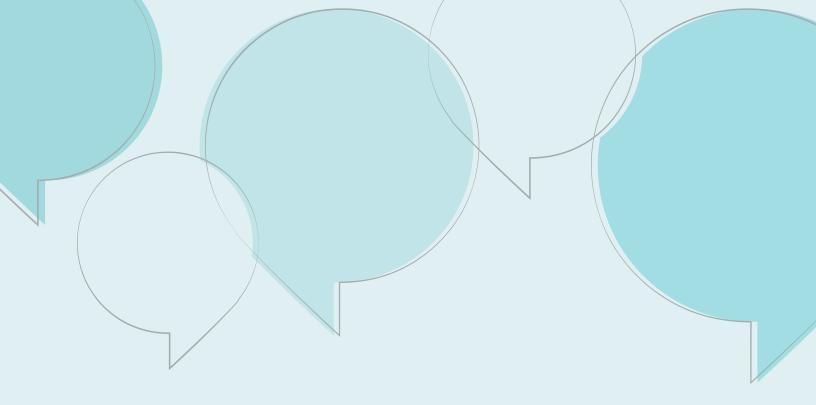
If your pain does not improve with regular activity and other non-drug therapies, your health care provider should offer you options for pain-relieving medication. If you decide to use pain medication, it is important to use it in combination with your other pain-relief strategies. One does not replace the other.

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.

What this means for you

Your health care provider should offer you information on non-drug therapies that may work for you, while you continue with your usual activities. Incorporating these therapies may help to reduce pain and discomfort and may improve your overall health and well-being.



For more information, please visit: hqontario.ca

