



QUALITY STANDARDS

Low Back Pain

A guide for adults with
acute low back pain

2025 UPDATE



**Ontario
Health**

Ontario Health is committed to improving the quality of health care in the province in partnership with patients, clinicians, and other organizations.

To do that, Ontario Health develops quality standards. These are documents that outline what high-quality care looks like for conditions or processes where there are large differences in how care is delivered, or where there are gaps between the care provided in Ontario and the care patients should receive. These quality standards set out important steps to improve care. They are based on current evidence and input from an expert committee that includes patients, care partners, clinicians, and researchers.

This patient guide accompanies the quality standard on [low back pain](#). It outlines the top 7 areas where clinicians can take steps to improve care for adults with acute low back pain. The patient guide also includes suggestions on what to discuss with your clinicians, as well as links to helpful resources.

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 8 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 clinicians, can help you manage the pain. This guide is designed to help support you along the way.

Top 7 areas to improve care for adults with acute low back pain



Quality Statement 1: Clinical Assessment

What the standard says

People with symptoms of acute low back pain who seek primary care receive a prompt comprehensive assessment to inform diagnosis and assess for risk factors for developing chronic low back pain.

What this means for you

If you seek primary care for your acute low back pain, your clinician should give you a full health assessment that includes screening for yellow and red flags. A full assessment of your health will help them inform your diagnosis and develop the best management plan, because they will understand your needs, preferences, prognosis, and goals for your care.

DID YOU KNOW?

“Clinicians” are health care professionals who provide care to patients. Clinicians include chiropractors, doctors, nurses, nurse practitioners, pharmacists, psychologists, occupational therapists, physiotherapists, and social workers.

DID YOU KNOW?

“Red flags” are warning signs that something more serious might be going on with your body and should be checked by a clinician.

“Yellow flags” are things like worry, stress, or feeling down. These feelings can hinder recovery, keeping you in pain longer. Looking for “yellow flags” helps your doctor find ways stop your pain from lasting a long time.



Quality Statement 2: Diagnostic Imaging

What the standard says

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

**See "Red flags," DID YOU KNOW, page 3, for definition.*

What this means for you

If you have acute low back pain, you do not need an MRI, x-ray, bone scan, or CT scan unless your primary care clinician notices signs of a serious problem or disease. These tests will not explain your symptoms or help in making a diagnosis or a management plan. Decisions about your treatment should be based on your comprehensive assessment and how your symptoms affect your life.

DID YOU KNOW?

X-rays, MRIs, and scans aren't helpful for people with low back pain – tests like these 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. The results of these tests can distract from simple ways to ease your pain, like continuing with your daily activities.



Quality Statement 3: Patient Education and Self-Management

What the standard says

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

What this means for you

Your primary care clinician should offer you information to help you understand your first and/or recurrent episode of acute low back pain and how to manage it. They should help you to understand your pain and make informed decisions about your care, as well as provide you with information and ongoing support based on your needs and abilities. Self-management techniques include self-monitoring of symptoms, pacing activity, implementing relaxation techniques, and modifying negative self-talk.

TRACKING YOUR PAIN

Sharing details about how your pain feels can help your clinicians best treat you and rule out anything serious. You may want to bring notes to your visits and review the following 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?
- 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 1 or both of your legs? Do you feel tingling (pins and needles), numbness, or weakness in 1 or both of your legs?
- Are you able to walk and do your usual activities? If so, how difficult is it?



Quality Statement 4: Maintaining Usual Activity

What the standard says

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

What this means for you

Continue to stay physically active, moving around as much as you can, and try to do a little more each day to stay comfortable and improve how you move and feel. You may need accommodations and modifications to your daily activities, which may include returning to work. Resume your regular activities as soon as your back feels better.

DID YOU KNOW?

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, reduce the chances that your back pain will return, and help you stay comfortable and improve how you move and feel.

If your symptoms do not improve with physical activity, ask your clinician 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, and massage therapy
- Aerobic, strength, or yoga training

If cost is a concern, it's OK to ask your clinician about low-cost or no-cost options.

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



Quality Statement 5: Psychosocial Information and Support

What the standard says

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.

**See "Yellow flags," DID YOU KNOW, page 3, for definition.*

What this means for you

If you are distressed and struggling to cope with your acute low back pain, tell your health care team so that they can offer you information and support, as well as other nondrug therapies.



Quality Statement 6: Pharmacological Therapies

What the standard says

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 remaining active, receiving education, accepting reassurance, and getting self-management support are not working well enough to control your acute low back pain, your primary care clinician should offer you information on the risks and benefits of pain medication. If you decide to use pain medication, it is important to continue using other nondrug therapies as well. One does not replace the other.

DID YOU KNOW?

If you are keeping up with your usual activities and have tried exercise and other non-drug treatments but still have pain, your clinician may offer you medication. The goal is to add medication for a short time to the things you are already doing, not to replace other treatments with medication alone.

Back pain is the most common reason opioids are prescribed in primary care and in 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 guide on [Opioid Prescribing for Acute Pain](#).



Quality Statement 7: Additional Nonpharmacological Therapies

What the standard says

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 team should offer you information on nondrug therapies that may work for you, while you continue to be physically active. Using these therapies may help to reduce your pain and discomfort and may improve your overall health and well-being.

DID YOU KNOW?

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. Talking through your concerns and the details of your treatment with your clinician can help ease some of that pressure.

Suggestions on what to discuss with your clinicians

Ask your clinicians:

- What treatments will help relieve my symptoms the most?
- If I continue with my usual activities, could I cause more damage (to my back, bones, or muscles)?
- How do I know if my usual activities are safe for me to do?
- What kind of changes should I make at home or at work to help me feel comfortable and improve how I move and feel?
- What kind of medication will I need to help with my low back pain and how much will it cost?
- When should I take medications for my low back pain and are there any side effects?
- How long will I be on this medication?

Share with your clinicians:

- A list of clinicians currently treating your low back pain
- A complete medication list for any other conditions you may have
- A description of your general well-being, mood, and how you move and feel
- An example of the assistance you currently require from family, friends, or other clinicians
- Any extended health care benefits you have, or limitations to buying medications or accessing specialized care
- Any accessibility needs or supports you may need at home or work

If you are a care partner

You might have your own questions. It can help to identify yourself as the patient's care partner to their health care team. This will make sure they know and respect your questions and concerns.

- Let them know what your role will be in helping the patient manage their condition
- Let them know if you need help

Learn more

Choosing Wisely Canada's [Imaging Tests for Lower Back Pain](#): When you need them and when you don't provides information on the risks of imaging tests.

University Health's Network's [patient education video on low back pain](#) provides information on treatments for low back pain and where to get information and support.

Choosing Wisely Canada's [Treating Lower Back Pain: How much bed rest is too much](#) explains why staying active is important for recovering from low back pain.

Dr Mike Evans's video "[Low Back Pain](#)" explains what low back pain is, including "red flags" and "yellow flags" and offers effective strategies to manage your pain. See DID YOU KNOW, page 3, for definitions of red and yellow flags.

The Rapid Access Clinic's [Low Back Pain Program](#) for patients. The program is available only for patients whose doctor is registered with the program. Speak to your doctor about referral into program.

Ontario Health has developed other quality standards and patient guides on conditions related to acute low back pain that may be useful, including:

- [Anxiety Disorders](#)
- [Chronic Pain](#)
- [Major Depression](#)
- [Opioid Prescribing for Acute Pain](#)
- [Opioid Prescribing for Chronic Pain](#)

Need more information?

If you have any questions or feedback about this guide, please contact us at QualityStandards@OntarioHealth.ca or 1-877-280-8538 (TTY: 1-800-855-0511).

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@OntarioHealth.ca

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ISBN 978-1-4868-9167-2 (PDF)

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