

QUALITY STANDARDS

Placemat for Low Back Pain

This document is a resource for clinicians and summarizes content from the [Low Back Pain](#) quality standard.

Clinical Assessment

Quality Statement (QS) 1: Clinical Assessment

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.

Perform and document a comprehensive assessment that includes screening for yellow and red flags for people with acute low back pain to inform their diagnosis and identify any underlying pathological disease or risk factors for developing chronic low back pain. This assessment should take place early in their episode of acute low back pain and whenever they return to you to discuss their condition. The same approach should be followed for recurrent low back pain.

QS 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.

Do not send patients with acute low back pain for diagnostic imaging unless their symptoms suggest serious underlying pathological disease. If a patient presents with red flags that suggest serious disease, early imaging may confirm or rule out a suspected damaging diagnosis.

Initial Management

QS 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 individual needs and abilities.

Provide education for people with acute low back pain that is responsive to their individual needs and abilities. Information should include all aspects of self-management, including symptom education, and strategies for continuing usual activities. Information should be reinforced and expanded upon at subsequent visits. Care partners should be included, if appropriate.

QS 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 to maintain or improve mobility and function.

Encourage your patients with acute low back pain to continue being physically active, moving around within their level of pain tolerance, doing more each day, and returning to work and other life roles as early in their treatment as possible so they can maintain or improve their mobility and function. Convey the importance of not resting in bed, because bed rest will reduce their overall health and well-being. Once patients feel better, they should resume their regular activities.

QS 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.

When people with acute low back pain present with yellow flags, offer information and support to manage any psychosocial barriers that could affect their recovery.

Treatment Options

QS 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.

Offer people with acute low back pain whose symptoms are not improving information on how nonopioid pain-relieving medications may be combined with nonpharmacological therapies to improve function and mobility. Discussions with patients about medications should include an overview of the risks and benefits associated with different options.

QS 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.

Offer patients information about additional nonpharmacological therapies if their acute low back pain does not adequately resolve with physical activity, education, reassurance, and self-management support.

Red and Yellow Flags

Red Flags¹

Signs or symptoms of serious underlying pathological disease that may require tests or investigations.

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

Inflammation (spondyloarthritis): Ankylosing spondylitis, non-radiographic axial spondyloarthritis, 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 (suspected cancer).

Infection: Fever; history of intravenous drug use; immunosuppression.

Yellow Flags¹

Psychosocial risk factor for developing chronic low back pain.

“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?”

¹Centre for Effective Practice. Clinically Organized Relevant Exam (CORE) back tool. [Internet]. Toronto (ON): The CEP; 2016.

Resources

- [Low Back Pain quality standard](#) and guide for patients
- Center for Effective Practice's Clinically Organized Relevant Exam ([CORE](#)) Back Tool
- Diagnostic Imaging [Appropriateness](#) (DI-App) with low back pain imaging pathway
- [Spine Online course](#) on managing patients with acute low back pain
- Dr. Mike Evans' Low Back Pain patient [self-management video](#)
- Rapid Access Clinic for Low Back Pain [Virtual Toolkit](#)
- Ontario partnership of Pain Management [Resources for clinicians](#)

Additional tools and resources are on [Quorum](#).

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

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ISBN 978-1-4868-9169-6 (PDF)

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