Provincial Spine: Low Back Primary Care Clinical Pathway

1a. History
(Onset-acute/sub-acute), mechanism of injury, episodic, alleviating or exacerbating factors, positional factors, central vs peripheral dominant, etc.).

1b. Physical Examination
Observe, examine & palpate (e.g., deformities), posture, gait, tenderness. Neuro exam.

2a. Red Flags

Fracture: History of trauma; age >70; osteoporosis; prolonged corticosteroid use; sharp/stabbing pain aggravated by movement or pressure
Cauda Equina: Change to bladder or bowel function; numbness, tingling or burning in saddle area; often with radiculopathy or weakness in lower limbs; sensory, motor, or reflex changes.
Spinal Cord Pathology: Rapid progression of sensory, motor, hyperreflexia; clonus; imbalance; gait disturbances.
Infection: Pain with systemic features of infection.
Abdominal and Visceral Disease: Abdominal pain radiating to back; faint or fainting spells.

Yes → **Emergent** referral to emergency department or RAAPID. For **spinal cord pathology**, if progression of symptoms isn't rapid, consider referral to spine surgeon using referral pathway or page spine surgeon. See referral guideline tab for details.

Malignancy: History of cancer, night sweats, unexplained weight loss, deformity or masses, unremitting pain.

Yes → **Urgent imaging/lab work and consultation.** See 'Imaging' link above for details.

If unsure at any time consult specialist advice. See referral guideline tab for details.

2b. Other Considerations and Yellow Flags

Rheumatologic conditions: Rule out differential conditions such as inflammatory arthropathy (AM stiffness>30min, age<50).
Psychosocial flags & indicators for poor outcomes: See link above for details.

Yes → **4. Consider Advice & Referral Information.** See referral guideline tab for details.

3. Follow Chronic Low Back Pain Pathway: All new patients should be thoroughly assessed. See link above for details.

If pain duration >12 weeks

No red flags or other concerns

5. Imaging is only required if there is clinical suspicion of serious pathology (Red Flags) or if planning a specific intervention. Otherwise, no imaging should be ordered before 12 weeks. Additional imaging recommendations in expanded details.

6. Identify Mechanical Back Pain Pattern

Where is your pain the worst/ dominant?

Back/buttocks

Is your pain constant or intermittent?

- Constant (rule out Red Flags)
- Intermittent

What increases your typical pain?

- Flexion (+/- extension) → Pattern 1
- Extension only → Pattern 2

Leg

Is your pain constant or intermittent?

- Constant (rule out Red Flags)
- Intermittent

What increases your typical pain?

- Flexion (+/- extension) → Pattern 3
- Extension only → Pattern 4

If the pattern is NOT identified → **7. Patient may have NON-MECHANICAL BACK PAIN**: Consider further investigations and appropriate clinical support tools.

8. Provide all patients with non-surgical management and education (general and pattern specific): Rest positions, pharmacologic and non-pharmacologic options, exercises, and functional recommendations should be trialed for 6 weeks

9. Rehab Options: If indicated, consider the use of Rehab Advice Line (RAL) as well as community physiotherapy

Consider → **Indicators for poor outcomes, including psychological flags (2b)**

Primary care 6-week follow-up: Reassess symptoms and risk factors and re-evaluate diagnosis. Is there improvement?

Not improving

Improving → **Reinforce non-surgical management** strategies and follow-up as needed

Consider:

- **Modifying** treatment methods
- **Obtaining** appropriate labs and imaging (see DI checklist in section **6**)
- **Referral** to other interdisciplinary services
- **Reviewing** indicators for poor outcomes
- **Injection** should not be first-line of treatment in primary care

12-week follow-up: Reassess symptoms and risk factors and re-evaluate diagnosis. Is there improvement?

Improving → **Reinforce non-surgical management** strategies and follow-up as needed

Not improving

Refer to **Consult & Imaging Decision AID TOOL (5)** and
Reassesses **Yellow Flags and indicators for poor outcomes (2b)**

Patient NOT appropriate for referral to a specialist OR psychosocial factors are affecting the patient's recovery → **3. Follow Chronic Low Back Pain Pathway**

Patient appropriate for referral to a specialist → REFER to spine surgeon. See referral guideline tab for details.