

AXIAL LBP UNRESPONSIVE TO INITIAL CARE WITH PATIENT CONCERNS CONDITION WILL BE DISABLING REFERRAL GUIDELINE

MAINE MEDICAL PARTNERS - NEUROSURGERY & SPINE • 49 SPRING STREET, SCARBOROUGH, ME • (207) 885-0011

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS

History of trauma and radiologic studies indicating fracture

SUGGESTED PREVISIT WORKUP

Lumbar x-rays to rule out fracture or bone lesion for at risk only

CT scan or MRI only if neurologic findings or history of trauma or concern for underlying medical condition

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS

Belief that LBP is harmful
 Fear of avoidance of activity
 Tendency to low mood, withdrawal from social interaction
 Expectation of passive treatment
 Social or financial problems

SUGGESTED WORKUP

Early referral to active PT
 Reassurance and education
 Avoid terms such as “DDD”, “Severe arthritis” and “torn disc”
 Consider pain psychology for high risk dela

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

Pain with no neuro deficit
 Axial spine pain
 Patient maintains activity

SUGGESTED MANAGEMENT

Consider medication to only support activity
 Spine Center consult after 6 weeks of conservative care if patient not improving
 If some improvement continue with conservative care and independent management

CLINICAL PEARLS

- Delayed recovery for axial low back pain may have both anatomic and psychologic factors.
- It is important not to medicalize treatment with patient self-management encouraged.