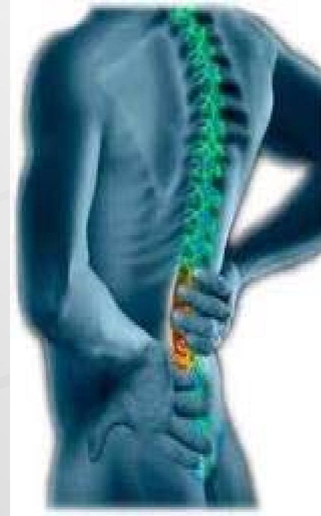
Primary Care Back Assessment: Initial Consultation



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Aims of the session

- To clarify important information to assist in diagnostic triage of low back pain patients.
- What are the salient questions to ask in a 7 minute consultation?
- Current referral triage process within the IMS

Expectations of LBP management in Primary Care

- Royal College of General Practitioners (RCGP)(2001) *Clinical Guidelines for the Management of Acute Low Back Pain.*

DIAGNOSTIC TRIAGE

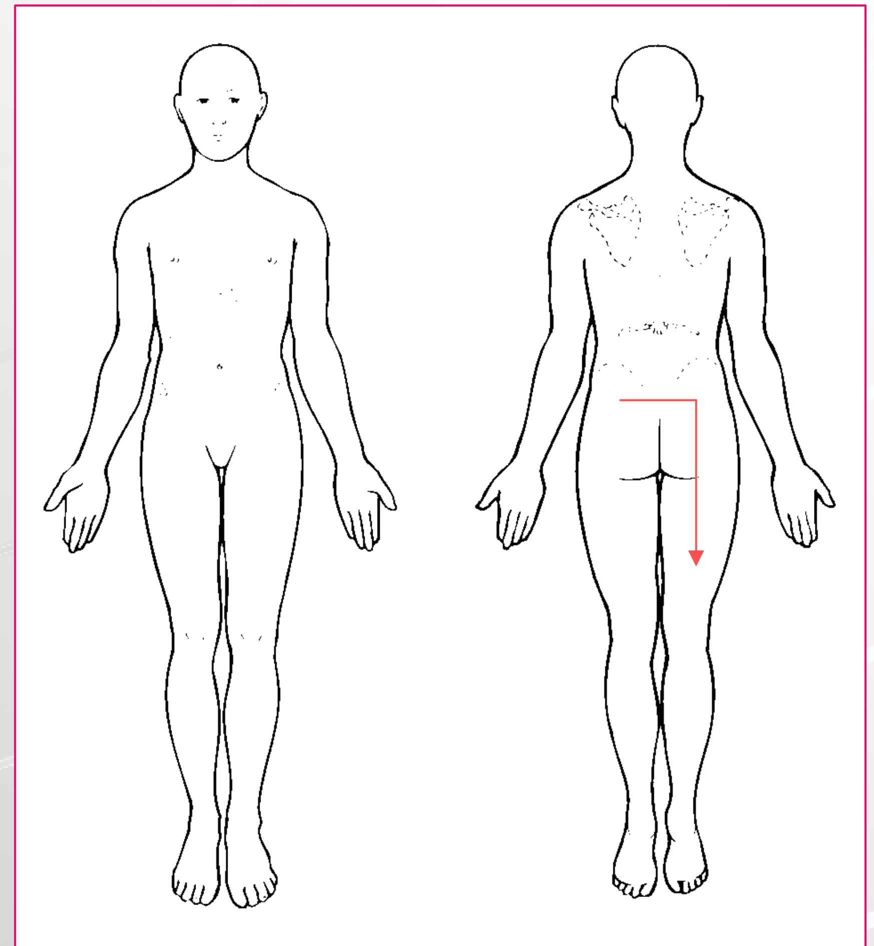
- Mechanical low back pain
- Nerve root pain
- Possible serious spinal pathology

Definition of Mechanical Low Back Pain?

- List the 4 triage criteria for MLBP

Mechanical LBP

- Presentation 20-55 years
- Lumbosacral, buttocks & thighs
- Mechanical pain
- Patient well

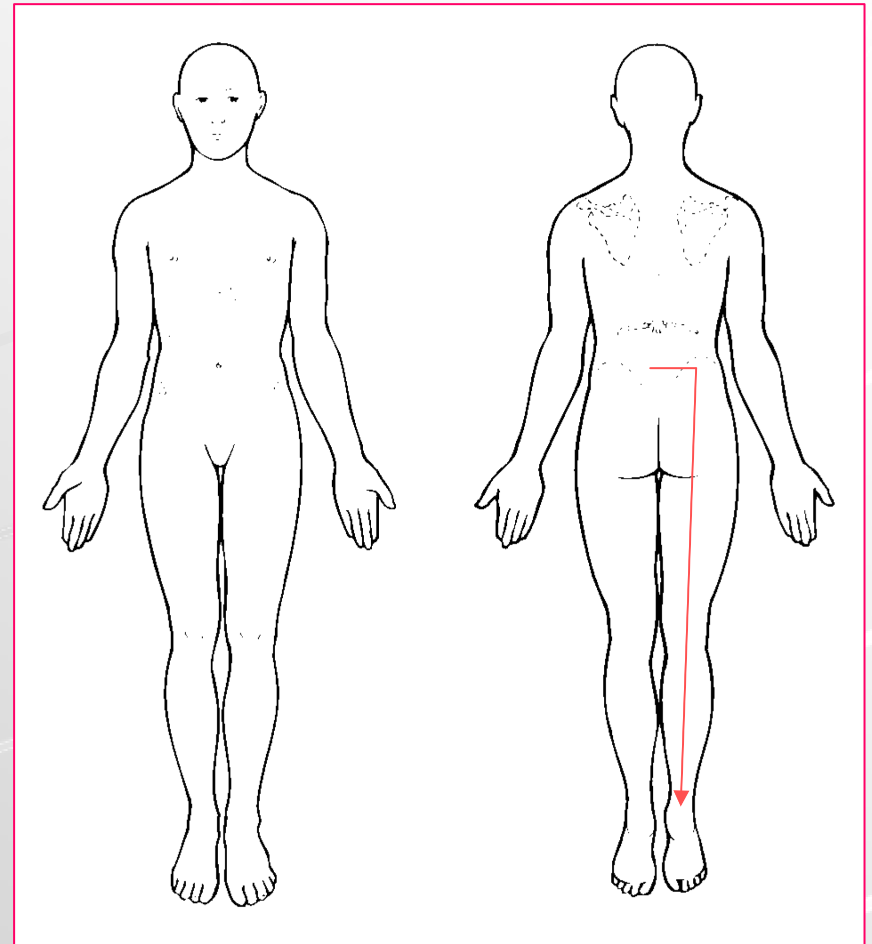


Definition of Lumbar Nerve Root Pain

- List the 5 triage criteria for LNRP

NERVE ROOT PAIN

- Unilateral leg pain worse than back pain
- Pain generally radiates to foot or toes
- Numbness & paraesthesia in same distribution
- +ive SLR pain reproduced in leg
- Motor, sensory or reflex changes limited to one nerve root



RED FLAGS FOR SERIOUS PATHOLOGY

- Age <20 >55 years
- Non mechanical / progressive pain
- Thoracic pain
- Past history –cancer / steroids / HIV/ Drugs
- Unexplained weight loss
- Systemically unwell
- Significant trauma
- Night sweats / severe night pain / inability to lie supine
- Widespread neurology
- Marked gait abnormality/foot drop
- Structural deformity

Combinations of Red Flags are the most important

- PMH of Ca
- Weight loss
- Night pain
- Age over 55

CAUDA EQUINA SYNDROME

- Acute back pain often with bilateral leg pain
- Progressive urinary retention or incontinence
- Altered bowel function
- Altered perianal sensation
- Altered anal sphincter tone

7 minute appointment what you can achieve?

- 80% of diagnosis is made from history taking
- This will allow you to triage into the relevant sub group
- Will indicate when you need to physically examine
- Consider all the above in combination with yellow flags
- Devise and execute a management plan

Important features of the history taking for sub group management

- Establish location and radiation of symptoms (LNRP, MLBP)
- Onset sudden, gradual or result of trauma (LNR, MLBP, SSP)
- Features of pain: Is it true 24/24 pain? (SSP)
- Descriptors of pain (LNRP, SSP)
- Exacerbating/easing factors (MLBP)
- PMH(SSP)
- Duration and self-management to date (LNR, MLBP, SSP)

Recommendations for MLBP

- X-rays and MRI scans are NOT routinely indicated
- Consider Yellow flags
- REASSURE
- Prescribe simple analgesics / paracetamol
- Avoid strong opioids
- Advice to stay active / avoid bed rest
- Provide information ‘The Back Book’

Nerve Root Pain

- Explain condition
- Adequate analgesia / opiates / NSAIDS /amitriptyline or alternative neuropathic meds
- Encourage activity i.e. a walking programme
- Consider referral into IMS if there are significant neuro signs or severe pain & psychosocially distressed or un-resolving symptoms>6/52 duration

Serious Spinal Pathology management

- Cauda Equina pathway? Current practice; refer to ED at Blackburn
- All other SSP's refer to IMS – highlighting red flags and urgent prioritisation