LOW BACK PAIN

WHEN DID IT START
WAS IT SUDDEN OR GRADUAL ONSET
WHERE IS IT
DOES IT RADIATE ANYWHERE ELSE
DOES ANYTHING MAKE IT WORSE OR BETTER
HAS PATIENT HAD THIS PROBLEM BEFORE
WHAT OCCUPATION ANY SPORTS
PAST HISTORY LONG TERM STEROIDS ANY MALIGNANCY

LOOK AT THE BACK WHILE STANDING
LOSS OF LORDOSIS SCOLIOSIS
SPASM
FEEL THE BACK FOR TENDER SPINAL PROCESSES ACUTE DISK
PROLAPSE FRACTURE COLLAPSED VERTEBRA ARE TENDER

BEND FORWARDS WHILE STANDING NO PAIN NO NEED TO DO STLR
BEND BACKWARDS SPONDYLYSIS PAINFUL
ROTATE ONE WAY THEN THE OTHER PAIN IF SACRO ILIAC CAUSE
IF BENDING FORWARDS RESTRICTED LIE ON COUCH
DO STRAIGHT LEG RAISE BOTH SIDES KNEE ANKLE AND PLANTAR
JERKS ASK ABOUT NUMBNESS IN GENITAL AREA OR DIFFICULTY
ELIMINATING

RED FLAGS FOR MORE URGENT ACTION
BAD FALL
UNDER 20 OVER 50
VISIBLE DEFORMITY
HISTORY OF MALIGNANCY OR LONG TERM STEROID USE
UNWELL WT LOSS FEVER ?TUMOUR TB OSTEOMYELITIS
DRUG ABUSER
PAIN WORSE WHEN LYING OR THORACIC PAIN
INCREASING NEURO SYMPTOMS OF LIMB PAIN AND WEAKNESS
AS SHOWN BY WEAK KNEE EXTENSION ANKLE PLANTAR EVERSION
FOOT DORSIFLEXION OR STAGGERING GAIT
CAUDA EQUINA SYMPTOMS DIFFICULTY ELIMINATING U AND
BOWEL REDUCED PERINEAL SENSATION REDUCED ANAL
SPHINCTER TONE

EXTRA SPINAL CAUSES PYELONEPHRITIS OR STONE POSS WITH U SYMPTOMS CHEST CAUSES INFECTION PNEUMOTHORAX EMBOLUS ABDO CAUSES ULCER AORTIC ANEURYSM ANKLYLOSING SPONDYLITIS IF WHOLE BACK STIFF MAY BE OTHER THINGS PRESENT PSORIASIS INFLAMMATORY BOWEL DISEASE URETHRITIS SMALL JOINT ARTHRITIS

START WITH PARACETAMOL IBUPROFEN OR DICLOFENAC DIAZEPAM
AFTER 2 WEEKS CONSIDER PHYSIO+ BLOODS FBC ESR CRP CALCIUM LFT PROTEIN ELECTRO
AFTER 6 WEEKS CONSIDER MUSK SKEL REFERRAL

NOTES
SIMPLE BACK PAIN
20-50
IN LUMBAR REGION BUTTOCKS AND ABOVE KNEE

NERVE ROOT PAIN
UNILATERAL OCC BILATERAL
LEG PAIN WORSE THAN BACK USUALLY
PAIN RADIATES TO CALF FOOT OR TOES
NUMBNESS AND TINGLING IN SAME DERMATOMES
REDUCED STLR
MOTOR SENSORY OR REFLEX SIGNS LIMITED TO ONE NERVE ROOT

CAUDA EQUINA URGENT URGENT IMMEDIATE REFERRAL TO AE