



NHS Greater Glasgow and Clyde: Pathway for the Physiotherapy Management of Low Back Pain

‘From Triage 2 Discharge’

Version 2.1

February 2010

<http://www.staffnet.ggc.scot.nhs.uk/Pages/ggbps.aspx>

Formal review date 2012, which is the 10th anniversary of GGBPS

Table of Contents:

Section	Title	Page
	Forewords : Mick McMenemy Lead Clinician GGBPS Dr Lesley Holdsworth Head of Health Service Research and Effectiveness Unit, NHS Quality Improvement Scotland	4-5
1.0	Executive Summary	6-7
2.0	Who is the Pathway Document for?	7
2.1	What is the Pathway Document?	7
2.2	Pathway Document second edition	8
2.3	What is new in the second edition of the Pathway Document?	8
2.4	An overview of the physiotherapy and low back pain within NHSGGC	9
3.0	What is GGBPS?	9
3.1	Review group	9
3.2	A definition of the role of physiotherapists in the GGBPS	9
3.3	The role of the clinical specialist physiotherapist	10
3.4	The role of the musculoskeletal physiotherapist	11
3.5	Where do I find more information?	11
4.0	A demographic and clinical picture of low back pain in NHSGGC	11
4.1	Population of Greater Glasgow	11
4.2	Clinical sites	12
4.3	Number of patients referred to GGBPS	12
5.0	Clinical guidelines	12-13
5.1	National Physiotherapy Low Back Pain Audit <i>and</i> NHSGGC	13
5.2	GGBPS management of LBP in line with guidelines	13-14
6.0	Evaluation of the impact of the Pathway Document	14
7.0	Entry routes for patients with low back pain	15
7.1	GP/Consultant referrals	15
7.2	Patient self referral/GP suggested self referral	15
7.3	Referrals from orthopaedics to physiotherapy	15
7.4	Back pain triage guidelines	16
8.0	Assessment: Addressing NHS QIS National Physiotherapy Low Back Pain Audit Recommendations	17
8.1	Assessment : cauda equina triage	18
9.0	Exit routes following physiotherapy for patients with LBP.	19
9.1	Enhanced back class	19
9.2	Referral for surgical consultation	20
9.3	MRI and X-Rays	20-21

9.4	DEXA	21
9.5	Physiotherapy-led Back Class	22
9.6	Community-led classes	22
9.7	Pain education classes	23
9.8	Self management	24
9.9	Pain Association Scotland	24
9.10	Pain clinic	25
9.11	Cauda equina syndrome	25-26
9.12	Children	26
9.13	Back to GP with suspected serious spinal pathology	27
10.0	Low back pain: Triage 2 Discharge training	28-32
11.0	GGBPS service overview from Chronic Pain Guidelines	33
12.0	References	34

Acknowledgements

Thanks are given to the GGBPS specialist team and all other physiotherapy staff working within Greater Glasgow who provided feedback for this revised edition.

Further Information

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<http://www.staffnet.ggc.scot.nhs.uk/Pages/ggbps.aspx>

Foreword 1

Mick McMenemy (January 2010)

Lead Clinician, Greater Glasgow Back Pain Service

This newly updated version of the Pathway Document presents a comprehensive guide to the whole extent of services on offer to patients with low back pain in Greater Glasgow. The updated guidelines relating to red flags and cauda equina give all clinicians the information to provide best practice and to meet the recommendations made by NHS Quality Improvement Scotland from the National Physiotherapy Back Pain Audit.

Every clinician who manages low back pain has the responsibility to be aware of these pathways and to follow them.

Congratulations to Fraser Ferguson on compiling such an excellent resource.

Foreword 2

Dr Lesley Holdsworth, September 2009

**Head of Health Service Research and Effectiveness Unit, NHS Quality Improvement
Scotland**

The approach to the physiotherapy management of back pain pioneered in Glasgow is recognised, valued and envied internationally. I congratulate the GGBPS in adopting such an approach and making the effort to review the pathway and refreshing it in light of the findings and local experiences.

It is a clear example of how patient care should be approached. It supports physiotherapists in providing high quality, evidence based care; provides information about, and the outcome of, the service to key stakeholders demonstrating its effectiveness. Although not primarily aimed at a patient audience, nevertheless it does serve as a useful resource for patients. It clearly articulates the full pathway providing patients with information about what to expect and how and with whom to engage.

During 2008-09, NHS QIS supported a national audit of the physiotherapy management of low back pain, work that was led most effectively by the GGBPS's own, Fraser Ferguson. This was the first time anywhere in the world that a whole country had attempted to measure and improve the quality of physiotherapy low back pain management. Although referred to as an audit, in reality, this work was much more. What emerged was a framework that supported physiotherapy services in identifying where improvements needed to take place; provided them with a range of tools to help implement the identified actions; a forum through which to share experiences and learn from others; and, a mechanism to use to demonstrate compliance with best practice. The framework is fully embedded in the approach being adopted by the GGBPS and provides the means to demonstrate the on-going quality of care provided to service users and compliance with professional standards.

I'm delighted that Glasgow has taken such an approach, commend and wish you all the very best in continuing to deliver high quality care to your patients, care that through the approach outlined in this document, supports continuous improvement into the future. I look forward to hearing about your successes!

1. Executive Summary

This is the second edition of the Pathway Document, which will provide clear and detailed explanations of the pathways associated with the physiotherapy management of low back pain within NHS Greater Glasgow and Clyde. Since, the launch of the first edition in 2006, the single biggest change relating to the physiotherapy management of low back pain within NHS Scotland, has been the National Physiotherapy Low Back Pain Audit reported on by NHS Quality Improvement Scotland in 2009. The findings of this first ever nationwide initiative indicated that the majority of low back pain patients attending physiotherapy within NHS Greater Glasgow and Clyde were managed in line with guidelines. However, similar to other NHS Boards, some areas for continued improvements were identified. In particular, the documented assessment of red flags, cauda equina, neurological assessment, yellow flags and the provision of consistent written patient information were highlighted.

The mission statement of the Greater Glasgow Back Pain Service is to deliver a citywide service of excellence for the management of low back pain. As such, the Greater Glasgow Back Pain Service is committed to ensure its physiotherapy management of low back pain is in line with the NHS Quality Improvement Scotland recommendations, and the publication of this revised Pathway Document is an opportunity to clearly define how this will be achieved. These changes will be monitored in the third cycle of the NPLBPA taking place in 2010.

This drive towards continuous improvement is also underpinned by standards of practice from the Chartered Society of Physiotherapy who demand that there is a system to ensure that all physiotherapists provide care that is based on the best available evidence of effectiveness' (CSP, Service Standards 4.1). There should be links established 'to identify good practice...through sharing of information...with national sources of critically appraised reviews of evidence' (CSP, Service Standards 4.3). This process has been further augmented by the Scottish Government, which has recently reaffirmed its aim to root out ineffective clinical treatment, promote equity of care and ensure speedy access to specialist services (Scottish Government, 2007).

The first version of the Pathway Document was shown to have positive benefits for physiotherapy staff. Consequently, all physiotherapy staff responsible for the management of low back pain within NHS Greater Glasgow and Clyde will be able to demonstrate a working knowledge of the contents of this revised and updated document. This will help ensure the best use of the available resources of the Greater Glasgow Back Pain Service. A training course 'Triage 2 Discharge' (previously known as Pathway Document Training) has been developed to assist in this.

This whole process will be driven by the 13 clinical physiotherapy specialists attached to the Greater Glasgow Back Pain Service. This practice is also in line with recent recommendations from the Greater Glasgow Back Pain Service Review Group which was convened to provide recommendations on how to further improve the integration of Greater Glasgow Back Pain Service specialists with mainstream staff.

Work on the original Pathway Document for the physiotherapy management of low back pain was started prior to the recent reorganisation of health services within Greater Glasgow, which resulted in the newly merged NHS Greater Glasgow and Clyde Health Board. The Pathway Document therefore refers to the management of low back pain only within NHS Greater Glasgow. The inequity of access to services with colleagues in within the old Argyll and Clyde areas requires to be addressed.

2.0 Who is the Pathway Document for?

The Pathway Document is intended for ALL clinicians involved in the management of low back pain (LBP) within NHS Greater Glasgow and Clyde (NHSGGC). However, these pathways could be adapted and utilised anywhere there is the need for a back pain service. The first edition was well received and was shown to improve the patient journey and the therapists' ease with which they managed LBP.

2.1 What is the Pathway Document?

The initial concept of reviewing the patient pathway for LBP across NHSGGC was initiated by the Greater Glasgow Back Pain Service (GGBPS) Health Board Steering Group, which provided an opportunity to review the pathway for patients. The pathway group included representatives of all key areas of physiotherapy across Glasgow. The original Pathway Document therefore represented a consensus of opinion amongst representatives of NHSGGC physiotherapy staff, covering both primary care and acute sites. This was augmented with the input of recognised world experts in the management of LBP.

Following staff feedback the main aims of the original Pathway Document initiative were identified as being able to address the following:

- i. Confusion over entry routes to GGBPS and for physiotherapy in general
- ii. Confusion of exit routes from physiotherapy for LBP
- iii. Lack of awareness of clinical guidelines and present pathway

- iv. Need for ongoing support for changes in clinical practice as a result of Pathway recommendations
- v. Commitment to monitor changes as a result of introducing the Pathway Document

2.2 Pathway Document second edition

In the second edition of the Pathway Document, the pathways for access to physiotherapy and the exit routes from physiotherapy are refined and clearly defined.

Recommendations for standards of practice are offered. These will enable clinicians to audit their services. The second edition is more of a working document, which is linked closely with the GGBPS intranet site. For NHSGGC staff, **all the most up to date** electronic copies of all the relevant paperwork can be found at:

<http://www.staffnet.ggc.scot.nhs.uk/Pages/ggbps.aspx> and
<http://www.nhsggc.org/ggbps>

2.3 What is new in the second edition of the Pathway Document?

The main amendments to this second edition include:

- An evaluation of the impact of the first edition
- NHSGGC results from the National Physiotherapy Low Back Pain Audit (NPLBPA)
- Recommendations of practice on the assessment and documentation of red flags, cauda equina, yellow flags, written patient information and neurological examination based on results of the NPLBPA and how these changes will be monitored.
- A new version of the cauda triage chart developed after discussion with A&E Consultants
- Website links. Appendices have been moved to the GGBPS intranet site to ensure the most up to date forms are always available
- Clarity over the pathway for LBP patients with suspected serious spinal pathology
- Revised MRI/Orthopaedic pathways. This now includes access to imaging for non acute nerve root pain
- The addition of a new exit route for Pain Education Classes
- Revised and updated GGBPS service overview chart

3.0 An Overview of Physiotherapy and LBP within NHSGGC

3.1 What is GGBPS?

Mission Statement of the GGBPS

“The GGBPS aims to provide the highest standards of care to the healthcare users of Greater Glasgow. The service is evidence based, and systematically evaluated and developed to ensure this. Patient centred, we will respect the individuality of all patients and their carers. Using a bio psychosocial model of back pain, self-management and the principles of rehabilitation are central to the service approach; the aim is to develop the GGBPS as a centre of excellence for the management of patients with low back pain.”The GGBPS consists of a team of 13 clinical physiotherapy specialists in mechanical low back pain who lead the management of low back pain within Greater Glasgow. The team also liaises with dedicated Clinical Psychologists. A lead clinician heads the service. It should be recognized that in addition to the specialist team, the GGBPS includes all physiotherapy staff within NHSGGC who manage LBP.

3.2 Review Group

An ongoing policy of the GGBPS is to encourage discussion on how to continually improve the service delivery of LBP within NHSGGC. Most recently, this involved the setting up of the Review Group. This group of physiotherapists of all grades offered suggestions on how better to integrate GGBPS services to NHSGGC. A key outcome from this group was to provide a clear definition of the role physiotherapists who manage LBP. The Review Group produced two consensus statements, which clearly define the roles the GGBPS clinical specialist and the musculoskeletal (MSK) physiotherapists play as part of the GGBPS.

3.3 The role of the clinical specialist physiotherapist as part of GGBPS

Role of the Clinical Specialist Physiotherapist part of GGBPS (from Review Group)

Clinical

The Clinical Specialist spends *up to* 65 per cent of their time, as a gatekeeper, offering comprehensive assessment and treatment for patients with low back pain (LBP). Approximately 60% have acute LBP (< 6 weeks) but almost 40 per cent of cases will have longstanding symptoms. Our primary role is using bio psychosocial assessment skills to identify mechanical LBP, nerve root involvement, or the red flag indicators of serious pathology. An active treatment programme is undertaken including self-management, exercise (individual, group or with psychological support). Where appropriate, patients may receive further investigation (MRI scan) or be referred for an orthopaedic or neurosurgical consultation. As there are only 13 Clinical Specialists, we appreciate the majority of back pain patients will be seen by other musculoskeletal physiotherapists. We can offer individual clinical support to physiotherapists and their patients or telephone back-up as required. Advice on the management of spinal red flags is available to any health care professional. Our role also allows us time to inform new staff about the GGBPS, participate in Enhanced Back and Pain Education classes and contribute to local in-service programmes. Clinical mentoring can be offered to pre and post-graduate students. Occasionally the team may be asked to provide legal reports or act as expert witnesses.

Non-Clinical

Education

We are required to maintain awareness of current guidelines and research for the treatment of back pain in order to facilitate our extensive role in continuing education. As part of a multi-disciplinary team, regular communication and support for many differing health care professionals, is required at all times. We seek to promote and facilitate consistent patient management in accordance with the current evidence base.

Much of this is enshrined in the GGBPS Pathways document, which is presented at local sites on a regular basis. We provide local, national and international presentations on pathways of care for LBP. Further support is offered in the public domain, through the development and teaching of the Backs Aren't Scary course; Pain Education Classes; Pathway Document training; Yellow Flag workshops and Pain Masterclasses. Preparation is required for pre & postgraduate student training. The Back Pain Service also participates in annual orthopaedic teaching days.

Service Development

Service development is enabled by review of our protocols, patient information and teaching materials in line with local standards and international low back pain guidelines. The Clinical Specialists are involved in buddy support groups; education & pathway development sub-groups; steering committees and literature reviews. We participate in local and national audit of our clinical work, significant event analysis and case study reviews. The GGBPS is represented at Scottish ESP subgroup, NHS Scotland QIS and many national conferences.

We are encouraged to maintain our personal professional development for one session every month (Joint Position Statement on CPD for HSC Practitioners, February 2007). Our role clearly states the necessity of non-patient based activities. The activity outlined above can amount to a significant amount of time per week.

3.4 The role of the musculoskeletal physiotherapist as part of GGBPS

Role of the Musculoskeletal Physiotherapist as part of GGBPS (from Review Group)

The role of the musculoskeletal (MSK) physiotherapist includes responsibility for comprehensive assessment/treatment of a high percentage of patients in Glasgow with Low Back Pain (LBP) and therefore, we contribute significantly to the delivery of the patient care pathway. We are responsible for first line triage and prioritisation of patients through self-referral and other referral routes in accordance with the GGBPS guidelines.

We should incorporate bio psychosocial assessment skills to identify mechanical LBP, nerve root involvement and the red flag indicators of serious pathology. We also have access to individual clinical support from the local GGBPS specialist as required, either face-to-face or by telephone. Active treatment programmes are encouraged/recommended and should include self management techniques and exercise either individually or in a group environment (with or without psychological support).

We have access not only to MSK physiotherapy led back classes and community back classes but also to those run with support from clinical psychology in the form of the Enhanced Back Class. These classes can be accessed by referring to the local Clinical Psychologist after appropriate screening. Those patients with mechanical presentations who might require further investigation (MRI) or an orthopaedic/neurosurgical opinion/consultation should be referred to the back pain specialist, not the GP.

We have a responsibility to keep up to date with current GGBPS documents and recommendations for patient management found either in the department's GGBPS folder or on-line. The department has access to the latest GGBPS pathway document/guidelines and your local GGBPS specialist will be able to direct you to appropriate documents as required.

3.5 Where do I find more information?

For NHSGGC staff:

<http://www.staffnet.ggc.scot.nhs.uk/Pages/ggbps.aspx>

Non-NHSGGC staff can find some Pathway Document information at:

<http://www.nhsggc.org.uk/ggbps> (Please note that not all information is available here)

Please contact fferguson@nhs.net if you require addition information.

4.0 A demographic and clinical picture of LBP in NHSGGC

4.1 Population of Greater Glasgow

The GGBPS covers the entire population of Greater Glasgow (900,000). Separate services are responsible for the management of LBP in the old Argyll and Clyde areas.

4.2 Clinical Sites

All Community Health Partnerships [CH(C)Ps] and acute hospital sites where outpatient physiotherapy is provided have input from the Clinical Specialists working within the GGBPS. Within the old Argyll and Clyde areas, this is managed by separate services.

4.3 Number of patients referred to GGBPS

A breakdown of the referrals received by the GGBPS over the last two years is contained in Table 1.

Table 1. GGBPS referrals

Year	Total number of referrals to GGBPS	Number of acute referrals	Number of non acute referrals	% of acute referrals seen within 2/52
2007	7151	3967	3184	95%
2008	7901	4497	3404	92%

A mean of 7526 referrals were made annually to GGBPS. **92% of them are seen within the service standard of two weeks.** These statistics are gathered from information submitted monthly from the 'Back Pain Detail Sheet', which is also used to help determine where GGBPS specialists' clinical time is required throughout Greater Glasgow.

5.0 Clinical Guidelines

Clinical guidelines for the management and treatment of LBP are plentiful (Table 2). These clinical guidelines have been produced following the strictest criteria and all the evidence reported in them was graded in relation to the strength of the evidence reviewed.

These clinical guidelines have common themes throughout such as **encouraging patients to avoid bed rest, to stay active and continue ordinary activities as normally as possible, to receive active treatments and avoid passive therapies where possible** (Koes et al, 2003; Grimmer et al, 2003; Frost et al, 2004).

The RCGP guidelines are still the agreed guidelines of all the health professionals who treat patients with LBP in Scotland. The recommendations produced from the NPLBPA by NHS QIS are also applicable to all physiotherapy clinical practice.

Table 2: The main guidelines for low back pain

RCGP	www.chiro.org/LINKS/GUIDELINES/FULL/Royal_College/index.html
NHS QIS NPLBPA	www.nhshealthquality.org/nhsqis/4057.html
New Zealand Guidelines Group	www.nzgg.org.nz/guidelines
CSP Guidelines	http://www.csp.org.uk (use site search engine to find them)
European Acute	www.backpaineurope.org/web/html/wg1_results.html
European Chronic	www.backpaineurope.org/web/html/wg2_results.html
European Prevention	www.backpaineurope.org/web/html/wg3_results.html
European: Pelvic Girdle	www.backpaineurope.org/web/html/wg4_results.htm
NICE	www.nics.org.cg/cg88
Prodigy	www.cks.library.nhs.uk

5.1 National Physiotherapy Low Back Pain Audit and NHSGGC

The NPLBPA was part of a programme of work established by NHS Quality Improvement Scotland (NHS QIS) that over one year developed a framework that supported NHSScotland in providing consistently applied high quality physiotherapy management of low back pain in line with best evidence. The results demonstrated that physiotherapy services throughout Scotland showed levels of compliance with national validated guidelines. There was however room for improvement. Full details on the NPLBPA can be found at: www.nhshealthquality.org/nhsqis/4057.html

In line with our mission statement, the GGBPS are committed to addressing the recommendations from this national initiative to further improve the physiotherapy management of LBP in Greater Glasgow.

5.2 GGBPS management of LBP in line with guidelines

A picture of the level of documentation of key clinical areas in the management of LBP, in line with guidelines is in Table 3. These figures were provided from the NPLBPA (NHS QIS, 2009). The results indicated that physiotherapists within NHSGGC are above the national average on the documentation of cauda equina, red and yellow flags and risk of fracture. NHSGGC is below the national figure of documentation of neurological assessment of nerve root pain and provision of the Back Book. However, in line with the national results, there is still considerable room for improvement in all these key areas.

Table 3: Key results from NPLBPA on six key clinical areas

Factor Documented	Nationwide figure	All of NHSGG
Risk of Fracture (steroid use and osteoporosis both documented)	71.7%	73.5%
All Red Flags (minus HIV) Documented	64%	75.9%
All Cauda Equina Questions Documented	83%	88.2%
Subjective Assessment of Yellow Flags Documented	82.3%	87%
Full Neurological Assessment for Nerve Root Pain	75.6%	32.9%
Documentation of the provision of Back Book for acute LBP	33%	17%

Full results can be found at www.nhshealthquality.org/nhsqis/4057.html and at <http://www.sharedlearning.scot.nhs.uk/community-websites/back-pain-education-for-scotland.aspx> along with additional educational resources.

6.0 Evaluation of the impact of the Pathway Document

A pilot study was carried out by David MacDonald, an MSc Rehabilitation Science student from Glasgow Caledonian University in 2007, which explored the views of outpatient physiotherapists on the first edition of the Pathway Document. This small pilot study and included data from two CHC(C)Ps and identified a positive impact of the Pathway Document. The findings also indicated an increase in the participants' understanding and confidence in referring patients from GGBPS through the appropriate routes..

Results

93.8% (n=15) of the participants felt that the Pathway Document was important to their clinical practice; the main reasons given were; it was a good resource and it aided clarification of the exit routes from GGBPS.

80% (n=12) of the participants stated that their understanding of exit routes had been clarified.

The GGBPS Physiotherapy Specialists were identified as the main source of encouragement to implement the Pathway Document. The full report can be found at:

http://staffnet/Acute/Rehab+Assessment/Low+Back+Pain/GGBPS_BackChat_CR_180309.htm

In 2010, NHS QIS will be carrying out a third audit cycle of the NPLBPA. This will provide an opportunity to measure the impact of the second edition of the Pathway Document within NHSGCC.

7.0 Entry Routes for patients with low back pain

7.1 GP/Consultant referrals

In some cases, a written referral is appropriate e.g. complex medical history. These patients will be prioritised on an individual basis.

7.2 Patient self referral/GP suggested self referral

This access varies between physiotherapy sites.

The **Back Pain Triage Guidelines** below has been designed to assist physiotherapy clinicians in the initial management of LBP after they have accessed treatment via self-referral clinics. The acute LBP and referred leg pain information sheets are available from:

www.sharedlearning.scot.nhs.uk/projects/back-pain-education-for-scotland.aspx

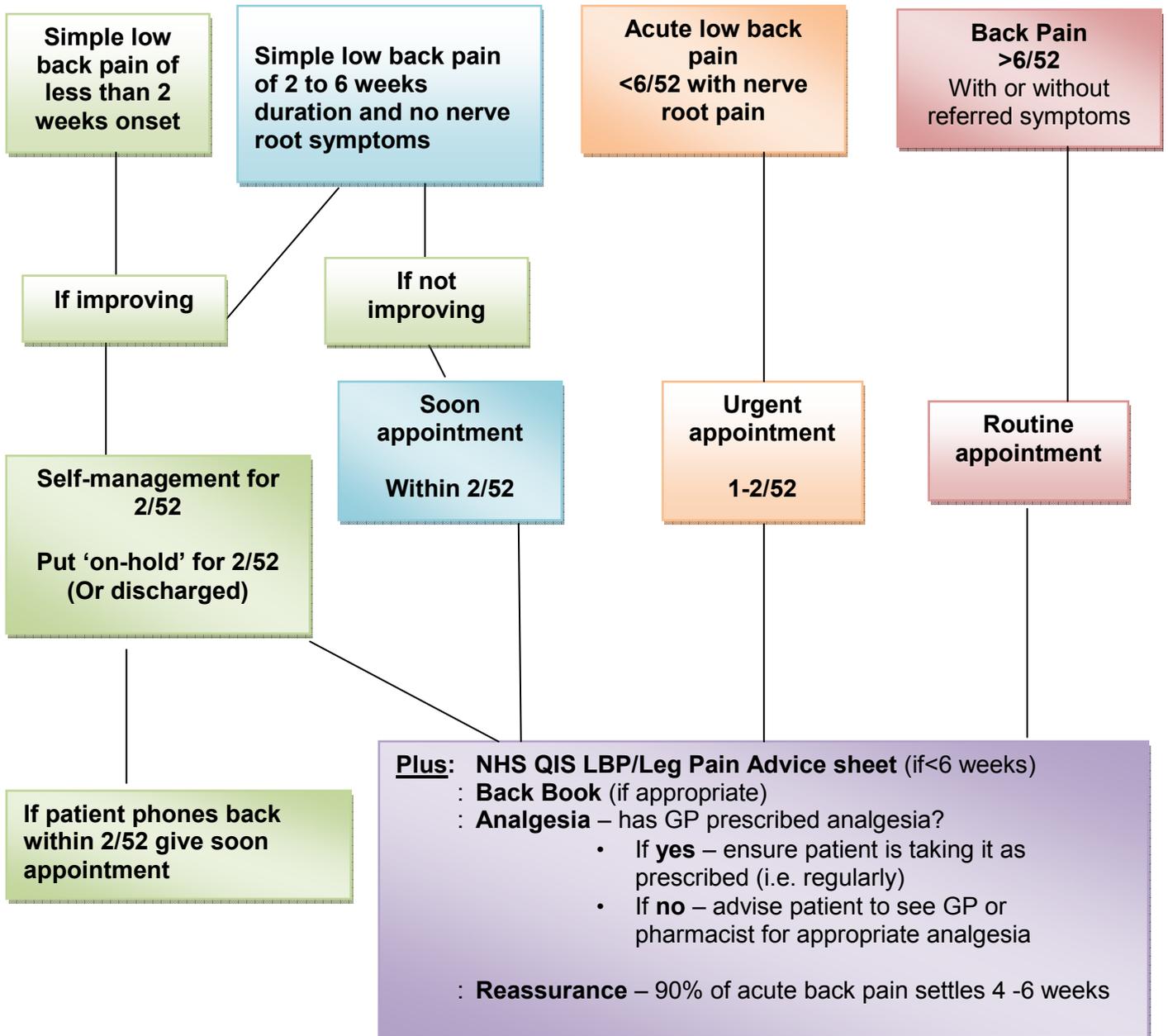
7.3 Referrals from orthopaedics

The preferred route for surgical opinion is through the back pain specialists. Occasionally however a GP will refer directly to an orthopaedic surgeon. In such cases, these referrals are usually redirected to local physiotherapy departments for GGBPS to assess initially. Any member of the physiotherapy staff will see these patients. On discharge, a copy of the discharge letter is sent to the GP and orthopaedic consultant.

Back pain triage guidelines

1. Complete self referral triage card

2. Exclude cauda equina syndrome and serious spinal pathology



- Nerve Root Pain = pain radiating below the knee
- Longstanding symptoms of pain below the knee => Routine appointment
- Back Book – for 1st episode etc but not for flare up of chronic LBP

8.0 Assessment: Addressing NHS QIS National Physiotherapy Low Back Pain Audit Recommendations

The following key aspects of clinical assessment will be carried out and documented on ALL low back pain assessments. NHS QIS have produced a screening tool pro forma and accompanying glossary, which can be accessed at :

<http://www.sharedlearning.scot.nhs.uk/community-websites/back-pain-education-for-scotland.aspx>

Red flag screening

- Past history of cancer
- Unexplained weight loss
- Constant non-mechanical pain
- Severe unremitting night pain
- History of recent trauma
- Major loss of lumbar flexion
- + ve cough/sneeze
- <20 >55 years old
- Prolonged steroid use
- Lower limb weakness
- Thoracic pain

Cauda equina syndrome

- Saddle anaesthesia/paraesthesia
 - Widespread neurological symptoms in the lower limbs
 - Altered bladder control
 - Altered bowel control
- (See CES Triage Chart on below)

Yellow flags

- Attitudes/beliefs
- Behaviours
- Compensation
- Diagnosis
- Emotions
- Family
- Work

Neurological assessment for nerve root pain

- Myotomes
- Dermatomes
- Reflexes
- Passive SLR

.....all carried out and documented

Written information supplied

Patients will be supplied with appropriate, evidenced based and consistent written information

See www.intrnet.site and www.sharedlearning.scot.nhs.uk/projects/back-pain-education-for-scotland.aspx for copies of this.

8.1 Assessment: Cauda Equina Triage



Cauda Equina Syndrome Triage

*'The **whole** clinical picture should be considered at **all** times'*

Symptoms requiring immediate referral to A&E

*****Send a covering letter addressed to 'Receiving Orthopaedic Surgeon'**

- Complete urinary retention
- Lack of awareness of bladder filling
- Saddle anaesthesia or paraesthesia
 - Saddle anaesthesia or paraesthesia can be tested in a less invasive manner by light touch over sacral/medial gluteal area: testing sphincter tone in a physiotherapy department is not necessary
- Overflow incontinence (bladder and/or bowel)
- Usually bilateral sciatica with neurological signs

In addition be aware of patients with: a history of trauma or altered reflex, myotomes and dermatomes which are **ALL** present at assessment.

Symptoms requiring monitoring:

- Increased frequency of bladder and/or bowel
- Incontinence without saddle anaesthesia or paraesthesia
- Pre-existing urological problems
 - e.g. history of incontinence, history of prostate problems, uterine prolapse, previous urology treatment etc
- Incontinence due to lack of mobility
- Medication causing altered bladder/ bowel function

In general these patients are aware of bladder filling but due to severe pain and fear associated with low back pain can find it difficult to reach the toilet in time.

9.0 Exit Routes following physiotherapy for patients with LBP.

These exit routes have been developed in conjunction with relevant link persons who helped provide the information in these exit routes.

GGBPS is an evolving service, which always strives to improve patient care. **Therefore, it is worth checking the GGBPS intranet for full and up to the minute information and/or speak to your local GGBPS specialist.**

9.1 Enhanced back class

<http://www.staffnet.ggc.scot.nhs.uk/Pages/ggbps.aspx>

(Link: Derek Tobin, Clinical Specialist Physiotherapist, GGBPS)

Definition of exit route

The class is a weekly, evidence-based, 6 session intervention for those with sub-acute and early chronic low back pain up to one year in duration. It is specifically designed to reduce the impact of psychosocial "yellow flag" predictors of chronic pain upon patient recovery and is co-facilitated by Specialist Physiotherapy and Clinical Psychology.

Who should be referred?

The class is considered as a stepping-stone to allow, wherever possible, return to normal activities. They also aim to prevent recurrence of back problems by encouraging patients to stay active.

Timescales

Patients with symptoms up to 1 year are eligible for EBC.

How do I refer?

Modified Linton questionnaire and EBC referral form.

Referrals will be discussed first with the Back Pain Specialist.

9.2 Referral for surgical consultation

<http://www.staffnet.ggc.scot.nhs.uk/Pages/ggbps.aspx>

(Link: Neil Robinson, Clinical Specialist Physiotherapist, GGBPS / Mick McMenemy, Lead Clinician, GGBPS)

Definition of exit route

Patients who are potential surgical candidates may be referred for medical consultation. Occasionally non-surgical candidates may request a medical opinion using this route.

Who should be referred?

Surgery is usually indicated for nerve root pain, below the knee, which is not resolving with conservative physiotherapy and correct drug management. However, chronic LBP of ANY duration (including stenotic patients) may be referred onto orthopaedics for opinion.

Timescales

Acute and sub acute LBP for which there may be a surgical indication and is not improving with 3/12 conservative treatment can be referred for imaging and an orthopaedic opinion.

How do I refer?

ALL referrals will be made by the Back Pain Specialist.

See GGBPS intranet site for the newly revised and detailed orthopaedic and imaging pathway. Cases should be discussed with a clinical specialist **throughout an episode of care** and not just at the three-month timeline.

9.3 MRI and X-Rays

<http://www.staffnet.ggc.scot.nhs.uk/Pages/ggbps.aspx>

(Link: Neil Robinson, Clinical Specialist Physiotherapist / Mick McMenemy)

Definition

MRI is for patients who present with neurological symptoms unresponsive to conservative management. Routine plain film x-rays are not to be routinely carried out for mechanical low back pain. Should a GP feel the need for plain film x-ray of the lumbar spine, they should discuss the case with the radiologist.

Who should be referred?

Potential surgical candidates who are also being referred for an orthopaedic consultation.

Timescales

MRI is considered for patients not responding to conservative treatment up to three months

How do I refer?

ALL referrals will be made by the Back Pain Specialist. See GGBPS intranet site for the newly revised and detailed orthopaedic and imaging pathway. Cases should be discussed with a clinical specialist throughout an episode of care and not just at the three-month timeline.

See GGBPS intranet for full and detailed protocol and discuss with local GGBPS specialist.

9.4 DEXA

(Link: Craig Ross, Clinical Specialist Physiotherapist, Falls and Osteoporosis Service)

Definition

Dual energy X-ray absorptiometry (**DEXA**) is a means of measuring bone mineral density, and therefore diagnosing osteoporosis.

Who should be referred?

Patients with identifiable osteoporosis risk factors. See GGBPS intranet site for this.

Timescales

As soon as risk factors identified.

How do I refer?

All physiotherapy staff who are IRMER-registered referrers can refer a patient for a DEXA scan if concerned about osteoporosis, using the Direct Access DXA Service (DADS) request form. Osteoporosis may affect the type of exercises prescribed, which could be performed in the patient's own home, or within physiotherapy-led or community exercise classes.

9.5 Physiotherapy-led back class

<http://www.staffnet.ggc.scot.nhs.uk/Pages/ggbps.aspx>

(Link: Lorna Burns, Clinical Specialist Physiotherapist, GGBPS)

These exercise classes are designed to help people manage their back pain and return to normal activities. They also aim to prevent recurrence of back problems by helping the person to stay active.

Who should be referred?

Any patient who would benefit from this sort of class, but who does not have significant yellow flags that may affect the whole class. Participants need to be able to get on and off the floor.

Timescales

On and approaching end of present episode of care.

How do I refer?

A TSK 13 and the appropriate paperwork for the back class will be completed. If you are unsure about the presence of yellow flags then a modified Linton questionnaire will be filled out before referral to these classes; patients scoring >105 (if working) and >80 (if not working) should not generally be referred.

9.6 Community-led classes

(Link: Debbie Wylie, Culture & Sport Glasgow)

Definition

Back to Basics classes are an easy introduction to exercise and exercise techniques, with non-medical supervision.

Who should be referred?

Suitable for those experiencing back pain or those who want to become more active and combine a range of activities at a lower intensity level.

Timescales : On or close to discharge

How do I refer? : Patients need to self refer following instruction by their physiotherapist.

9.7 Pain education classes

<http://www.staffnet.ggc.scot.nhs.uk/Pages/ggbps.aspx>

(Link: Ellen Daly, Clinical Specialist Physiotherapist, GGBPS)

What are they?

A programme designed to help the individual with chronic pain to understand and optimally manage his condition. Pain physiology is explained in a comprehensive patient-friendly way. The individual is guided step by step through a range of practical skills such as pacing and relaxation. A prescribing support pharmacist explains pain medication and offers individual medication reviews.

Who should be referred?

People with chronic musculoskeletal pain, (at any site, not just low back pain) who have limited understanding of their condition and/or limited self-management skills may benefit. Patient should only be referred after classes have been discussed in detail with the individual and he has consented. See Patient Information Leaflet available on GGBPS website. Five of the GGBPS specialists are involved in delivering the classes. If you are unsure about the appropriateness of an individual referral and would like to discuss further we will welcome your queries. Contact your local GGBPS specialist in the first instance.

How do I refer?

Referral pack containing referral form and questionnaires is available on GGBPS website. Only physiotherapists who have attended GGBPS Pain Education Classes in-service training for referring physiotherapists may refer. (Please contact GGBPS office if you wish to be informed when next in-service will take place).

Timescales

The classes run over six weeks, one three hour class each week, 18 hours in total.

The classes are delivered on two sites : Eastbank Health Promotion Centre, Shettleston

The Homeopathic Hospital, Gartnavel. It is planned to run up to four rounds of the classes per year, depending on demand. People referred to the classes will be sent an information pack three weeks before the start of the class.

9.8 Self management

(Link: Phil Sizer, Pain Association Scotland; Mick McMenemy)

Definition

Self-Management is an important area that is concerned with the non-clinical issues associated with long-term conditions. These are often described as the 'impacts' of a condition. Classic self-management topics include pacing, stress management, managing change, dealing with negative thinking. Put simply, Self Management is concerned with the things that people can improve by their own efforts.

Timescales

Patients who are discharged to self-care will be told that they can contact their physiotherapist within **eight weeks** if their pain returns. A discharge note will be sent to their GP and a copy kept in patient records.

9.9 Pain Association Scotland

(Link: Phil Sizer, Pain Association Scotland)

Definition

Pain Association Scotland is a national charity that provides a network of professionally led groups. The groups meet once a month throughout the year. The key focus is on training and maintaining skills in the self-management of Chronic Pain.

Who should be referred?

Anyone with chronic pain, who in the opinion of the referrer, would benefit from self-management training and is suitable for group work. Some thought should be given to the 'stage' that the individual is at i.e. if they are ready to engage with the idea of taking control themselves.

Timescales

No specified timescales.

How do I refer?

Patients need to refer themselves. It is helpful if you give them the FREEPHONE Number 0800 78306059 or the website address www.chronicpaininfo.org.

9.10 Pain clinic

(Link: Dr David Craig, Consultant Clinical Psychologist, Southern General Hospital)

Definition

The Pain Clinic involves individual assessment and the intervention by the appropriate clinician (physiotherapist, psychologist or anaesthetist), or group of clinicians to help the patient cope more effectively with their pain. Treatments offered may include short-term medical interventions for pain control, or physical reconditioning work and individual psychotherapeutic interventions for more complex mood, motivational and pre-morbid issues.

Who should be referred?

Patients who struggle to cope with chronic pain and who present with significant ongoing distress and disability despite some primary care intervention. These patients require a more multidisciplinary approach offered at the pain clinic.

Timescales

Will vary dependent of the individual presentation

How do I refer?

Referrals will be made by the patient's GP as complex medications are often prescribed. Patients referred to the pain clinic may subsequently be deemed as suitable for the new Pain Management Programme. Onward referral will be made from the pain clinic.

Some patients with <6/12 duration of nerve root symptoms may benefit from an early assessment at the Pain Clinic for nerve root blocks or caudal epidurals. These referrals will be made by GGBPS specialist.

9.11 Cauda equina syndrome

<http://www.staffnet.ggc.scot.nhs.uk/Pages/ggbps.aspx>

(Link: Dr Scott Taylor, A&E Consultant, Glasgow Royal Infirmary)

Definition

Accident and Emergency allows immediate medical review.

Who should be referred?

With LBP this exit route would be used most likely for **cauda equina syndrome**. These patients will not be referred back to their GP.

They that should be managed in line with the GGBPS CES Triage Chart Version 3.

Timescales

Immediately.

How do I refer?

Patients will be discussed with a GGBPS clinical specialist. In the unlikely event one could not be found then these patients will still be sent to A&E along with a covering letter. These patients will not be referred back to their GP. They will be managed in line with the GGBPS CES Triage Chart Version 3.

9.12 Children

(Link: Jean Eadie, Yorkhill Physiotherapy)

Definition

Paediatric cases are patients under the age of 14.

Who should be referred?

Children will not be accepted by physiotherapy self-referral clinics. These patients will be referred by their GP in the first instance to Yorkhill physiotherapy and not initially managed in general out patient physiotherapy departments.

How do I refer?

Discuss with Yorkhill Hospital Physiotherapy Department in the first instance

9.13 Back to General Practitioner for Suspected Serious Spinal Pathology

<http://www.staffnet.ggc.scot.nhs.uk/Pages/ggbps.aspx>

(Link: Dr Cathy Hutchison, Beatson West of Scotland Centre, NHSGGC)

This pathway applies to **all patients** with low back pain (lumbar and/or leg pain) who enter physiotherapy musculoskeletal out patients services via any referral source* and who have a **known history of cancer**.

Following initial contact ** a letter (See GGBPS web site) is sent to the patient's GP informing them the patient has accessed physiotherapy and further investigations may be required in line with the Malignant Spinal Cord Compression guidelines in the West of Scotland www.beatson.scot.nhs.uk/content/default.asp?page=s24_1

Meanwhile active physiotherapy management, in most cases, should continue in line with GGBPS Pathway Document www.nhs.gov.uk/ggbps

N.B. GGBPS Cauda Equina Pathway will always be followed where appropriate

* Referral to physiotherapy can be through either self referral (drop in or phone clinic) or GP/Consultant referral.

Initial contact is the **first time the patient discusses their back pain with a physiotherapist (This will include drop-in or phone-in clinics).

10.0 'Low Back Pain: Triage 2 Discharge'

Following suggestions by physiotherapy staff in Greater Glasgow a training package was developed that complemented the Pathway Document. This training has been available for two years and is now called '**LBP: From Triage 2 Discharge.**' The course was updated in 2009 to reflect the recommendations for clinical practice as laid out in the National Physiotherapy Low Back Pain Audit.

This half day course involves lectures, interactive sessions and workshops and is appropriate for clinicians of any grade who manage LBP. Learning is evaluated with pre and post attendance self-assessment. This allows GGBPS to monitor any learning impact and allows clinicians to actively demonstrate CPD activities.

The course is presented by clinical physiotherapy specialists from the GGBPS and is free of charge to all staff within NHS GG&C.

Courses are run regularly throughout the year. They are free to attend. Please check http://staffnet/Acute/Rehab+Assessment/Low+Back+Pain/GGBPS_PDtraining_CR_270509.htm for more details.

Overall Course/Workshop Aim

To provide the level of knowledge required to ensure effective and efficient use of the Pathway Document and ensure a consistent approach in the immediate management of LBP in keeping with national and international guidelines (including NHS QIS low back pain guidelines).

TRIAGE TO DISCHARGE COURSE

Brief overview of content of course:

<u>Course length:</u>	Half day course: mornings
<u>Target audience:</u>	All musculoskeletal staff managing low back pain (LBP)
<u>Venue:</u>	Locally in physiotherapy departments
<u>Presenters:</u>	Two of the GGBPS specialist team
<u>Cost:</u>	No cost to NHSGGC physiotherapy staff. Line manager permission must be granted before a place can be confirmed.

	Timetable
<u>Introduction</u>	8.45 am – 8.55 am
<u>Pathway Document</u>	8.55am - 9.35am
<u>Workshop 1</u>	9.35am -9.55 am
<u>Introduction to Red flags</u>	9.55 am - 10.35 am
<u>Break</u>	10.35 am -10.50 am
<u>Cauda Equina</u>	10.50 am -11.10 am
<u>Workshops 2 & 3</u>	11.10am -12.30pm

Pre course information

Please familiarise yourself with the Pathway Document and bring along one set of anonymous case notes or a clinical report on a low back pain (LBP) to help with the workshops.

Remember to submit and bring along your Survey Monkey quiz. Copy and paste the following:

http://www.surveymonkey.com/s.aspx?sm=dGVrMKOOB1zdrv5QGt6UXQ_3d_3d

Submit the pre survey form the week before the training day and the post survey two weeks after. A reminder email will be sent to you.

Overall Course/Workshop Aims

- To provide the level of knowledge required to ensure effective and efficient use of the Pathway Document
- To ensure a consistent approach in the immediate management of LBP in keeping with national and international guidelines
- To provide a level of knowledge to allow physiotherapists to address the recommendations from the National Physiotherapy Low Back Pain Audit (NPLBPA) from NHS Quality Improvement Scotland.

Overall course/workshop objectives

At the end of the course/workshop each participant should be able to:

- Source and apply current guidelines on triaging /early intervention in LBP
- Identify 'Red Flag' indicators in LBP patients
- Identify signs and symptoms consistent with an increased risk of cauda equina syndrome (CES)
- Integrate the Pathway Document into the clinical management of LBP
- Determine the most appropriate exit routes for patients presenting with low back pain.

1. Pathway Document

Aim:

To understand the relevance of Pathway Document for the clinical management of LBP

Objectives:

At the end of this section each participant should be able to:

- Demonstrate an awareness of the content of the Pathway Document
- Explain why the Pathway Document is used.
- Identify the entry routes for patients with LBP as described in the Pathway Document
- Identify the exit routes available for LBP patients as described in the Pathway Document.

2. Introduction to red flags

Aim:

To give an understanding of “Red Flags” in relation to the management of LBP.

Objectives:

At the end of this section each participant should be able to:

- Define the term ‘Red Flags’
- Identify “Red Flags” from an initial triage assessment
- Demonstrate an understanding of the significance of “Red Flags” identified during triage of patients complaining of LBP.
- Demonstrate an awareness of the types of conditions to which Red Flags alert us.
- Identify the appropriate investigation or course of action for patients presenting with “Red Flags”

3. Cauda Equina Syndrome

Aims:

- To enable participants to be aware of the significance of Cauda Equina Syndrome (CES).
- To improve the early physiotherapy management of suspected patients.

Objectives:

At the end of this section each participant should be able to:

- Define the term cauda equina syndrome
- Identify the common signs and symptoms of patients with CES, in relation to the overall clinical presentation.
- Implement the safe and effective initial management of these patients.

4. Workshops

Aim:

To enable participants to display practical knowledge of the Pathway Document together with current guidelines and recommendations.

Objectives:

At the end of this section each participant should be able to:

- Determine the most appropriate exit routes for patients presenting with low back pain.
- Apply the results of NPLBPA to current practice
- Integrate the Pathway Document into the clinical management of LBP

Workshop 1

Entry Routes & Exit Routes (20 minutes in total)

- **Participants are asked to bring along an anonymous case study, patient notes or information on any patient referred with low back pain.**

Workshop 2.

Guidelines, and GGBPS : NPLBPA and NICE recommendations (20 minutes in total)

- Participants will be shown a summary of the National Physiotherapy Low Back Pain Audit (NPLBPA) results and asked to discuss the findings and then reflect on what this may mean in light of their current practice.

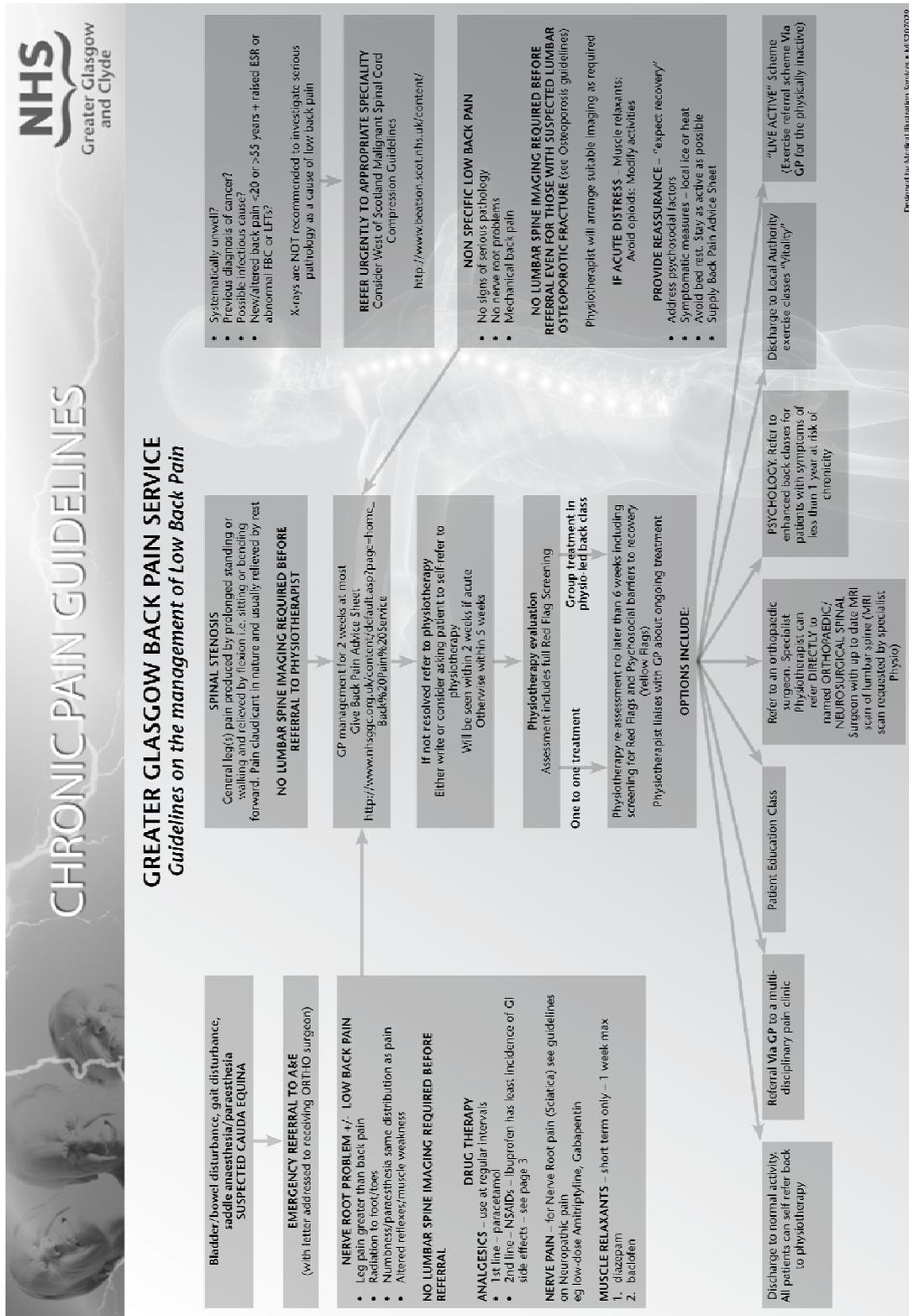
Workshop 3.

Case studies (55 minutes in total)

- Participants will be given three different case studies reflecting different possible patient presentations. They will be given time to discuss the issues found within and explore how best to manage them in practice.

11.0 GGBPS Overview

This summary information is taken from the new NHSGGC Chronic Pain Guidelines. Further information on these will be posted on GGBPS intranet site in due course.



12.0 References

Chartered Society of Physiotherapy [Standards of physiotherapy practice](http://www.csp.org.uk/uploads/documents/SOPPSservice.pdf)
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Grimmer, K., Milanese, S., Bialocerkowski, A. (2003) Clinical guidelines for low back pain: a physiotherapy perspective. Physiotherapy Canada Vol. (55) pp.185-194.

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