NCL CCG is aware this pathway needs a review. When the expiry date passes, please use with discretion until an update is available.

Low Back Pain Primary Care Protocol

Version 2, July 2019

Next review due: Post Covid

Make every contact count:
Smoking status = smoker?
Alcohol consumption = >14 units/wk ♀ or ♂
BMI / physical inactivity / diet = BMI ≥30, <150 mins PA/wk
Mental wellbeing = Signs of stress / anxiety

Patient presents with low back pain

Does the patient have a history suggestive of:

- Cauda equina
- Spinal Infection

Yes → A & E

No

Red Flags
Do you suspect cancer as the cause?

Yes

If suspect primary spinal tumour- Refer 2 week wait to spinal team

If suspect Secondary Malignancy-Refer via 2 week wait to speciality of primary malignancy (eg. If Hx of thyroid Ca and suspected refer to Head & Neck).

No

Do you suspect an inflammatory cause?

Yes

PMR: FBC, CRP, ESR
Polyarthritis: FBC, CRP, U+Es, TFTs

Referral to Rheumatology

No

Does the patient have sciatica?

Yes

Check neurology. Advise gentle exercise as pain allows and consider analgesia (lowest effective dose NSAIDs if appropriate and do not routinely offer opioids)
PIL back exercises - Available on GP MSK webpage
Offer patient led review. Consider early referral straight to MSK if sciatica and severe pain and affecting ADLs. Imaging not a prerequisite.

If no Improvement **after 6 weeks** of advice, exercises & no red flags

Referral to MSK service

Imaging- Consider if no improvement with active treatment above only and if will change management. NICE guidelines recommend to not routinely offer imaging for LBP +/- sciatica.

https://www.nice.org.uk/guidance/ng59/chapter/Recommendations

Consider onward referral as appropriate, correlate results with symptoms+

No

Though advice useful for sciatica also

Reassure, encourage to continue with ADLs, provide self-management advice: Back pain mythbusters video here:
https://www.youtube.com/watch?v=24P7cTQjsVM

PIL exercise advice: http://www.backcare.org.uk/wp-content/uploads/2015/02/Exercises-for-Back-Pain-Factsheet.pdf

Note NICE guidelines recommendations for treatment:
https://www.nice.org.uk/guidance/ng59/chapter/Recommendations

Injections evidence-base advice leaflet here (patient friendly):
https://www.england.nhs.uk/wp-content/uploads/2019/05/injections-for-non-specific-low-back-pain.pdf

If no improvement with 6 weeks of above consider physiotherapy referral.

Key

- "Must do" actions for GP's / (Triaged by RMS)
- Recommendations for Primary Care
- Red flag / urgent referral
- Routine referral
- Public health intervention
- Audio-visual aids for patients and GP
- Click icon for clinical evidence