

**First Presentation Initial Management**

*This information is intended for acute/persistent spinal pain, including radicular pain.*

**Screening**

**Back Pain Management**

**History**

**Physical Examination**

**Neurological Examination**

**Self-Management**

**Screen for:**

Cauda equina, Red flags

***First contact clinician should have telephone access to advice from spinal Triage and Treat Practitioner (specialist nurse /physiotherapist) as locally configured to help clinician decide appropriate pathway.***

**Screening**

**History**

**Physical Examination**

**Neurological Examination**

**Back Pain Management**

**Self-Management**

**Take a history:**

Ask about local /referred leg pain, radicular pain, bladder/bowel/sexual dysfunction, systemic symptoms, yellow flags, impact on family, social and work ability.

**Physical Examination**

**Self-Management**

**Neurological Examination**

**History**

**Screening**

**Back Pain Management**

**Perform physical examination:**

Observation of spine, lower limbs, gait, and pain behaviour.

**Physical Examination**

**History**

**Screening**

**Neurological Examination**

**Back Pain Management**

**Self-Management**

**Neurological examination looking for neurological signs. Try to identify:**

* Cauda equina - current or imminent compression of the lumbo-sacral nerve roots resulting in neurogenic bladder and bowel dysfunction Immediate (same day) secondary care referral and early detection of cauda equina syndrome:
* **Bilateral leg pain**
* **Bilateral sensory or motor changes in the legs**
* **Perineal sensory alteration**
* **Reduced/absent anal tone**
* **Reduced/absent anal contraction**
* **Difficulty or inability to initiate micturition/urinary retention/change in sexual function**
* **Urinary incontinence without awareness**
* **Inability to move bowels and alteration of sensation**
* Significant **new** neurological deficit - new/progressive neurological deficit. Immediate (same day) secondary care referral.
* Spinal infection. Immediate (same day) secondary care referral.
* Spinal metastases. Refer to secondary care under two week rule or Triage and Treat Practitioner within 5 days.
* Osteoporotic fracture. Refer to secondary care urgently (2 weeks) or Triage and Treat Practitioner within 5 days.
* Nerve root pain. Refer to Triage and Treat Practitioner, urgently if appropriate.
* Inflammatory Disorders. Refer to Rheumatology
* Vascular pain

***Do not request plain x-rays or MRI – exce[pt in the case of a suspected red flag. See ‘suspected red flag’ pathway for appropriate action***

**Back Pain Management**

**Screening**

**Physical Examination**

**History**

**Neurological Examination**

**Self-Management**

**Mechanical Back Pain Management:**

* Reassurance
* Stay active
* Avoid medicalising patient
* Return to work ASAP
* Offer analgesics NSAI or topical agents, weak opioids such as Codeine. Stronger opioids only for short planned courses, and not for longer term.
* Patient information - back book/ on-line info **www.cmbackpainhelp.nhs.uk**
* Review 2/52 if symptoms not making sufficient improvement.

**Screening**

**Physical Examination**

**History**

**Neurological Examination**

**Back Pain Management**

**Self-Management**

**Self-Management:**

Patient information, GP or over the counter medication, Self-directed exercise programme, self-directed relaxation techniques, Self-directed return to formal social and activities