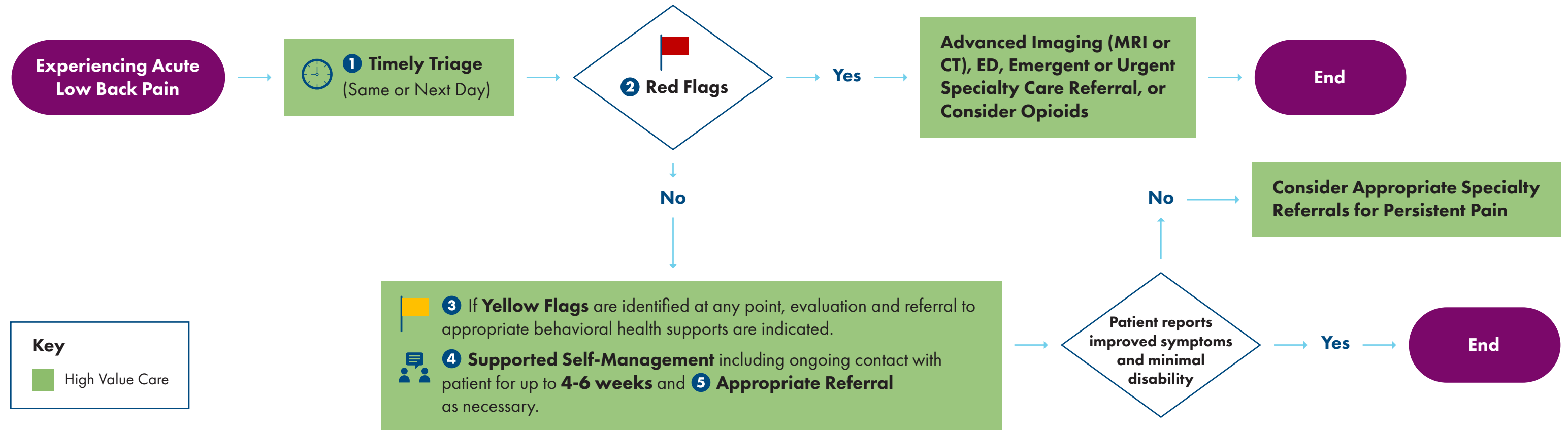


Acute Low Back Pain Care Pathway

Common Goal — Decreased Use of: Advanced Imaging, Emergency Department (ED), Opioids and Surgery as First Interventions



- 1 Timely Triage** performed by someone clinically trained who can:
- Evaluate for red flags and yellow flags and identify any neurological deficit requiring urgent care by a specialist
 - Spend appropriate time with the patient to better understand the functional limitations and distress caused by the pain
 - Through shared decision making with the patient, provide guidelines for Supported Self-Management (below) that will best meet the patient's needs
 - Timely Triage could be performed by Primary Care, RN, PT, DC or Point Solution and can be virtual or in person. It should NOT involve the ED.



- 2 Red Flags for Underlying Pathology**
- Fever
 - Fragility fracture risk
 - History of immunosuppression
 - Suspicion of cancer
 - Intravenous drug use
 - Night pain or unrelenting pain
 - Steroid use
 - Physical trauma
 - Unintentional weight loss
 - Cauda Equina Syndrome (including severe neurological deficits and/or bowel/bladder incontinence) is a medical emergency and requires urgent hospital referral.



- 3 Yellow Flags — Indicators for Risk of Long Term Disability and Work Loss**
- Belief that pain and activity are harmful
 - Heavy work, unsociable hours
 - History of back pain, time-off, workers comp claims
 - History of chronic pain or multi-site pain
 - Low or negative moods, social withdrawal
 - Overprotective family or lack of support
 - Problems at work, poor job satisfaction
 - Severe pain, distress or disability without red flags
 - Extended rest
 - Substance use disorder
 - Uncertain financial well-being



- 4** In the absence of red flags, **Supported Self-Management** is appropriate:
- Conservative treatment(s) which include advice to remain active and simple analgesics before considering judicious use of opioids.
 - A plan for regular communication(s) with the patient after the initial point of triage. This needs to be done by someone who is clinically able to re-evaluate for red flags and yellow flags and can also offer a level of critical thinking and continued patient education, engagement and shared decision making. The patient needs to feel that this person has listened to and understands their concerns and that they will not be abandoned if their pain continues for weeks or longer.
 - Patients should be advised on when to contact the support person versus going to the ED.
 - The support for Supported Self-Management can come from Primary Care, RN, PT, DC or Point Solution and can be virtual or in person. It should NOT involve the ED.



- 5 Appropriate Referral** to first point of care as determined appropriate if yellow flags are present or patient reports a lack of improvement:

Options for the Support in Supported Self-Management (listed alphabetically):

- Chiropractic Care
- Point Solution
- Physiatry
- Primary Care
- Physical Therapy
- Urgent Care

Consider integrating other high-value, evidence-based care for low back pain (listed alphabetically):

- Acupuncture
- Behavioral Health
- Evidence-based exercise (Tai Chi, Yoga, etc.)
- Medical massage

Education is of high-value before low back pain occurs and at all levels of this Acute Low Back Pain Care Pathway

For Patient/Member:

- Ergonomics
- Exercise/Fitness/Nutrition
- Increase Patient Engagement
- Shared Decision Making
- Importance of Timely Triage
- Triage Red and Yellow Flags
- Education About LBP (the common course of symptoms, the high-value care options available to treat it, when to call a doctor, etc.)

For Provider:

- Importance of Timely Triage
- Evidence Based Pathways
- Shared Decision Making and Decision-Making Tools
- Tools for Patients
- Tools for Providers