

Back Pain Pathway

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The pathway to be led and managed by consultant physiotherapist with the support of PMSKP partners and consultant staff It is provide a rapid assessment, treatment service for patients with back pain.

Inclusion Criteria

- Aged 16 years or older with back pain,
- The patients' General Practice (GP) must be on Oldham Performers List
- Referrals can be accepted from other services/clinics e.g. DVT clinic and physiotherapist were agreement from the patients GP exists.

Exclusion Criteria

- Any patients who meets the criteria for referral under the 2 week cancer pathway
- Children aged under 16
- Patients who's mobility is so restricted that a 2 man ambulance is required
- Patients with symptoms and/or signs suggesting Cauda Equina Syndrome – need immediate admission

Investigations

Radiology

Plain X-ray

- Minimal use of Plain x-ray of spine – only to diagnoses wedge compression

MRI

- Assessment of lumbar spine nerve root pain that fails to settle after 6 weeks or were surgery is being considered
- Assessment of cervical nerve root pain
- Assessment of sacro-iliac joints if inflammatory back pain considered

Isotope Bone Scan

- As clinically indicated

Pathology

- Full range of haematology, biochemistry, immunology and microbiology investigation

Pathway

- For those not excluded by the above criteria an assessment appointment will be offered within 4 weeks, assessment will include education and self management plan
- All relevant investigations will be ordered at initial assessment
- A follow up appointment will be offered at the earliest opportunity when the investigations will be complete, if clinically indicated this could via the telephone, or face to face with the same or alternative clinician
- Where inflammatory arthritis is suspected, an assessment will be offered with a partner or consultant, follow up will be as clinically indicated

Definitions and actions from primary care

Cauda Equina Syndrome

- Sphincter disturbance, Gait disturbance or saddle anaesthesia

These patient require immediate referral to neurosurgeon

Red Flags

- Non mechanical back pain
- Thoracic pain
- Past history of carcinoma, steroid use or HIV
- Unwell or weight loss
- Widespread neurology
- Presentation under age of 10 or over 55 years
- Spinal deformity

These patients require prompt referral for assessment in PMSKP from primary care

Nerve root pain

- Unilateral leg pain that is worse than back pain
- Radiates below knee
- Numbness or paraesthesia in same distribution
- SLR increases pain
- Neurological signs in leg

These Patients should be treated as mechanical back pain with referral or MRI scan ordered if no improvement within 6-12 weeks

Mechanical Back Pain

- Presentation 20-55 years
- Mechanical type pain (various with posture and activity usually better when lay down flat)
- Pain in lower back, buttock or back of thighs
- Patient otherwise well

These patients can be managed in primary care, but should be referred in of problems with analgesia, pain lasting without any improvement for 8 weeks or increasing distress or disability

Treatment

Lifestyle

- Patients should be advised to stay active, stay at work if possible or be absent for minimum possible time, avoid bed rest
- Weight loss

Education

- Given advice on natural history of back pain, reassured about exercise, written advice and exercise plans

Drug Treatment

- Analgesic ladder (www.who.int/cancer/palliative/painladder/en)
- Injections treatment:
 - Caudal epidural
 - SIJ injection

Multidisciplinary chronic pain assessment

- Some patients will require a multidisciplinary assessment in PMSKP chronic pain service

Treatment

Lifestyle

- Lifestyle advice will be provided
 - Reduce/stop smoking
 - Reduce alcohol intake
 - Adequate dietary calcium and healthy eating
 - Weight bearing exercise

Education

- Provide literature on inflammatory arthritis, treatments and risk factor reduction and MSK help line number as appropriate

Drug therapy

- Analgesia, all patients will have access to NSAIDs (if not contraindicated) and other analgesics as clinically indicated
- DMARDS patients will have access to a full range of DMARDS including biologics. These will be initiated in PMSKP and patients entering into a shared care programme with their GP where possible. Biologics will be prescribed from PMSKP own primary care drugs budget.
- Intra-articular or intramuscular steroids will be used as clinically indicated

Other treatments

- Patients will have access to occupation therapy, physiotherapy and podiatry as clinically indicated

Pennine MSK Partnership Back Pain Pathway

