Birmingham and Solihull Integrated Care System
Caring about healthier lives

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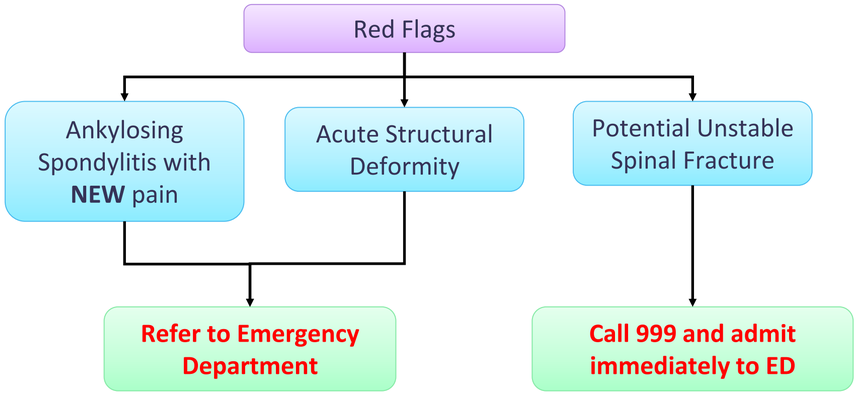
Review date	Every 12 months

Mid Back Pain Pathway (Age 16+)

Exclude Red Flags requiring Emergency treatment

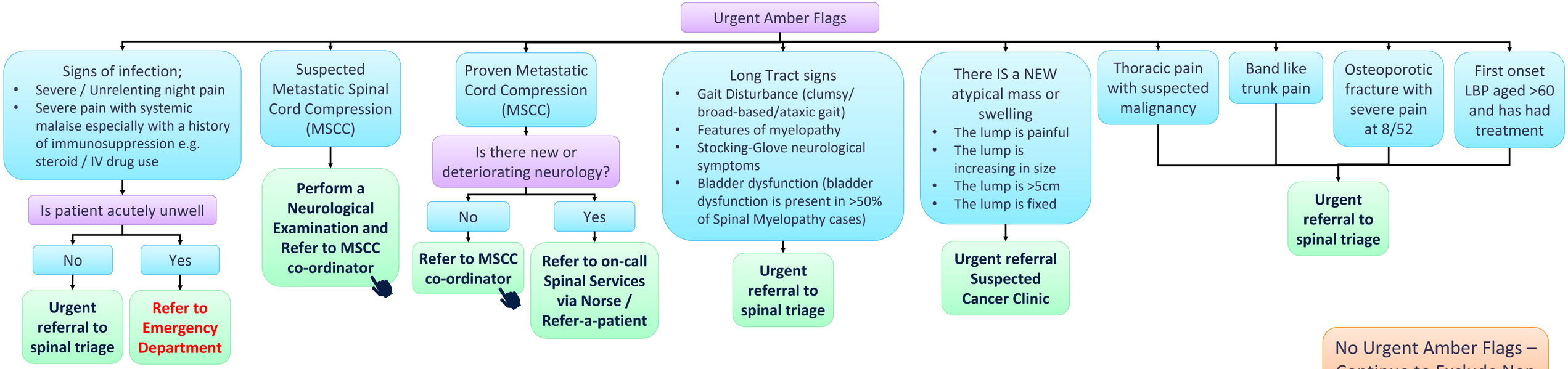
- Possible **unstable fracture** - acute trauma, worsening neurology or inability to weight-bear
- Ankylosing Spondylitis with **new pain** - this must be treated as a fracture until proven otherwise with appropriate imaging through ED
- Acute structural deformity - suspect insufficiency fracture



No Red Flags – Continue to Amber Flags

Exclude Amber Flags requiring urgent treatment

- **Severe or Unrelenting Pain** ; Suspected Osteoporotic fracture with severe pain still at 8 weeks, Suspected Metastatic Spinal Cord Compression (MSCC) / Spinal Metastases (i.e., has signs of Spinal Cord compression e.g., long tract signs), Night pain, Band-like Trunk pain, Suspected infection (e.g. TB)
- **NEW Visible Mass or Atypical Swelling:** Consider soft tissue Sarcoma, especially if associated with constant dull ache, that may be worse at night; May be associated with malaise, unexplained weight loss and/or night sweats - NICE Guidance - Symptoms suggestive of bone and soft tissue sarcoma
- **Systemic Malaise;** especially with a history of immunosuppression e.g. steroid / IV drug use
- **Long Tract signs;** e.g., Gait disturbance (clumsy / broad-based / ataxic gait) or features of myelopathy
- **Age;** First onset of LBP aged **60 or above** with non-response to usual conservative treatment



No Urgent Amber Flags – Continue to Exclude Non MSK Features

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Exclude Non-MSK Pain

Features of Musculoskeletal (MSK) Back Pain	Features of Non-MSK pain (medical causes)
• Back Pain is very common - NHS Conditions webpage • **Varying intensity throughout the day and night**, with certain **activities or postures that make pain worse but also better**. • Exercise, general physical activity and changes of position tend to help pain. • Staying still / resting too long (e.g., sitting too long) tends to make pain worse. • Often there is an **attributable cause for the onset** of symptoms • It tends **to respond to simple analgesia and NSAIDs**.	Medical causes of back pain include • Aortic aneurysm • Ectopic pregnancy • Obstetric related pain • Acute pancreatitis • Duodenal ulcers • Urinary tract infections • Prostatitis • Kidney stones Non-MSK causes are often not relieved by rest and worse at night and are not usually aggravated by specific spinal movements. Pain will often progress regardless of activity modification

Start Mid Back Pain Pathway

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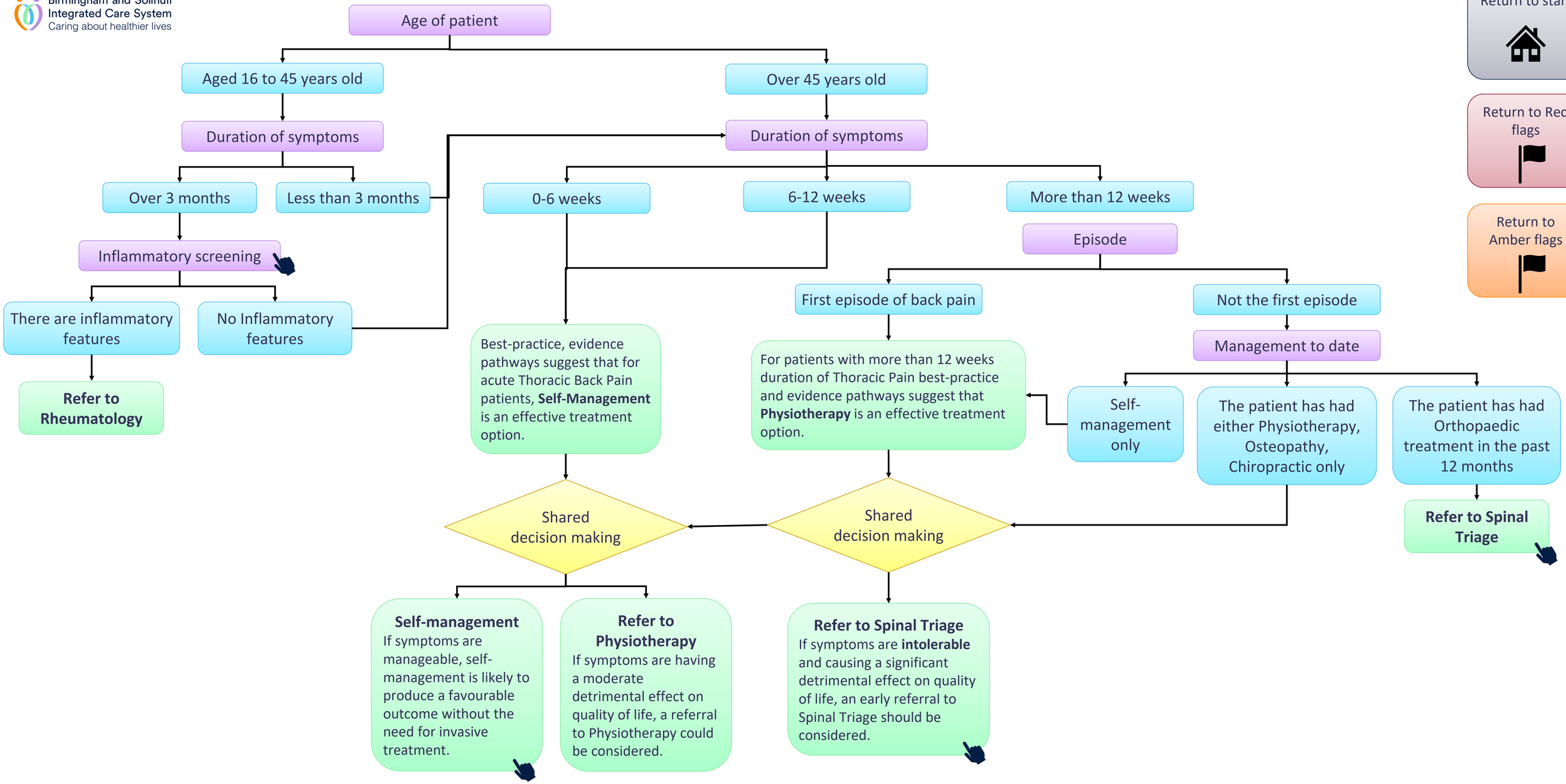

Return to start
Return to Red flags
Return to Amber flags

Return to start

Return to Amber flags

Refer to MSCC co-ordinator

Metastatic Cord Compression (MSCC) is rare, but very serious. About 3 to 5 in 100 people with cancer develop it.

Any type of cancer can lead to spinal cord compression, but it is more common in people with Breast cancer, Lung cancer, Prostate cancer, Kidney cancer, or Thyroid cancer

Spinal cord compression is an emergency and needs to be treated quickly. Refer your patient immediately to the Metastatic Spinal Cord Compression service at your nearest hospital

MSCC patients will be seen in the Acute Oncology Service at UHB (seven days service 07.30 – 19.30)
Contact details:
Queen Elizabeth: 07880021524 or Ext 16226
Heartlands / Solihull – 07570318173
Good Hope – 07823536403
Oncology Registrar on call outside of these hours on 07557776342.

or

Royal Orthopaedic Hospital
If you need to make a spinal oncology referral for patients with MSCC, metastatic or primary spinal tumours, the ROH use an online referral system accessed using the link below
ReferaPatient
Alternatively, you can contact switchboard at ROH on 0121685400 and ask for spinal oncology nurse within normal working hours

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Inflammatory Back Pain screening for 45 years and under

Inflammatory Back Pain presentations of Spondyloarthritis (SpA) are often misdiagnosed as mechanical Low Back Pain, leading to delays in access to effective treatments.

Be aware that Inflammatory Back Pain (SpA):

- affects women = men
- can occur in people who are HLA-B27 negative
- may be present despite lack of Sacroiliitis on plain x-ray

Mid back pain due to inflammatory causes usually presents with at least 3 of the following symptoms;

If 4 or more features below – refer to rheumatology

- Onset before 35 years of age
- Second half of the night waking
- Pain improves with movement
- Buttock pain
- Improves with NSAIDs (often within 48 hours)
- Close relative (parent, brother, sister, son or daughter) with spondyloarthritis
- Current or past Inflammatory Arthritis
- Current or past Enthesitis - tenderness at Tenosseous Insertion e.g. Achilles
- Current or past Psoriasis / Inflammatory Bowel Disease

If only 3 features, NICE recommends testing for HLA B27 - **if positive – refer to rheumatology**, if negative continue in MBP pathway.
If 2 or less features then continue in MBP pathway

Reference: NICE NG65 Guidelines
Reference: MSK, think SpA

Continue Mid Back Pain Pathway

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Self-management for Mid back pain

The patient should be reassured that most patients will recover with self-management including; physical activity, exercise and short-term activity modification only, over a period of up to 12 months .

Consider oral non-steroidal anti-inflammatory drugs available OTC
Consider weak opioids OTC (+/- paracetamol) for managing acute mid back pain only if an NSAID is contraindicated, not tolerated or has been ineffective. Do not use opioids for managing chronic mid back pain.
If patient is digitally enabled, prescribe the getUbetter app
Explain that imaging is NOT routinely needed for back pain **Best MSK Health MRI guide**
Safety net for urgent clinical review regarding cauda equina or other red flags **CES Card**

Messaging for patients

- Movements will be painful at first, but will get better as you get active
- Protecting your back and avoiding movement can make you worse
- The pain does not mean you are causing damage – your back has just become more sensitive
- It is very rare to do permanent damage to your back
- Please come back to/contact your GP or FCP if your symptoms significantly worsen
- Return to GP for review if symptoms are not improving and affecting sleep, quality of life or daily function (including work)

Additional information

- Exercises for your back pain
- Keele university – back pain guide
- The active wellbeing society

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Referral to Spinal Triage

Please consider bloods such as FBC, ESR/CRP, LFT, u&e, bone profile, PSA if appropriate whilst waiting for Triage appointment
Provide guidance on work activities and provide a fit note, where appropriate
Safety net for urgent clinical review regarding cauda equina or other red flags **CES Card**
Safety net for urgent clinical review or emergency attendance including **Myelopathy**

Messaging for patients

- A Spinal Triage assessment, including the use of imaging (X-Rays or MRI scans) where required, can provide specialist assessment and advice regarding future care.
- Imaging is **NOT** routinely needed for back pain, as MRI cannot diagnose the source of your back pain Best MSK Health MRI guide
- Where MRI is appropriate that it will be arranged by the spinal triage clinician.
- Whilst you are waiting for your Spinal Triage appointment, try and keep active and take gentle exercise:
- Movements will be painful at first, but will get better as you get active
- Protecting your back and avoiding movement can make you worse
- The pain does not mean you are causing damage – your back has just become more sensitive
- It is very rare to do permanent damage to your back
- Please come back to/contact your GP or FCP if your symptoms significantly worsen

Additional information

- NICE LBP and Sciatica in over 16s
- Best MSK Health MRI guide
- Exercises for your back pain
- The active wellbeing society