

## Back pain

Dear [Dr \_\_\_\_],

Advice and guidance response pertaining to [Patient name]

Back pain in **young** children (primary school aged, and especially pre-school children), is very unusual and needs a more thorough examination and lower threshold for referral.

That said, transient low back pain is common in school aged children and adolescents, increases in prevalence with age, and is usually musculoskeletal.

Focused history should include radicular symptoms, impact on daily activities, constitutional symptoms such as fever, weight loss. Significant past history includes:

- Known sickle cell disease
- Immunodeficiency (eg HIV) or tuberculosis
- Scoliosis
- Risk of osteoporosis (e.g. prolonged corticosteroid use)
- Previous malignancy

Examination of the spine and neurology is crucial.

The commonest reason for lumbar back pain in school-aged children is musculoskeletal. If there are no red flags (as below) back pain can be managed conservatively with simple measures such as encouraging good posture, maintaining healthy activity, heat and simple analgesia. If symptoms persist, management by a physiotherapist with paediatric expertise may be required.

Refer for **same day** specialist assessment if any of the following red flags:

- Neurological features (e.g. limb weakness, sensory loss, neuropathic pain, or limp/gait changes)
- Bowel/bladder dysfunction or saddle anaesthesia
- Concerns over non-accidental injury

Refer **urgently** to paediatric spinal deformity team for all cases of back pain in a child with scoliosis.

For all other patients, refer **urgently** to general paediatrics if:

- Lower back pain in primary school or pre-school aged children
- Pain (any one of the following):
  - Severe, sudden onset pain
  - Lasting > 2 weeks
  - Worsening/ spreading into buttocks or legs
  - Waking them at night
  - Any localised spinal tenderness
- Systemic symptoms (fevers, unexplained weight loss/night sweats, significant lymphadenopathy)

Refer **routinely** to general paediatrics if:

- Stiffness with inactivity/rest, or in the morning.
- Functional impairment, including prolonged absence from school

- Significant relevant past medical history (as above)

For all other children, If no red flags present – consider referral to CYP community musculoskeletal services (including physiotherapy) if available, and if simple measures are not effective.

[Back pain | Background information | Common musculoskeletal presentations in children | CKS | NICE](#)  
<https://www.arthritis-uk.org>

Simple guidance on assessing for scoliosis: <https://ssr.org.uk/wp-content/uploads/2025/05/Poster.pdf>

If conservative management is advised, Arthritis UK exercise information sheet is available here:

<https://www.arthritis-uk.org/media/21786/backpain-exercise-sheet.pdf>

If referring back, please state that the referral has already been through Advice and Guidance and include a copy of the previous correspondence, to ensure we don't duplicate advice.

Please complete and send the referral pro-forma.

With kind regards,

[Clinician name and role]