

Low Back Pain Pathway (age 16+)

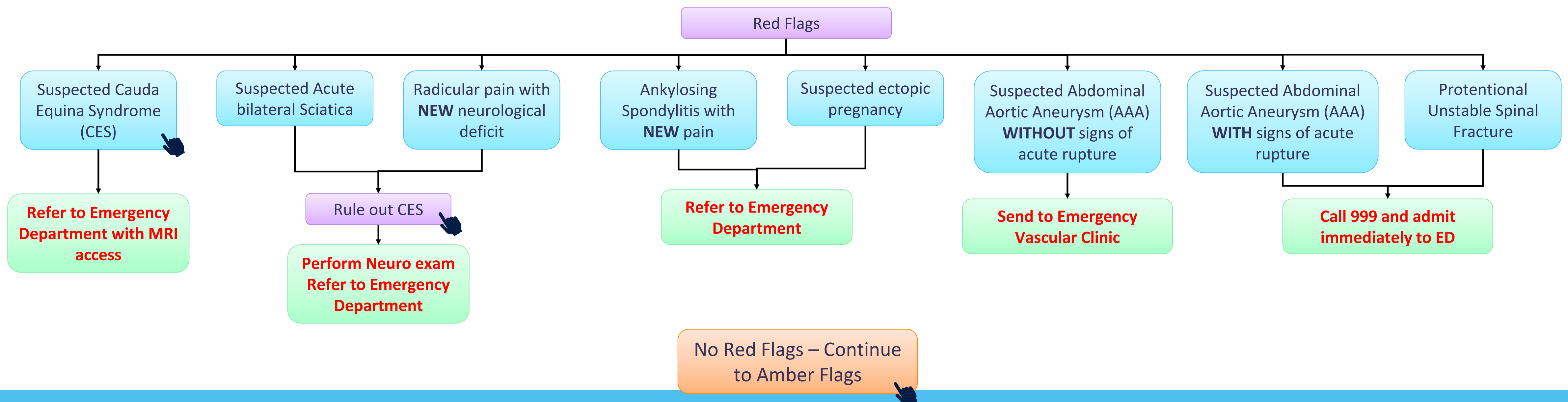
Date Published – February 2025

Version – 1.4

Review Date – every 12 months

Exclude Red Flags requiring Emergency treatment

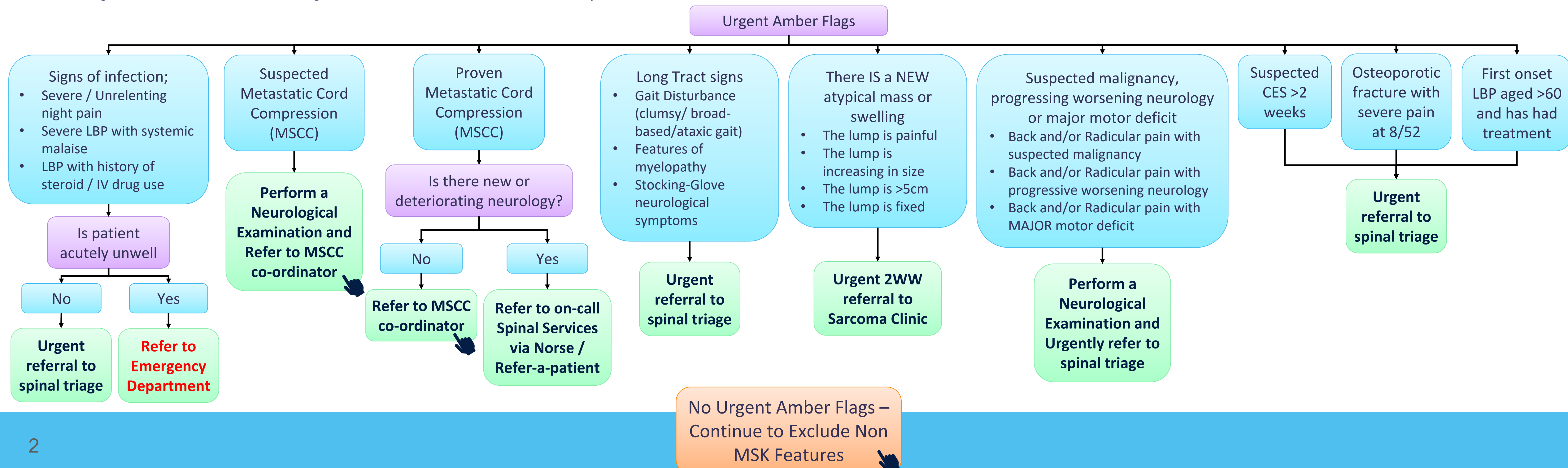
- **New** (less than 2 weeks) suspected **Cauda Equina Syndrome**
- **Possible unstable fracture** - acute trauma, worsening neurology or inability to weight-bear
- **Ankylosing Spondylitis with new pain** - this must be treated as a fracture until proven otherwise by imaging
- **Acute bilateral Sciatica** (onset less than 2/52 of bilateral radicular leg pain with or without neuro deficit) **Radicular pain** is shooting or lancinating and extends along a narrow band. It is **different to somatic referred pain** which is typically a deep, ache and is felt in a broad area.
- **Radicular pain with New** (less than 7 days) **neurological deficit** (antigravity weakness i.e. inability to heel or toe walk or single-leg knee dip)
- **Suspected Abdominal Aortic Aneurysm (AAA) without signs of acute rupture**
- **Ectopic pregnancy**





Exclude Amber Flags requiring urgent treatment

- **Suspected Cauda Equina Syndrome;** Onset >2 weeks, NB: Safety-net all before referral with CES card CES safety-net card
- **Back and/or Radicular Pain plus;** Suspected Infection or Malignancy, Progressive worsening neurology >1 week duration (change of 1 or more MRC grade power), **Major motor deficit** (loss of single-leg, anti-gravity power e.g., tiptoe walk, heel walk or knee dip)
- **Severe or Unrelenting Pain ;** Suspected Osteoporotic fracture with severe pain still at 8 weeks, Suspected MSCC / Spinal Metastases (i.e., has signs of Spinal Cord compression e.g., long tract signs), Night pain
- **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](#) Check criteria and Refer for 2WW to Sarcoma Clinic
- **Systemic Malaise;** Especially with use of Steroids or IV Drugs
- **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



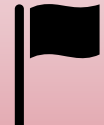
Exclude Non-MSK Pain

Features of Musculoskeletal (MSK) Low Back & Leg Pain	Features of Non-MSK pain (medical causes)
- Low 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

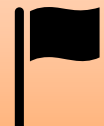
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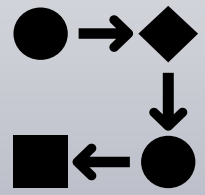
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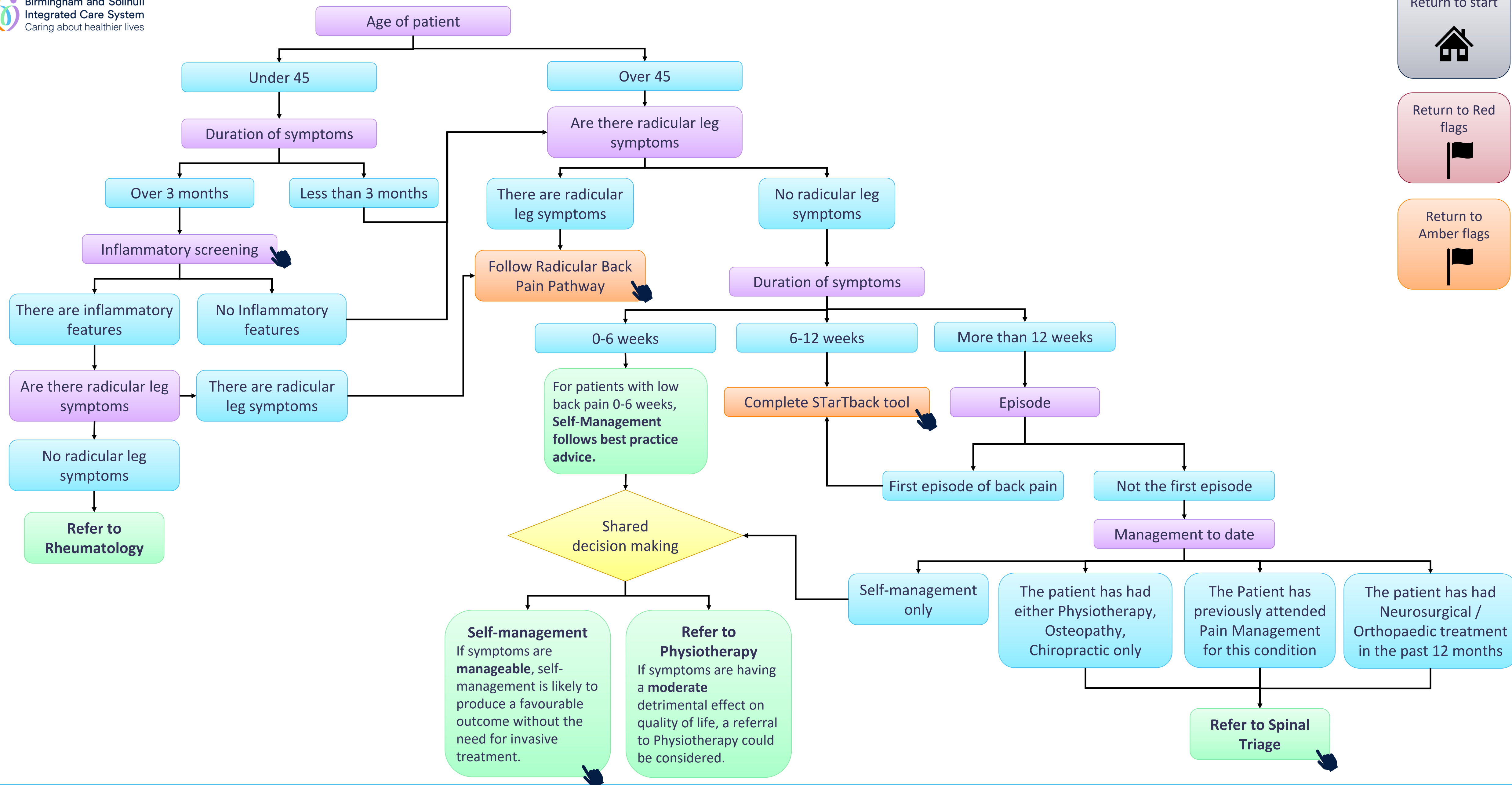


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Start Low Back Pain Pathway





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

Low 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 LBP pathway.

If 2 or less features then continue in LBP pathway

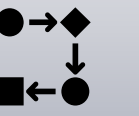
Reference: [NICE NG65 Guidelines](#)

Reference: [MSK, think SpA](#)

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Pathway



Neurological Examination for back pain with radicular symptoms

Reflexes	
Absent Ankle Jerk (10)	
Absent Knee Jerk (10)	
Hyperreflexia (10)	
Normal Reflexes (0)	

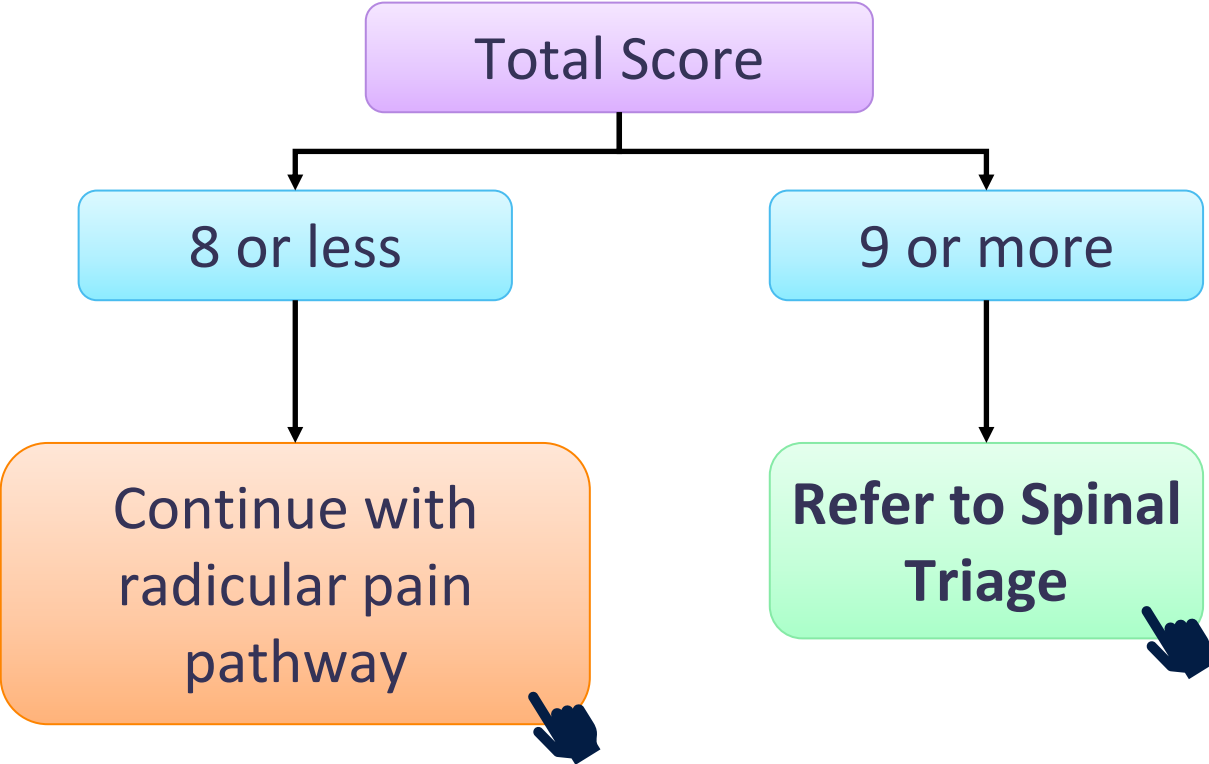
Sensation	
Altered L2 Sensation (1)	
Altered L3 Sensation (1)	
Altered L4 Sensation (1)	
Altered L5 Sensation (1)	
Altered S1 Sensation (1)	
Altered S2 Sensation (1)	
Non-dermatomal altered sensation (1)	
Normal Sensation (0)	

Myotomes (muscle power)	
Weakness in Plantorflexors (Toe Walk)(10)	
Weakness in Dorsiflexors (Heel Walk)(10)	
Weakness in Quads (Single-leg squat)(10)	
Normal Myotomes (0)	

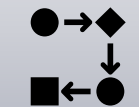
Babinski Sign (plantar response) - perform test if suspicious of upper motor neurone lesion	
Positive Babinski Test (upgoing plantar response) (10)	
Normal Babinski (down going plantar response) (0)	

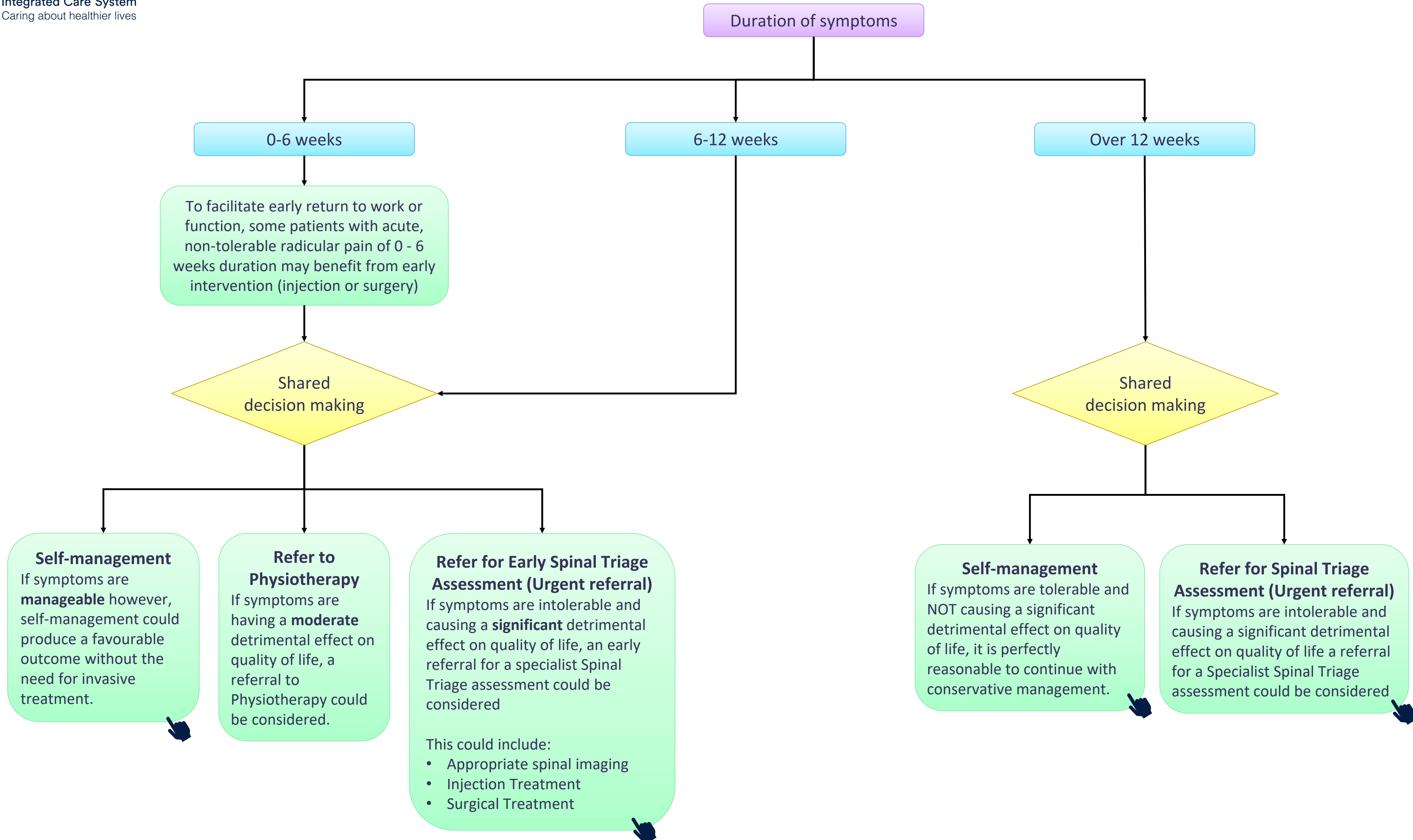
Neurodynamics (Straight Leg Raise) - perform test when posterior or posterolateral leg pain present	
Positive Straight Leg Raise (Leg Pain reproduced between 30-70 degrees hip flexion) (1)	
Normal Straight Leg Raise (0)	

Neurodynamics (Femoral Nerve Stretch Test) - perform test when anterolateral thigh and/or shin pain present	
Positive Femoral Nerve Stretch Test (Leg Pain reproduced between 80-100 degrees knee flexion) (1)	
Normal Femoral Nerve Stretch Test (0)	



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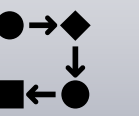

Return to Main Pathway




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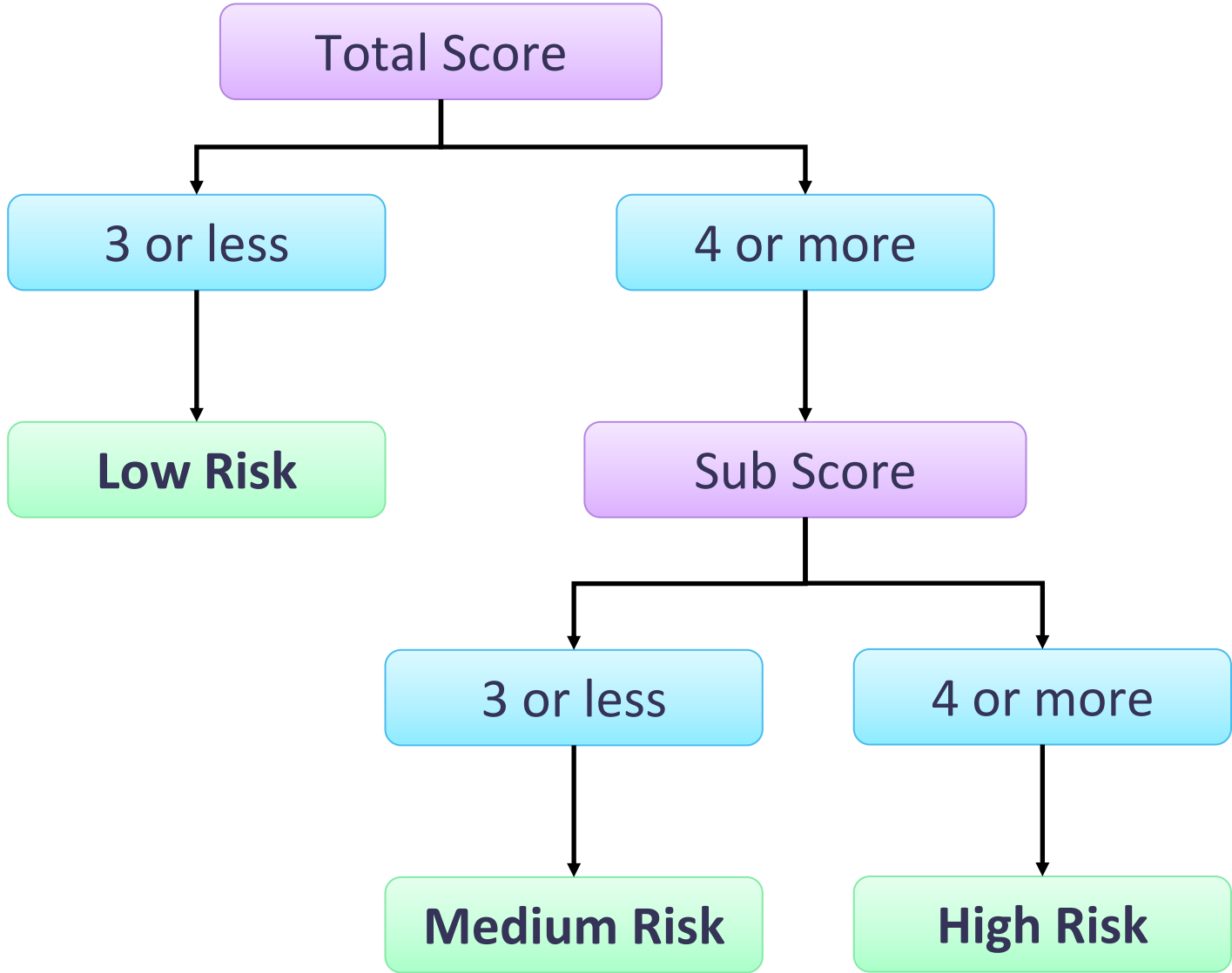
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The Keele STarT Back Screening Tool - [LINK](#)

Thinking about the last 2 weeks tick your response to the following questions					Disagree (0)	Agree (1)	
1	My back pain has spread down my leg(s) at some time in the last 2 weeks						
2	I have had pain in the shoulder or neck at some time in the last 2 weeks						
3	I have only walked short distances because of my back pain						
4	In the last 2 weeks, I have dressed more slowly than usual because of back pain						
5	It's not really safe for a person with a condition like mine to be physically active						
6	Worrying thoughts have been going through my mind a lot of the time						
7	I feel that my back pain is terrible and it's never going to get any better						
8	In general, I have not enjoyed all the things I used to enjoy						
9	Overall, how bothersome has your back pain been in the last 2 weeks?						
	Not at all (0)	Slightly (0)	Moderately (0)	Very Much (1)	Extremely (1)		

Total Score (all 9)	
Sub Score (Q5-9)	

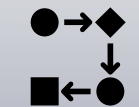


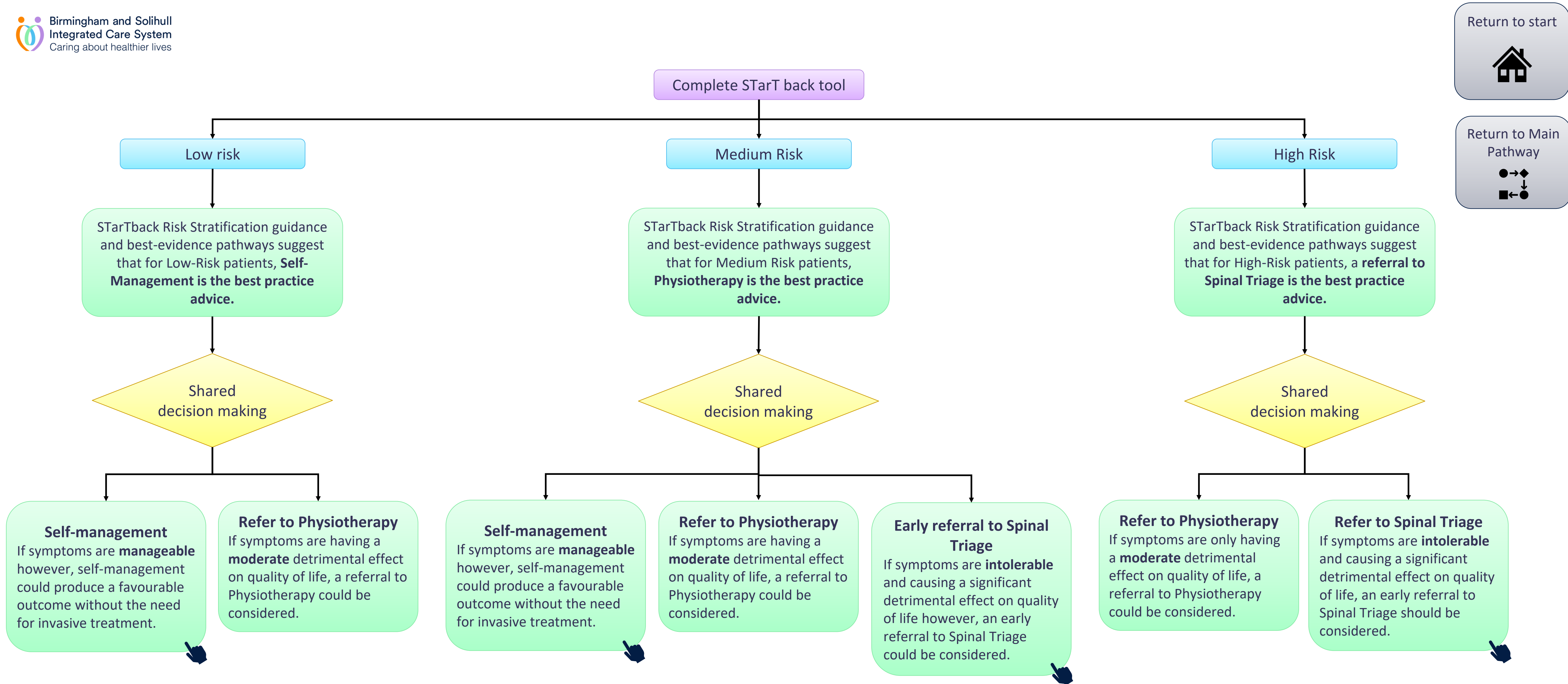
Continue to STarT Back
Pathway

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Cauda Equina Syndrome

CES does not have a set clinical pattern, no single red flag or combination of flags has good diagnostic accuracy.

Negative physical tests do not rule out CES if positive subjective symptoms are present.

Sudden onset Bilateral Radicular Leg Pain or unilateral radicular leg pain that has progressed to bilateral leg pain (sciatica) may be a warning symptom that CES may occur.

A digital rectal examination is not necessary but subjective perianal sensation should be recorded below. This area may be small or as big as a horses' saddle (subjectively reported or objectively tested).

Positive symptoms requiring emergency

- New (within 2 weeks) or deteriorating difficulty initiating micturition or impaired sensation of urinary flow
- New (within 2 weeks) or deteriorating altered perianal, perineal or genital sensation S2-S5 dermatomes
- New (within 2 weeks) or deteriorating loss of sensation of rectal fullness

Deteriorating sexual dysfunction is defined as achievement of erection or ability to ejaculate, loss of genital sensation

Acute (less than 2/52 onset of CES symptoms) suspected Cauda Equina Syndrome requires Emergency Scanning and appropriate follow-up, via ED +/- Neurosurgery/Spinal Surgery.

MRI is advised via ED, within 4 hours.

[GIRFT National CES Pathway](#)

In hour presentation - Emergency Departments with access to MRI during core hours are:

- Queen Elizabeth Hospital Birmingham
- Birmingham Heartlands Hospital
- Good Hope Hospital
- City Hospital
- Sandwell Hospital

Same-day MRI and spinal surgery review is also available at The Royal Orthopaedic Hospital Birmingham via their on-call system. Please ring ROH Switchboard on: 0121 685 4000

Please immediately refer your patient to one of the services listed above

Out of hours presentation – Refer to Emergency Department with 24 hour MRI access

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flags



Refer to MSCC co-ordinator

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](#)

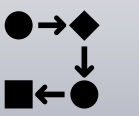
Alternatively, you can contact switchboard at ROH on 0121685400 and ask for spinal oncology nurse within normal working hours

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Amber flags





Self-management for low back pain

Consider oral non-steroidal anti-inflammatory drugs

Consider weak opioids (+/- paracetamol) only if an NSAID is contraindicated, not tolerated or has been ineffective

If patient is digitally enabled, prescribe the getUbetter app

Provide guidance on work activities and provide a fit note, where appropriate

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](#)

If patient is pregnant or <12 months post-partum consider referral to [Pelvic Health Service](#)

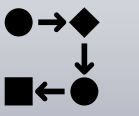
Messaging for patients

- 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

Offer 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](#)



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

Explain that imaging is NOT routinely needed for back pain

Safety net for urgent clinical review regarding cauda equina or other red flags [CES Card](#)

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
- 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](#)