

## MANAGEMENT GUIDELINES FOR GP'S BACK AND NECK PAIN

### Clinical Features

- Chronic Lower Back Pain (pain >6 months)
- Radicular Symptoms

### Red Flags for Back Pain

- Constitutional symptoms
- Motor weakness
- A history of smoking with acute, new back pain
- Bladder or bowel dysfunction
- Night pain
- History of osteoporosis with acute midline
- Morning pain and stiffness >30minutes

### Examination Findings

- A complete and comprehensive neurological examination is required
  - Power assessment, reflexes, sensory examination
  - PR exam if necessary
- Lower back and neck examination
  - Midline palpation (? pain)
  - Range of motion → flexion, extension, lateral flexion, rotation

### Initial GP Diagnostics

Are there localised symptoms or is there referred pain?

### Imaging

- X-Rays are not indicated for most cases of back pain. Indications would include for exclusion of new osteoporotic fracture, investigation of inflammatory back pain.
- MRI scanning is not required for assessment of chronic lower back pain. An MRI scan should only be considered if there are features of a radiculopathy.

### Suggested GP Management

- Simple analgesia or NSAIDs (if no contraindications present)
  - Avoid narcotic analgesia
- All patients should be referred to a community **physiotherapist** for back and core strengthening and stretching exercises
- Recommend water-based activities such as hydrotherapy
- **Weight loss** is essential if over-weight or obese
- If a radiculopathy is present, discussion with interventional radiologists could be considered for a corticosteroid injection

### WHEN TO REFER TO RHEUMATOLOGY

#### EMERGENCY

- Patients with acute neurological signs or “red flags” should prompt an early assessment and patients should be referred to ED for a **Neurosurgical Review**

#### Routine Referral

- Features of inflammatory lower back disease → Refer to our Spondylarthropathy Clinic
- New vertebral fractures consistent with osteoporosis → Refer to our ORP Clinic

**Referrals for chronic lower back pain are no longer accepted as per our new referral guidelines for Liverpool Hospital Rheumatology.** If a patient fails physiotherapy and a medical review is required, please consider referring to a community-based rheumatologist.