

# Patient with Low Back Pain



**CBT:** Cognitive behavioural therapy

**EMG:** Electromyography

**MBSR:** Mindfulness-based stress reduction

**NSAID:** Non-steroidal anti-inflammatory drug

**SMR:** Skeletal muscle relaxant

**SMT:** Spinal manipulation therapy

**i** Information

**🧑** Treatment

**📖** Medications

**🚫** Low value

ABC Clinician

10 Minute  
Hx and Exam

Red Flags?

Cauda Equina  
Spinal Fracture  
Spinal Malignancy  
Spinal Infect. / Inflamm.

URGENT

NON-URGENT

ED Physician

**Excluded Patients**

< 18 yoa, - English skills, - Internet Access  
WCB/MVA, Pregnancy or 1yr PP  
Exercise Contraind, In other LBP trials

Specialty/Diagnostic Imaging

Acute <4W  
Low Risk

Subacute 4-12W  
Med Risk

Chronic >12W  
High Risk

Chronic  
Non-Responsive

Radiculopathy



Prognosis,  
usually better  
in 1M, active as  
tolerable



Superficial  
heat, massage,  
acupuncture,  
SMT



1 NSAID, 2 SMR



Imaging,  
procedures,  
acetaminophen,  
corticosteroids



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1 NSAID, 2 SMR



Imaging,  
procedures,  
acetaminophen,  
corticosteroids

GLA:D  
EDUCATION



Active as  
tolerable, pain is  
an alarm not a  
harm



Exercise, rehab,  
acupuncture,  
MBSR,  
tai chi, yoga,  
SMT motor-ctrl,  
progressive  
relaxation, EMG,  
biofeedback,  
low-level laser,  
operant therapy,  
CBT



Pharm, imaging,  
procedures

GLA:D  
BACK



Active as  
tolerable



Movement and  
exercise as  
tolerated



1 NSAID,  
2 Tramadol/  
Duloxetine,  
3 LAST Opioids



Imaging,  
procedures



3-4M, active as  
tolerable



Exercise as  
tolerated,  
manual therapy  
as tolerated



Low dose pain  
meds sparingly  
for weeks not  
months



Long term use  
of paracetamol,  
benzo, opioids,  
and anti-D

GLA:D  
EDUCATION

Improvement  
at 12W?

Self Care Options & Local Resources