### **Orthopaedic Spinal Services**

# **Clinical action guide**

Patient history

Red flag screening Physical examination Diagnosis and triage Explanation and reassurance Analgesia advice and reassurance Patient information sheets available

#### Improving

presentation

Initial p

Reassessment 4 weeks

4-8 weeks

8-12 weeks

Continue reassurance, current management, and promote return to normal activity

#### Not improving

Review red flags Review neurological assessment (if progressive lower limb symptoms) Assess for yellow flags (STarT Back) Revise diagnosis and triage Consider the need for specialist referral ± investigations in the presence of neurological signs Review analgesia guidelines Commence planning for rehabilitation/ prehabilitation\*

#### Improving

Continue reassurance, current management, and promote return to normal activity

#### Not improving

Review red flags and yellow flags Consider specialist referral ±investigations if neurological signs and symptoms persist Investigate support for rehabilitation/ prehabilitation\*

#### Not improving

Review red flags, yellow flags, diagnosis and triage, analgesia Consider need for investigations if back pain not improved at 12 weeks Reconsider need for specialist referral according to triage and

referral guideline Further purse conservative community management options Consider pain physician input if greater than 3/12 or acute-onchronic condition and assistance with medication is required

## Important advice for management of acute lumbar disorders:

- Reassurance and education
- Keep active & working if possible
- Prolonged bed rest is harmful
- Opiates are rarely indicated. Restricted to short-term only
- Do not prescribe benzodiazepines
- Investigations are usually not indicated in the first 4-6 weeks
  Patient information sheet available

#### Important things to consider when managing sub-acute lumbar disorders (6-12 weeks):

- Some evidence supports supervised, structured exercise
- Trial of manual therapy(massage, mobilisation, manipulation) or acupuncture may be worthwhile
- Smoking cessation recommended
- Dietician consultation may be warranted for weight optimisation

#### Further considerations:

- Referral to psychologist may be indicated if yellow flags are predominant
- Cognitive behavioural therapy is a recommended treatment option in cases of persistent pain
- \*potential for improved surgical outcomes is offered by attention to weight optimisation, smoking cessation, appropriate analgesia prescription and maintenance of activity (prehabilitation)

For more information Orthopaedic Spinal Services Royal Adelaide Hospital <u>www.sahealth.sa.gov.au/lumbardisorders</u> Document updated May 2023



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