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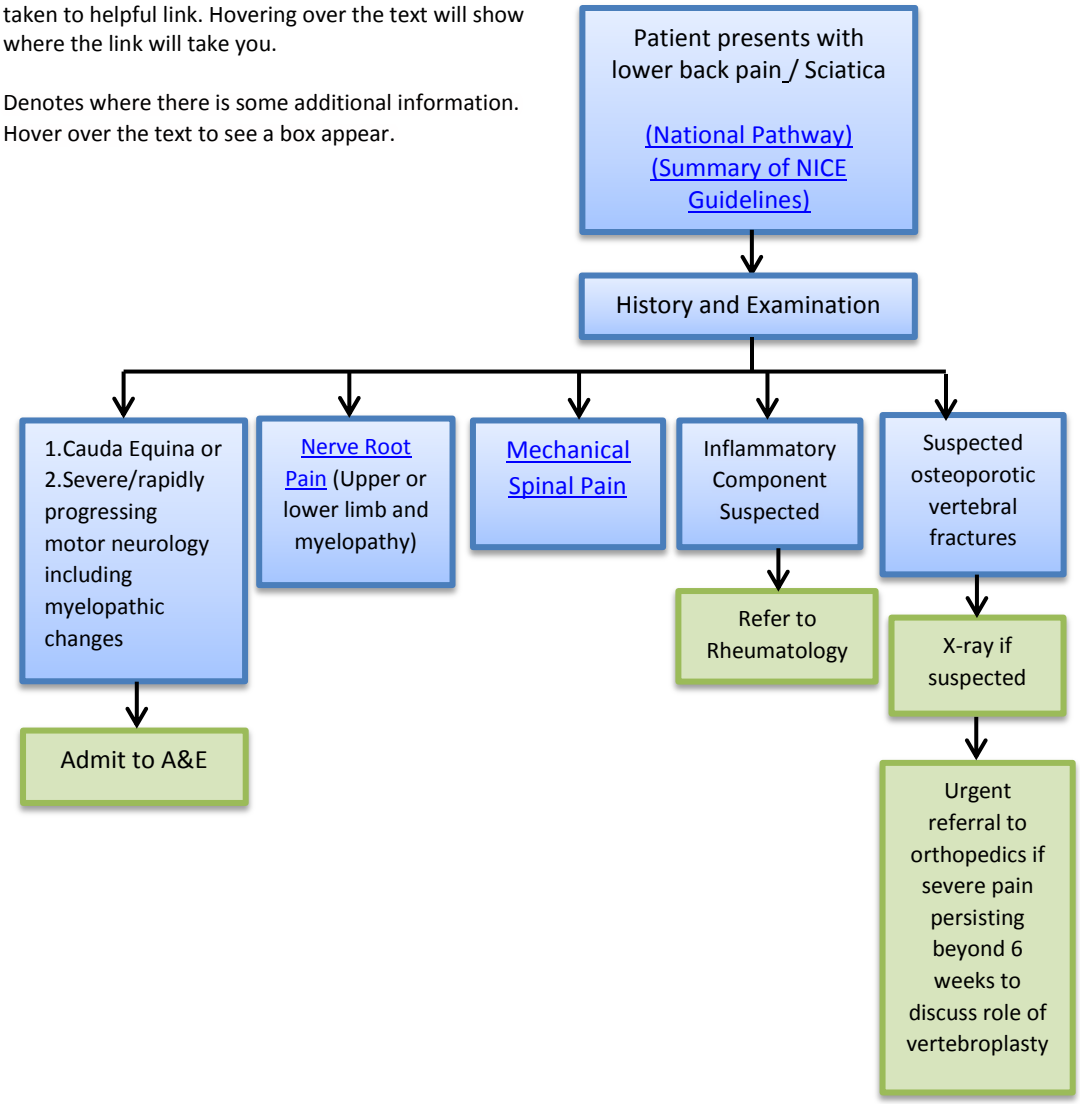
Denotes where there is some additional information. Hover over the text to see a box appear.

Pathway for Back Pain & Sciatica



KEY

- **Primary Care**
- **MSK CATS**
- **Secondary Care**

Date written: February 2018
Review Date: April 2020

Authors: MSK CATS Service
Contributors: Bill Wilsdon (DTHFT), Fiona Paul (DCHS), Rachel Hamilton (The Scott Practice)

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Red flags:
Emergency Spinal Referral
o Suspected spinal cord neurology (gait disturbance, multilevel weakness in the legs and /or arms)
o Impending Cauda Equina Syndrome (Acute urinary disturbance, altered perianal sensation, (reduced anal tone and squeeze – if circumstances permit)
o Suspected Spinal Infection

Priority Spine imaging (Protocol led MRI whole spine unless contraindicated)
o Past history of cancer *(new onset spinal pain)
o Recent unexplained weight loss
o Objectively unwell with spinal pain
o Raised inflammatory markers (relative to range anticipated for age) Plasma viscosity , CRP , ESR (according to local practice)
o Possible immunosupression with new spinal pain (IVDU, HIV, Chemotherapy, Steroids).
o Prolonged steroid use *
o Known osteoporosis, with new severe spinal pain
o Age <15, or >60 years new onset axial back pain

***Statistically significant red flags.** Although the others listed may not be statistically significant these are the symptoms items which are commonly seen in serious pathology. The more of these present the greater the probability of serious underlying pathology

Provision of Time lines
Emergency
•Major neurological deficit / Major motor radiculopathy
•Sphincter failure
•Spontaneous epidural haematoma
•Ankylosing Spondylitis with new pain
•Metastatic Spinal Cord Compression with Neuro Symptoms /signs
•Spinal infection

Urgent
•Osteoporotic Fracture with severe or significant pain at 8 weeks
•Spinal metastases no neurological deficit
•Patient generically unwell
•Clinical signs of discitis or infection
•Acute myelopathy
•Acute presenting suspected spinal/disc infection

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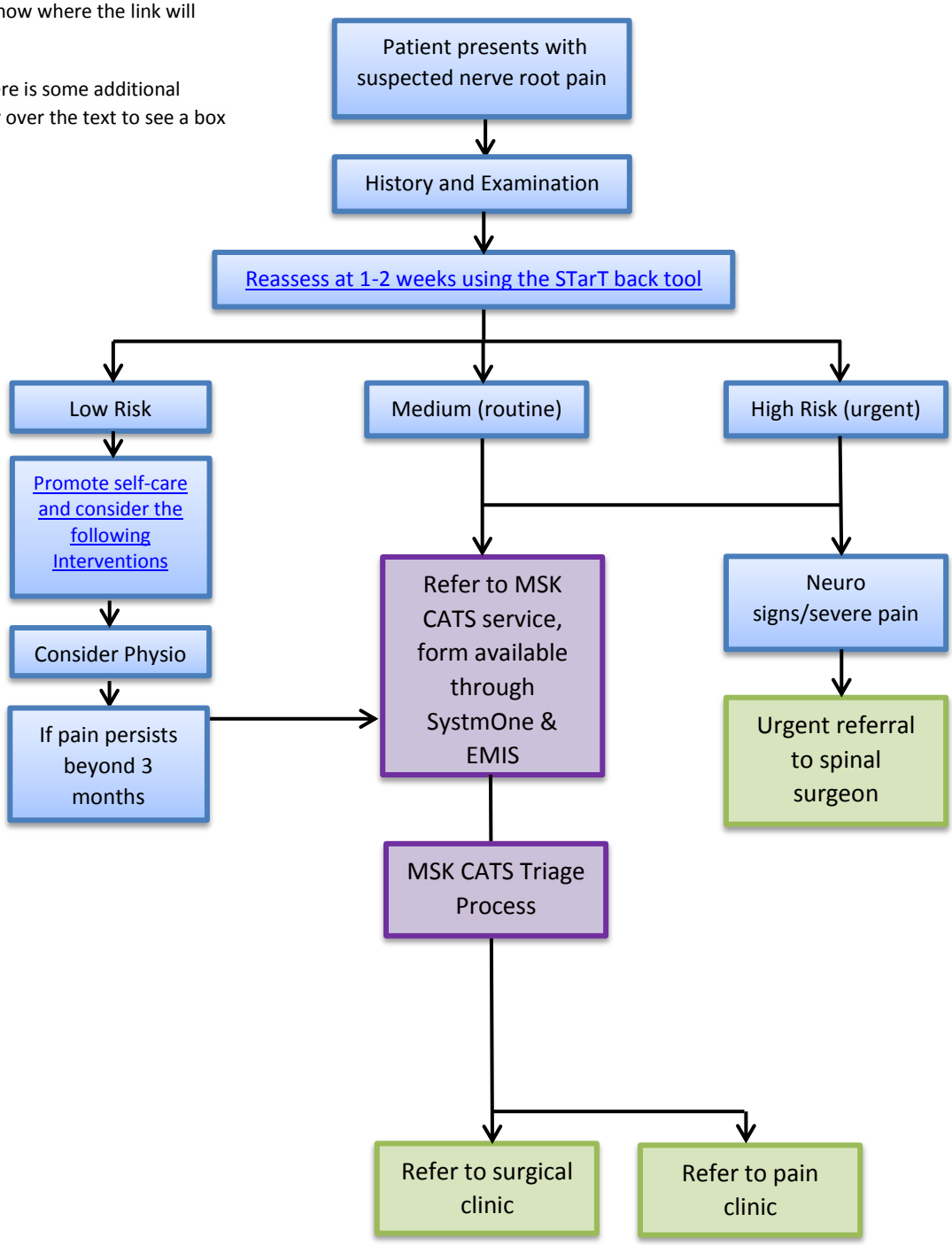
Back to Pathway

Pathway for Nerve Root Pain



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KEY

Primary Care

MSK CATS

Secondary Care

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Pathway for Mechanical Spinal Pain

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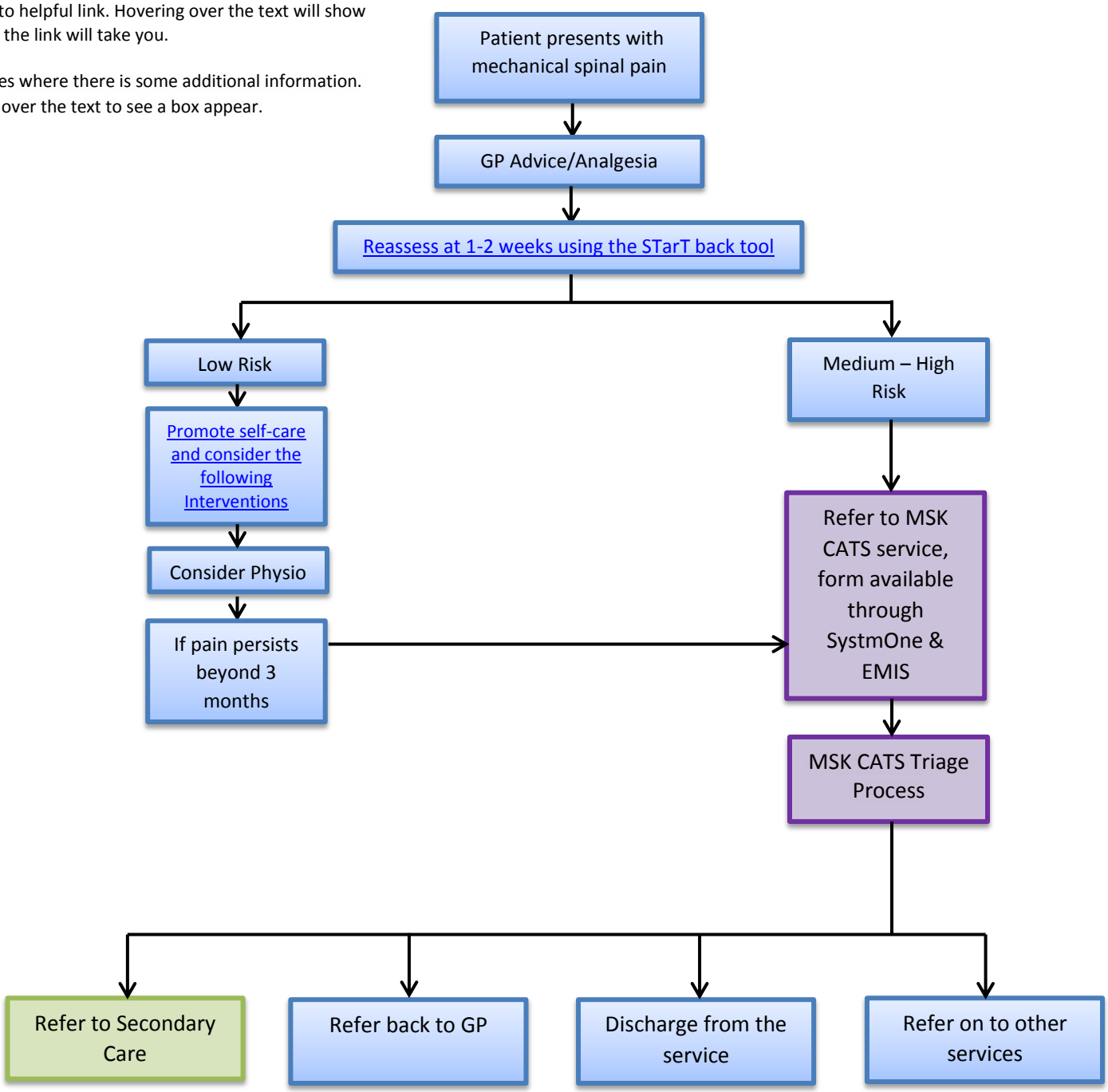

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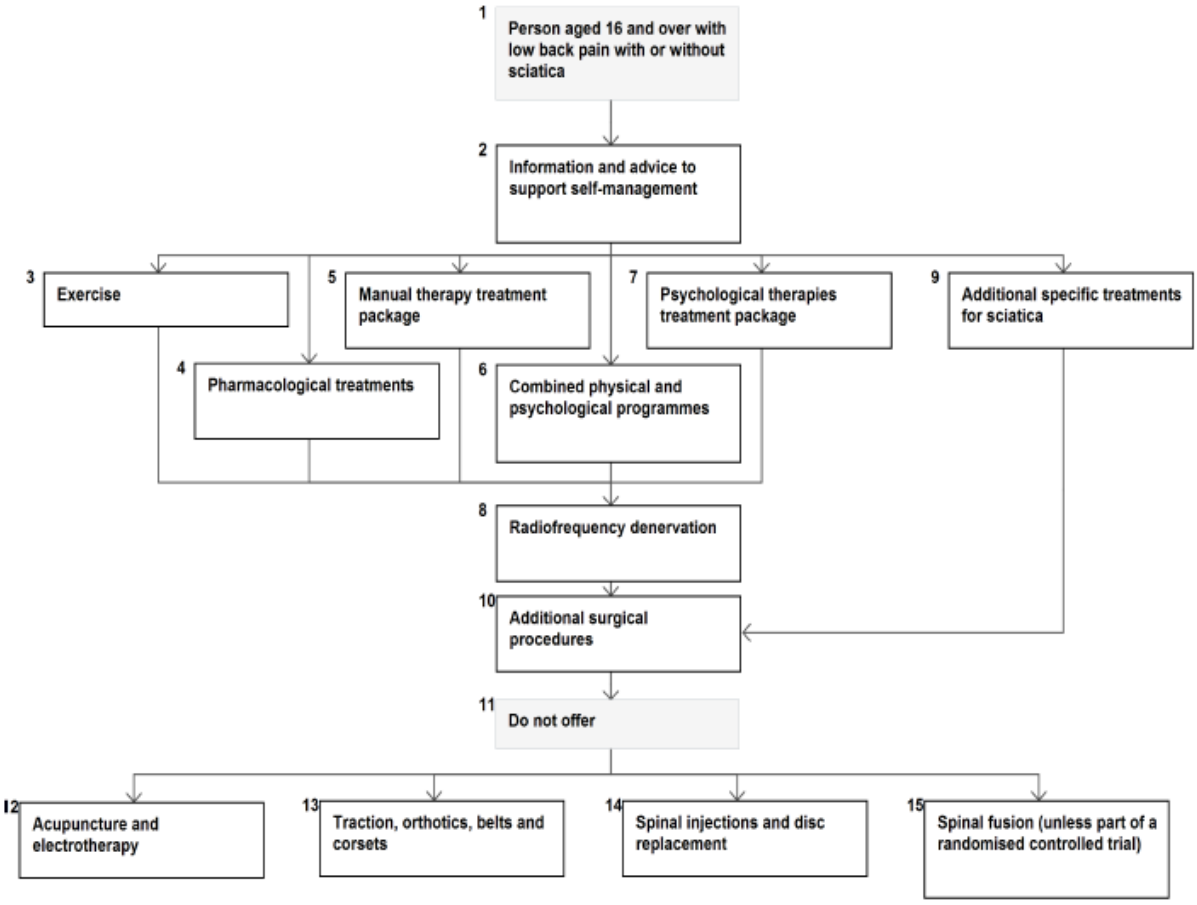
Low back pain and sciatica in over 16s:
assessment and management
NICE guideline. Published: 30 November 2016
nice.org.uk/guidance/ng59



NICE Back Pain Flow Chart – taken from the NICE guidance (https://www.nice.org.uk/guidance/ng59)

- Point 4 – pharmacological Rx – NSAIDS or weak opioids with or without paracetamol, not strong opioids and not paracetamol alone. Do not offer SSRI/SNRI/TCAs/anticonvulsants for LBP without sciatica. See NICE guidance on management of neuropathic pain for pharmacological treatment of sciatica.
- Point 5 – Manual therapy - Only in combination with exercise +/- psychological treatment package
- Point 6 – Combined physical and psychological programmes - Including CBT approach, preferably in a group context in patients with either
    - Significant psychological obstacles (STarT back score)
    - Or previous treatments not effective
- Point 7 –Psychological therapies - only in combination with exercise +/- manual therapy

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- Point 8 – Radiofrequency denervation - Consider for facet joint pain when non-surgical treatment not worked and main source of pain or thought to come from structures supplied by the medial branch nerve and pain is >/= 5/10 on VAS
    - After positive response to diagnostic medial branch block. Do not offer imaging in specific fact joint pain as a pre-requisite for radiofrequency denervation
    - Medial branch of dorsal ramus supplies tissues from the midline to zygapophysial (facet joint) line and innervates 2-3 adjacent facet joints and related soft tissues. Therefore the injection should decrease pain and muscle spasm.
- Point 9 – Additional specific treatments for sciatica – e.g. neuropathic pain meds inline with current guidance
    - Consider epidurals (LA and steroid) in patients with acute severe sciatica
    - Consider spinal decompression surgery (where non surgical interventions not helped and MRI consistent with examination findings)
- Point 10 – Additional surgical procedures – spinal cord stimulation for chronic pain of neuropathic or ischaemic origin, only as part of a clinical trial
- Point 12 – eg TENS or PENS (percutaneous electrical nerve stimulation), USS, interferential therapy

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Keele STarT Back Tool

https://www.keele.ac.uk/sbst/startbacktool/sbtoolonline/

LOW RISK

"Based on risk stratification, consider: simpler and less intensive support for people with low back pain with or without sciatica likely to improve quickly and have a good outcome (for example, reassurance, advice to keep active and guidance on self-management)"

Entry criteria

- No adverse social and psychological factors
- Low risk on STarT Back tool
- IF presentation is mechanical (non-specific) low back pain

Interventions

- Advice and information
- Improvement is likely
- explanation of signs and symptoms
- distinction between hurt and harm
- appropriate reassurance about good prognosis
- advice about regular adequate analgesia
- advice about continuation of normal activities, including work, or return to normal activities using graded steady increases
- Simple patient information is provided by the AR UK leaflet or the Back Book.
- Fit note
- no onward referral necessary AND patient in agreement
- advice to re-consult if symptoms fail to improve or worsen
- Indications for early clinical review and emergency attendance
- discharge

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