Low Back Pain Clinical Care Standard
Fact Sheet for Consumers

The Low Back Pain Clinical Care Standard describes the care that you should receive if you present to primary care or the Emergency Department with low back pain with or without leg pain. This fact sheet lists eight statements about the expected standard of care, and explains what each statement means for you.

1. Initial clinical assessment
What the standard says
The assessment of a patient with a new presentation of low back pain, with or without leg pain, includes a targeted history, physical examination and consideration of specific or serious underlying pathology. Arrangements are made for follow up based on an evidence-based low back pain pathway.

What this means for you
If you see a clinician about low back pain, they will ask:
• About your pain
• How it is affecting your daily activities
• How it is making you feel
• About your previous health issues and background.
These questions will help them to understand your needs and goals for your care. Your clinician will examine you and check for signs of serious health issues, and may refer you for further tests or investigations if necessary. However, serious causes of low back pain are very rare (around 1% of cases, or 1 out of 100).

If a serious problem is unlikely, low back pain can be treated with simple measures, because the pain usually resolves on its own over time. It is often not possible or necessary to identify an exact cause for low back pain. Low back pain can still be treated, even if the cause is not known. This can be nerve-related pain, which is commonly called ‘radicular pain’ or ‘sciatica’, or referred pain starting somewhere else in your back. For most people, this is managed the same way as low back pain at the beginning of your care.
You and your clinician should discuss what follow up you may need, including any further visits to check on your symptoms and wellbeing, and to adjust your treatment if necessary.

2. Initial psychosocial assessment
What the standard says
Early in each new presentation, a patient with low back pain, with or without leg pain, is screened and assessed for psychosocial factors that may affect their recovery, including their beliefs and concerns about diagnosis and pain.

What this means for you
It can be harder to recover from back pain if there are other issues that are contributing to your experience of pain. This might include:
• Your general mood
• Your beliefs about what is causing your pain
• Other factors in your life such as financial, family or work issues.
You cannot always remove the cause of stress, but you can learn ways to reduce its impact on you, which can also help with your pain. Misunderstandings about how to look after your back can also slow down your recovery. Your clinician may ask you about such issues to understand how they relate to your pain. They may use questionnaires or tools to get a better understanding of how your pain is affecting your life, and to help identify the best treatment and support for you.

3. Reserve imaging for suspected serious pathology
What the standard says
Expectations of imaging and its limited role in diagnosis are discussed with a patient. Early and appropriate referral for imaging occurs only when serious pathology is suspected. The likelihood and significance of incidental findings is discussed with the patient.

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What this means for you
In most cases of low back pain, an imaging test such as an X-ray, a CT (computed tomography) scan or MRI (magnetic resonance imaging) is not necessary. These tests are usually only needed when your clinician wants to rule out a serious cause for your back pain. It is important to remember that more than 95% of low back pain cases do not have serious underlying causes.

Your clinician will talk to you about the role of imaging in your situation. Unless there is a good reason, it is best to avoid X-rays and scans because they are unlikely to find the reason for your pain or change how it is treated. Scans can often show changes that are normal for your age and may not be causing your pain, such as:
- Disc degeneration
- Facet joint changes
- Disc bulges
- Fissures
- Protrusions.

Changes such as these are also found on the scans of people who do not have low back pain. Knowing about these changes may worry you and can lead to unnecessary further tests or interventions, without addressing your pain. These scans can also be expensive and inconvenient, and some can expose you to unnecessary radiation and lead to unnecessary treatment.

4. Patient education and advice

What the standard says
A patient with low back pain, with or without leg pain, is provided with information about their condition and receives targeted advice to address their beliefs and concerns about pain. The potential benefits, risks and costs of treatment options are discussed, and the patient is supported to share in decisions about their care.

What this means for you
One of the best ways to manage low back pain is to learn about the condition, what to expect and how to manage it. Your clinician will offer you information and help you understand more about back pain. They may provide you with factsheets and direct you to useful resources. Information will be provided in a format and language you can understand.

There are many different treatments for low back pain. Some tests, treatments and procedures do not help very much. And, in some cases, they may even be harmful. Your clinician will help you to consider the best treatment for your back pain, considering the evidence, and the potential benefits, risks and costs, so that you can make a shared decision about your care.

5. Encourage self-management and physical activity

What the standard says
A patient with low back pain, with or without leg pain, is encouraged to stay active and continue or return to usual activity, including work, as soon as possible. Self-management strategies are discussed, and the patient and clinician develop a plan together that includes practical advice to limit the impact of pain on daily life, and addresses the patient’s needs and preferences.

What this means for you
Staying active and continuing daily activities as normally as possible (including work) leads to the most rapid and complete recovery. Your clinician will encourage you to stay active and continue or quickly get back to normal activities, including exercise and work, wherever possible. If your pain is worse after activity and persists, you may be advised to take things a little easier at first and gradually build up over a few days or weeks. Avoid resting in bed for long periods (no longer than 2 days), because this has been shown to make pain worse. Try to remain at work, or get back to work as soon as possible. Do not wait for all the pain to be gone before you start moving.

Your clinician will suggest ways for you to help manage your pain and they can develop a self-management plan with you, so you know what to do. Things that you can do yourself to control your pain (like pacing yourself with physical activity) are more likely to help than treatments that are done to you (like medicines, massage or surgery). You will be encouraged to set treatment goals. Your clinician can also discuss monitoring your symptoms, pacing (or spreading out) activity into small, regular periods, relaxation techniques, and exercise schemes and activities.

6. Physical and/or psychological interventions

What the standard says
A patient with low back pain is offered nonpharmacological intervention based on their clinical and psychosocial assessment findings. Physical and psychological therapies are offered as appropriate.
What this means for you
Your clinician will offer information and support based on your individual needs, values and preferences, and discuss your goals for improved function and mobility. Treatments that target both the mind and body will be considered because they are more likely to help with reducing your pain and improving your function.

You may also be referred to other clinicians such as a physiotherapist, psychologist, chiropractor or rehabilitation physician. A physiotherapist or exercise physiologist can help you to set achievable movement and exercise goals and show you how to pace your activities. A psychologist or counsellor can teach you how to understand your pain and how it impacts on your body, thoughts and behaviours. In some cases, your GP may be able to advise about options for receiving Medicare rebates for these services, if you meet the criteria.

7. Judicious use of pain medicines

What the standard says
A patient is advised that the goal of pain medicines is to reduce low back pain to enable physical activity and self-management, not to eliminate pain. If a medicine is required adjunctively, potential benefits and harms are discussed before prescribing. The medicine is prescribed in accordance with current Therapeutic Guidelines, for the shortest possible duration, with ongoing review of benefit and clear stopping goals. Avoid opioid analgesics, anticonvulsants, benzodiazepines and antidepressants, because their risks often outweigh potential benefits and there is evidence of limited effectiveness.

What this means for you
The aim of taking medicines is to reduce pain to help you stay active, rather than to completely stop the pain. Medicines are only one part of pain management and are most effective in the short term to help get you moving and support you while you learn active self-management strategies. It is important to remain physically active and continue with physical activity and self-management strategies after you start any medicine.

When suggesting a medicine, your clinician will consider your symptoms, any other conditions you may have, other medicines you take and your treatment preferences. They will explain:
- What the medicine is for
- How much to take
- How long to take it for
- The expected benefits and risks, including possible side effects.

Medicines that are generally not recommended for low back pain include opioids, benzodiazepines, anticonvulsants (usually used to treat epilepsy) and antidepressants. This is because these medicines are not very effective for low back pain and can have significant side effects.

8. Review and referral

What the standard says
A patient with persisting or worsening symptoms and/or functioning is reassessed at an early stage to determine the barriers to improvement. Referral to appropriate health practitioners and a multidisciplinary approach is considered, taking into account the evidence supporting better outcomes with non-surgical care in most people with low back pain. Surgical referral is indicated for severe or progressive leg pain unresponsive to other therapy, progressive neurological deficits or signs of other serious pathology, as indicated by an evidence-based low back pain pathway.

What this means for you
Let your clinician know if your pain continues to be a problem or if your symptoms get worse. Your clinician can monitor your symptoms and wellbeing, and adjust your treatment if needed. You may be referred to other clinicians who can help you with your goals for achieving physical activity and mobility, and help you to understand your pain and how to reduce its impact on your body, mental state and behaviours. You may need to go to a clinic for this, where you will see a team of clinicians working together on different aspects of your care.

In some instances, your primary care provider may refer you to a specialist spine service, physician (such as a rheumatologist, pain or rehabilitation physician) or a surgeon in the public or private sector. Most people will not need to have an operation, because low back pain can usually be managed without surgery. Your clinician will consider referring you to a surgeon if they suspect that a specific or more serious issue or condition is causing your back pain, or if you have nerve compression that is getting worse.

Questions?
If you have any questions about your low back pain talk to your clinician.

For more information about the clinical care standard, please visit: safetyandquality.gov.au/ccs