

# Low Back Pain

## Clinical Care Standard

**The *Low Back Pain Clinical Care Standard* aims to improve the early assessment, management, review and referral of patients with low back pain, and to improve shared decision making about tests and treatments most likely to be of benefit.**

The *Low Back Pain Clinical Care Standard* contains eight quality statements describing the care that should be received by patients aged 16 years and over who present with low back pain, with or without leg pain.

It may be applied in all healthcare settings where such care is provided, but is particularly relevant to primary healthcare services and emergency departments.

A set of indicators is provided to support healthcare services to monitor how well they are implementing the care recommended in this clinical care standard and to support local quality improvement activities. The definitions required to collect and calculate indicator data are specified online: [meteor.aihw.gov.au/content/755790](https://meteor.aihw.gov.au/content/755790).

Monitoring the implementation of this clinical care standard will help healthcare services to meet the requirements of:

- The National Safety and Quality Health Service (NSQHS) Standards for acute healthcare services
- The National Safety and Quality Primary and Community Healthcare (Primary and Community Healthcare) Standards, for participating primary healthcare services.

### **1** Initial clinical assessment

The assessment of a patient with a new presentation of low back pain symptoms, with or without leg pain or other neurological symptoms, focuses on screening for specific and/or serious pathology and consideration of psychosocial factors. It includes a targeted history and physical examination, with a focused neurological examination when appropriate. Arrangements are made for follow-up based on an evidence-based low back pain pathway.

Ensure the use of an evidence-based low back pain pathway that guides appropriate assessment, investigation, referral, management and counselling of patients who present with low back pain symptoms, based on their history and physical examination. The pathway should incorporate screening for specific and/or serious pathology, allow the use of validated tools to aid assessment early in an episode of low back pain and monitoring at subsequent visits, and allow referral to specialists if needed – for example:

- [Brief Pain Inventory \(short form\)](#)
- [Clinically Organized Relevant Exam \(CORE\) Back Tool](#).

Ensure that clinicians have current training in the clinical assessment of back pain and, when relevant, in the use of validated tools.

**Indicator 1a:** Evidence of a locally approved low back pain assessment protocol. The protocol should specify the:

- Assessment pathway to identify specific and/or serious underlying pathology
- Locally endorsed validated tool(s) to support the initial assessment
- Process to ensure that clinicians are trained in the assessment protocol and endorsed tools
- Pathway for follow-up care
- Process to assess adherence to the protocol.

**Indicator 1b:** Proportion of patients with acute low back pain with the findings of both their initial clinical assessment and screening for specific and/or serious underlying pathology documented in their medical record.

## 2 Psychosocial assessment

Early in each new presentation, a patient with low back pain, with or without leg pain or other neurological symptoms, is screened and assessed for psychosocial factors that may affect their recovery. This includes assessing their understanding of, and concerns about, diagnosis and pain, and the impact of pain on their life. The assessment is repeated at subsequent visits to measure progress.

Provide clinicians with training and skills to support them in managing patients with low back pain, including biopsychosocial pain management.

Provide access to assessment tools that include screening for psychosocial barriers to recovery in patients with low back pain, such as the STarT Back Screening Tool, or the short form Örebro Musculoskeletal Pain Screening Questionnaire. Ensure that systems and processes are in place to distribute and score risk assessment tools, and that clinicians are trained in their use.

**Indicator 2a:** Evidence of a locally approved policy to ensure that patients are screened for psychosocial factors early in each new presentation. The policy should specify the:

- Process to ensure that clinicians are trained in biopsychosocial pain management and identification of psychosocial factors associated with delayed recovery
- Locally endorsed risk assessment tools available to support clinicians to complete early psychosocial assessment
- Referral pathways to appropriate clinicians with experience in pain management, and psychological and/or physical therapies
- Process to assess adherence to the policy.

## 3 Reserve imaging for suspected serious pathology

Expectations of imaging and its limited role in diagnosing low back pain are discussed with a patient. Early and appropriate referral for imaging occurs when there are signs or symptoms of specific and/or serious pathology. The likelihood and significance of incidental findings are reported and discussed with the patient.

Ensure that policies, processes and pathways are in place for appropriate assessment of low back pain, with or without leg pain, that describe indications for imaging patients with alerting features for serious underlying pathology and when imaging is not needed.

Support clinicians to provide advice about the limited role of imaging and make information resources – such as those produced by [NPS MedicineWise](#) – available to provide to patients.

Ensure that systems are in place to monitor the appropriateness of imaging requests for low back pain as part of quality improvement processes. Consider use of a template for reporting of imaging results that includes epidemiological reporting of common imaging findings to help clinicians and patients understand the probability and significance of incidental findings.

**Indicator 3a:** Evidence of a locally approved policy to ensure the appropriate use of imaging for low back pain. The policy should specify the:

- Appropriate indications for imaging a patient with low back pain
- Locally endorsed educational tools and resources that should be used to support discussions about appropriate imaging and interpretation of findings with patients
- Process to assess adherence to the policy.

**Indicator 3b:** Proportion of patients with a new episode of low back pain referred for imaging for whom an appropriate indication for imaging is documented in the medical record.

## 4 Patient education and advice

A patient with low back pain is provided with information about their condition and receives targeted advice to increase their understanding, and address their concerns and expectations. The potential benefits, risks and costs of medicines and other treatment options are discussed, and the patient is supported to ask questions and share in decisions about their care.

Ensure that clinicians have the knowledge, information and relevant training to provide information about the nature of low back pain and to support shared decision making. Ensure that patient educational materials are available – including on the potential benefits, risks and costs of treatment options – to support the patient to be engaged in their care and to participate in decision-making.

**Indicator 4a:** Evidence of local arrangements to ensure that patients are provided with information, advice and reassurance. The local arrangements should specify:

- The information a patient with low back pain should receive about their condition
- That a patient with low back pain is asked about their concerns related to their back pain and their expectations about management of their condition
- The process in place to assess whether a patient's concerns related to their low back pain have been addressed during the consultation.

## 5 Encourage self-management and physical activity

A patient with low back pain is encouraged to stay active and continue, or return to, usual activity, including work, as soon as possible or feasible. Self-management strategies are discussed. The patient and clinician develop a plan together that includes practical advice to maximise function, and limit the impact of pain and other symptoms on daily life. The plan addresses individual needs and preferences.

Ensure that clinicians have the knowledge, information and relevant training to support people with low back pain to self-manage their condition in line with current guidelines.

Ensure that pathways are in place so that patients with low back pain receive advice and encouragement to remain as active as possible.

Ensure that appropriate services and referral pathways are available to support physical activity programs and interventions.

**Indicator 5a:** Proportion of patients with low back pain who have documented discussions in their medical record about both self-management strategies and staying active by continuing usual activities, including work, if applicable, with modifications and support as required.

## 6 Physical and/or psychological interventions

A patient with low back pain is offered physical and/or psychological interventions based on their clinical and psychosocial assessment findings. Therapy is targeted at overcoming identified barriers to recovery.

Ensure that systems, processes and appropriate resources are in place so that adults with low back pain can access the physical and psychosocial clinical services they need. Identify where access issues are likely barriers to appropriate treatment and develop strategies to address them (such as telehealth).

**Indicator 6a:** Proportion of patients with low back pain at risk of poor outcomes who were referred to physical and/or psychological clinical services.

**Indicator 6b:** Evidence of a locally approved policy that specifies the referral pathways to clinicians who provide appropriate physical and/or psychological therapies.

## 7 Judicious use of pain medicines

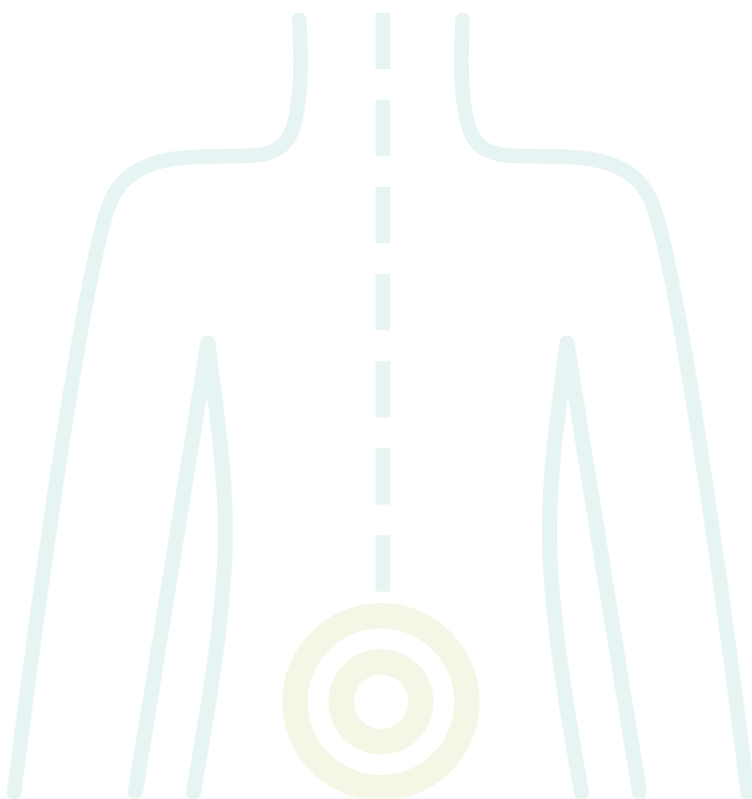
A patient is advised that the goal of pain medicines is to enable physical activity, not to eliminate pain. If a medicine is prescribed, it is in accordance with the current *Therapeutic Guidelines*, with ongoing review of benefit and clear stopping goals. Anticonvulsants, benzodiazepines and antidepressants are avoided, because their risks often outweigh potential benefits, and there is evidence of limited effectiveness. Opioid analgesics are considered only in carefully selected patients, at the lowest dose for the shortest duration possible.

Ensure that systems, processes and resources are in place to support clinicians to provide information to patients about their treatment. Ensure that patients have access to medicines advice, including information on the risks and benefits of pain medicines. Provide clinicians with access to current *Therapeutic Guidelines* and monitor appropriate adherence.

Policies should limit prescribing of opioid analgesics for low back pain to immediate-release formulations for a limited duration. Ensure that information is provided to manage patient expectations about ongoing opioid analgesic treatment. In the emergency department setting, durations of therapy should be explained to the patient. This information should also be included in the discharge summary, along with a description of the advice and the limited dose and quantity given to the patient, with the goal of avoiding prolonged use, in accordance with the [\*Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard\*](#) (see Quality statement 9: Transfer of care).

**Indicator 7a:** Proportion of patients with low back pain who received an opioid analgesic.

**Indicator 7b:** Proportion of patients with low back pain who received an anticonvulsant.



## 8 Review and referral

A patient with persisting or worsening symptoms, signs or function is reassessed at an early stage to determine the barriers to improvement. Referral for a multidisciplinary approach is considered. Specialist medical or surgical review is indicated for severe or progressive back or leg pain that is unresponsive to other therapy, progressive neurological deficits, or other signs of specific and/or serious pathology.

Ensure that systems, processes and resources are in place to support clinicians to monitor the symptoms, function and psychosocial wellbeing of patients with low back pain. Protocols should describe appropriate referral pathways and support timely access, including for patients with persisting and worsening pain with signs of serious pathology.

For services providing one component of multidisciplinary care, ensure that systems are in place to facilitate effective shared care across multiple healthcare providers, including mechanisms for regular communication among providers to facilitate the delivery of consistent information to the patient.

At a healthcare service level, assess whether multidisciplinary pain clinics and specialised spinal surgical services are meeting the needs of their populations. Consider quality improvement activities to assess effectiveness and improve access to care.

**Indicator 8a:** Evidence of a locally approved policy that defines the process for review and referral of patients with low back pain. The policy should specify the:

- Indications and timelines for when a patient with low back pain should be reassessed to reconsider their diagnosis and treatment plan
- Referral pathways to appropriate healthcare providers and programs to support recovery
- Mechanisms to facilitate effective communication between healthcare providers and the patient
- Process to monitor the effectiveness of the recommended treatment(s).

The Australian Commission on Safety and Quality in Health Care has produced this clinical care standard to support the delivery of appropriate care for a defined condition. The clinical care standard is based on the best evidence available at the time of development. Healthcare professionals are advised to use clinical discretion and consideration of the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian, when applying information contained within the clinical care standard. Consumers should use the information in the clinical care standard as a guide to inform discussions with their healthcare professional about the applicability of the clinical care standard to their individual condition.

## Questions?



Find out more about the *Low Back Pain Clinical Care Standard* and other resources. Scan the QR code or use the link [safetyandquality.gov.au/lowbackpain-ccs](https://safetyandquality.gov.au/lowbackpain-ccs).