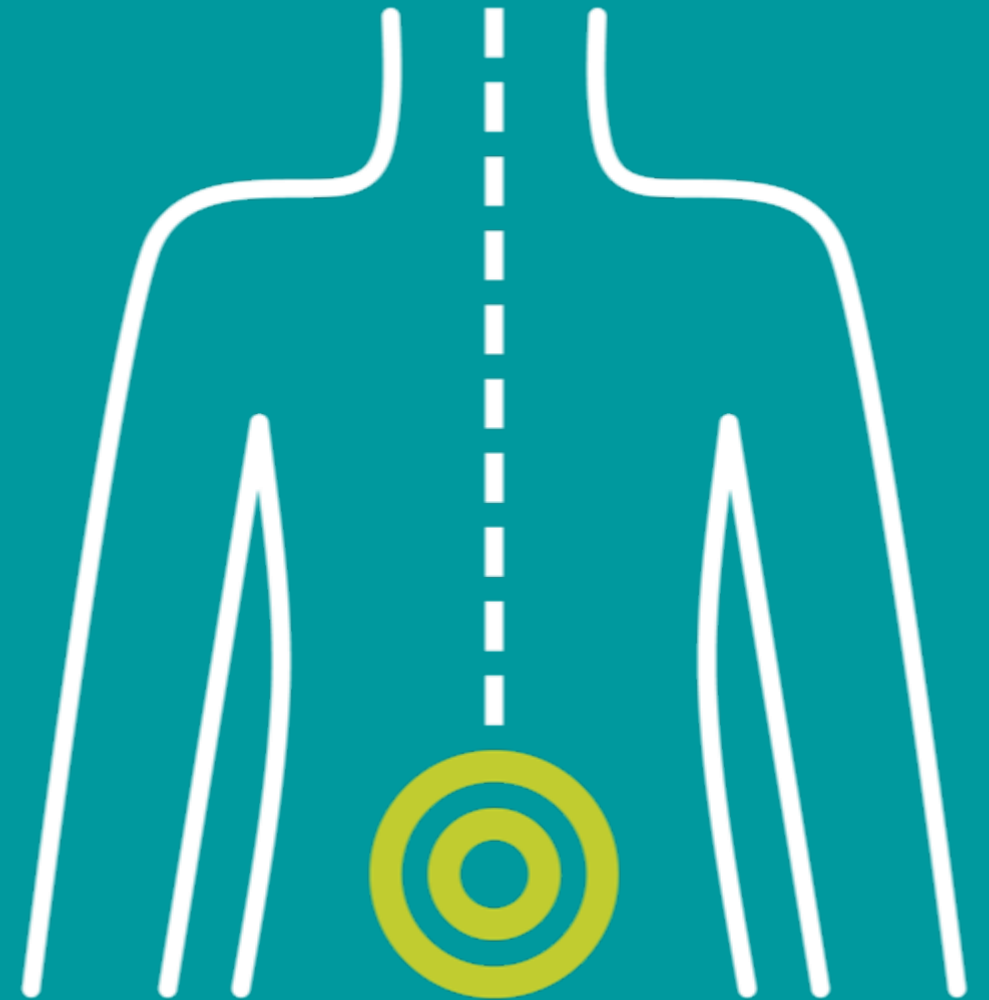


# Low Back Pain Clinical Care Standard

September 2022



# Back pain is a leading cause of disability worldwide and that burden is increasing



SOURCES: Vos T et al, . *Lancet* 2017;390:1211–1259  
Schofield DJ et al, *Spine* 2012;37:1156–63  
Schofield DJ et al, *Med J Aust* 2015;203:e26-6.

In Australia, back pain is the number one cause of:



LOST  
PRODUCTIVITY



EARLY  
RETIREMENT

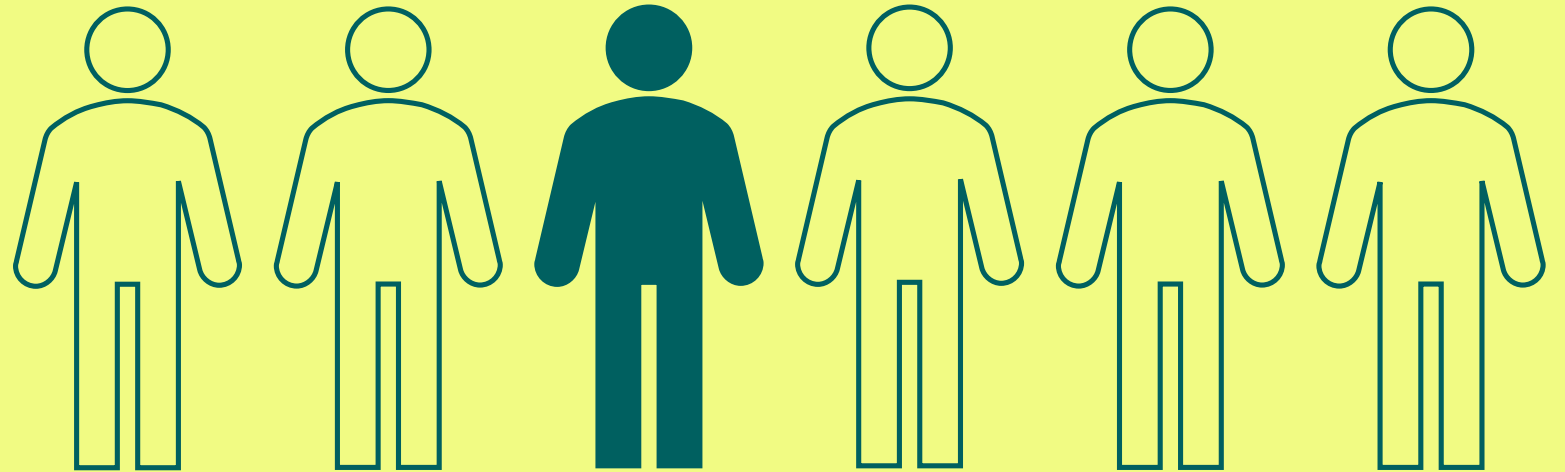


INCOME  
POVERTY

Around

**1 in 6**

people in  
Australia  
report back  
problems



*SOURCE: Australian Institute of Health  
and Welfare. Back problems, 2020.*

# The Australian Atlases of Healthcare Variation have shown marked variation relevant to care of low back pain.

**11.8x**

variation in  
CT imaging  
for lumbar  
spine

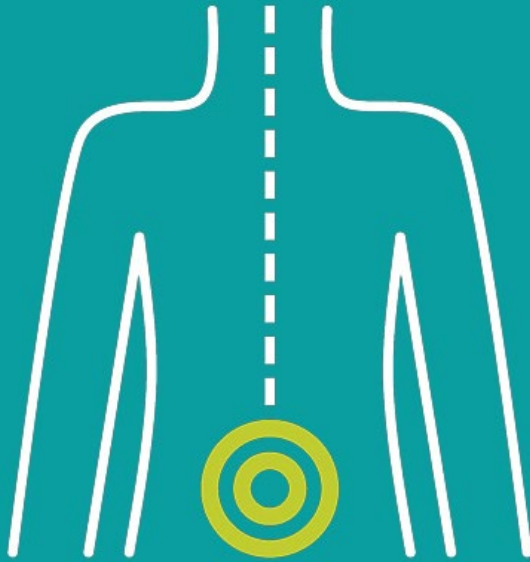
**4.8x**

variation in  
lumbar spine  
surgery  
admissions

**5%**

increase  
in opioid  
prescribing  
over 4 years

(2013-14 to 2016-17)



**Low Back Pain**  
Clinical Care Standard

September 2022

**This standard will help prevent acute episodes of low back pain becoming an ongoing problem.**

- ✓ Evidence-based, best-practice early management of acute presentations
- ✓ Reduce the risk of recurrence
- ✓ Reduce the risk of progression to chronic low back pain

# In Australia, back problems are...



**the second most common reason  
people go to  
their GP...**

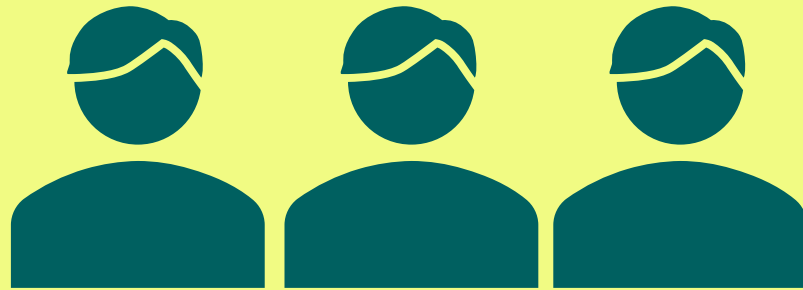


**...and one of the  
top 5 reasons  
people present  
to the ED**

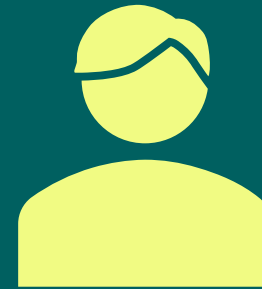
*SOURCE: GP ref - Britt et al. 2016 General practice activity in Australia 2015–16*

*AND: Australian Institute of Health and Welfare. Australian hospital statistics: emergency department care 2020–21.*

# Risk of recurrence and progression after an episode of low back pain



**75% will have a favourable outcome even without treatment**



**25% will develop ongoing symptoms and limitations**

# Quality Statements

**1. Initial clinical assessment**

**2. Psychosocial assessment**

**3. Reserve imaging for suspected serious pathology**

**4. Patient education and advice**

**5. Encourage self-management and physical activity**

**6. Physical and/or psychological interventions**

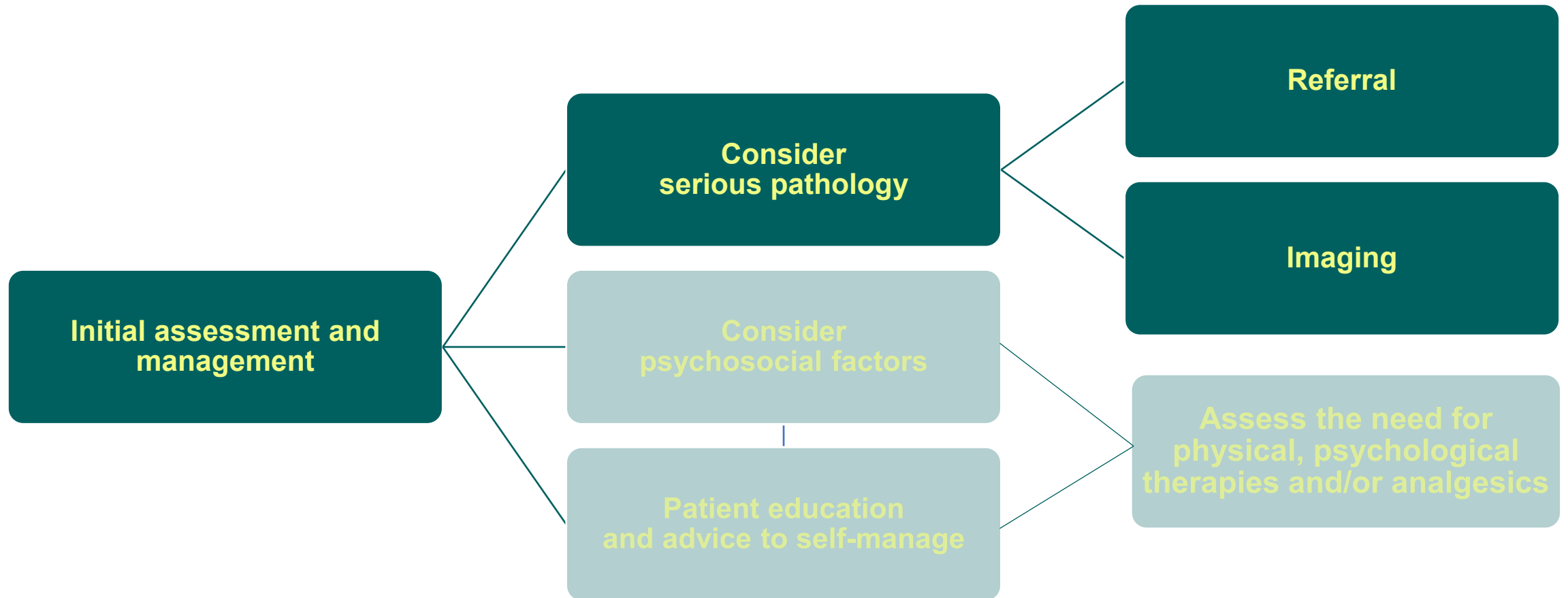
**7. Judicious use of pain medicines**

**8. Review and referral**



- ✓ **Recognise the signs of serious pathology**
- ✓ Provide evidence-based care once serious pathology has been ruled out
- ✓ Avoid unnecessary interventions

# Recognise the signs of serious pathology

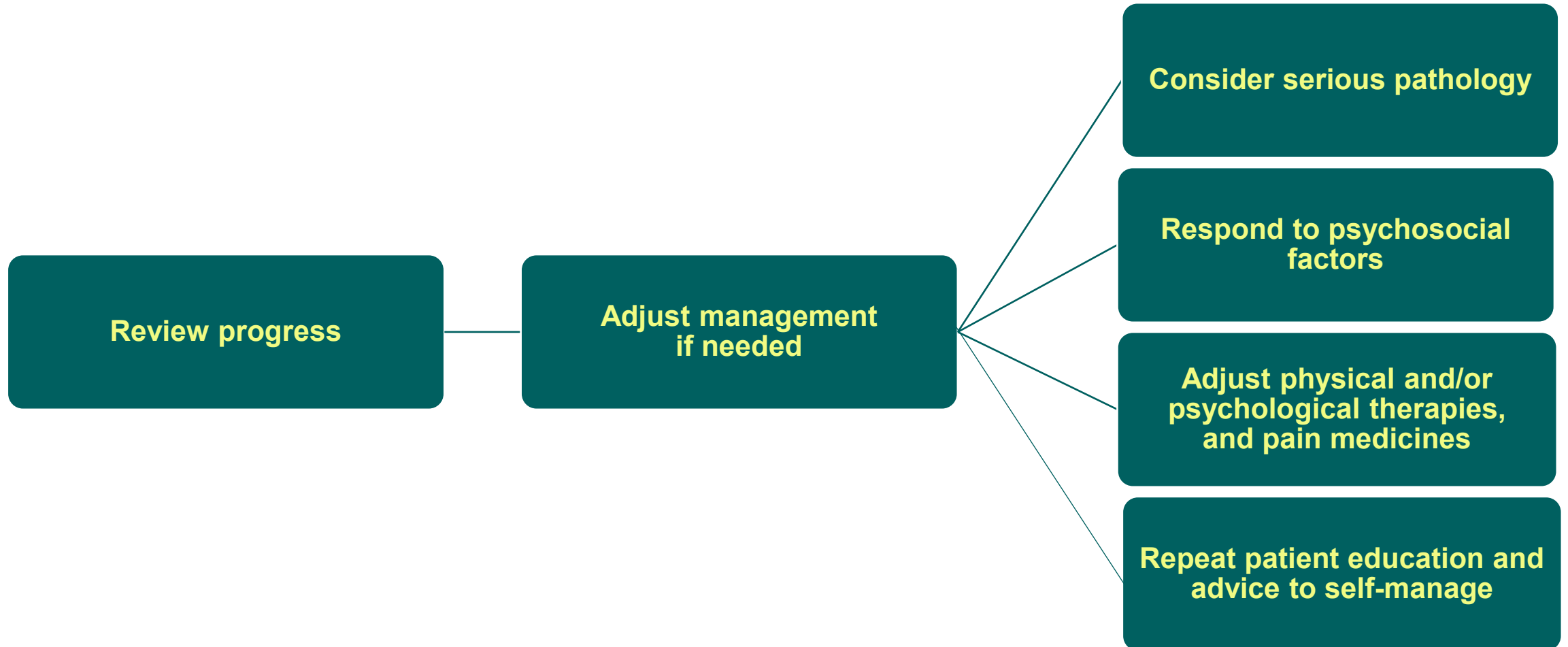


- ✓ Recognise the signs of serious pathology
- ✓ **Provide evidence-based care once serious pathology has been ruled out**
- ✓ Avoid unnecessary interventions

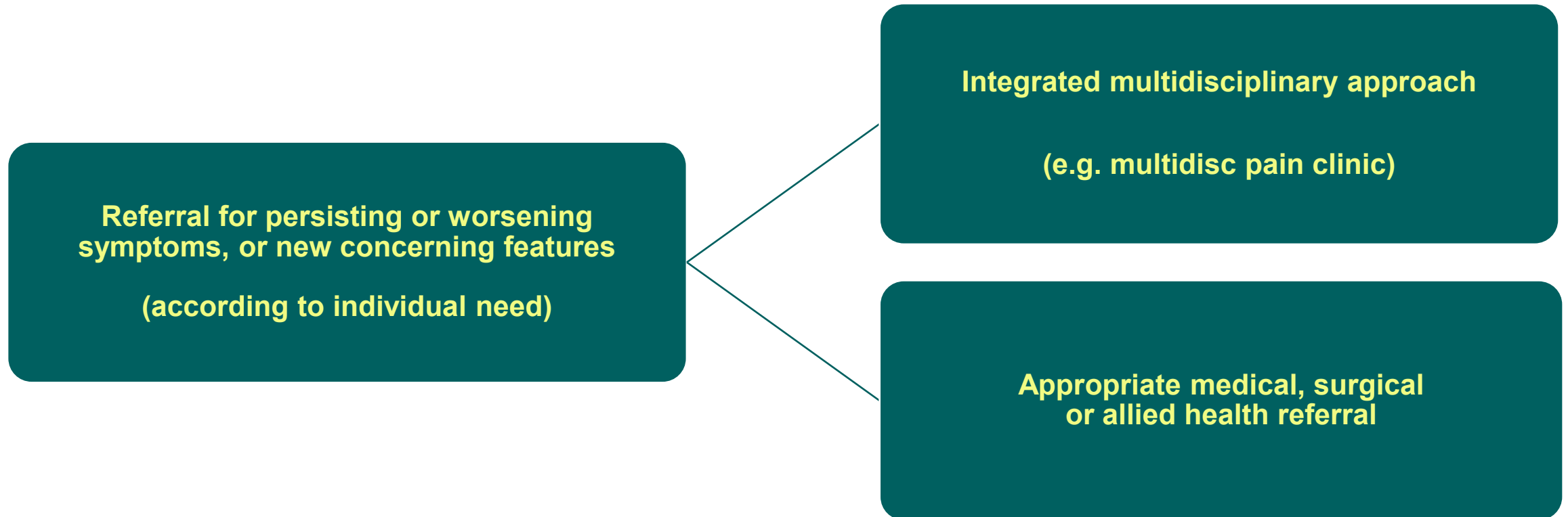
# Provide evidence-based care



# Provide evidence-based care (review/reassess)



# Provide evidence-based care (further referrals)



- ✓ Recognise the signs of serious pathology
  - ✓ Provide evidence-based care once serious pathology has been ruled out
- ✓ **Avoid unnecessary interventions**



Remember  
most acute low  
back pain will  
**resolve**  
**without**  
**intervention**



Provide advice  
and support  
**self-**  
**management**



**Always review**  
**a patient**  
if their progress  
is not following  
the expected  
pattern



**We've done a good assessment and I'm not concerned that you have any of the serious causes of low back pain**

**Remember that your back is strong**

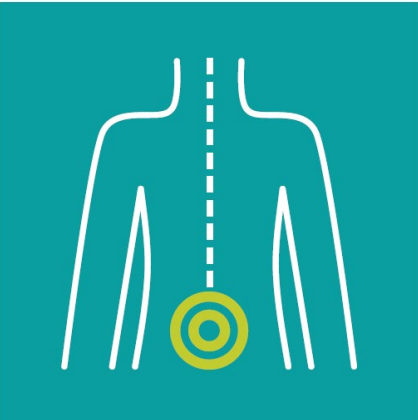
**There are a lot of things you can do to help manage your pain**

More tips for discussing low back pain:

**[safetyandquality.gov.au/lowbackpain-ccs](https://safetyandquality.gov.au/lowbackpain-ccs)**

AUSTRALIAN COMMISSION  
ON SAFETY AND QUALITY IN HEALTH CARE

Clinical Care  
Standards



## Low Back Pain Clinical Care Standard

September 2022

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**INFORMATION**  
for clinicians

## Low Back Pain Clinical Care Standard

Low back pain refers to pain felt in the lower part of the spine (lumbar spine) located between the twelfth rib and the inferior buttock crease. It is often accompanied by pain in one or both legs.

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 which tests and treatments are most effective in managing low back pain.

It covers the early management of an acute presentation of low back pain that is a new, recurrent or an exacerbation of chronic low back pain. However it does not describe the ongoing management of chronic low back pain.

**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.

**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.

**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.

**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.

Low Back Pain Clinical Care Standard 2022 | 1

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**QUICK GUIDE**  
for general practitioners

## Low Back Pain Clinical Care Standard

Quick guide for general practitioners

This quick guide outlines the care described in the Low Back Pain Clinical Care Standard for patients presenting to their general practitioner for a new acute episode of low back pain.

**1. Conduct an initial clinical assessment**

**ASSESS** patients early in each new presentation of low back pain. Include:

- Targeted history (pain, past history, functional capacity and alerting features for specific and/or serious pathology)
- Physical examination
- Focused neurological examination for patients with low back pain with leg pain
- Exclusion of differential diagnoses (such as nephritis colitis, hip osteoarthritis, aortic dissection).

**ARRANGE**

- Appropriate investigation if specific and/or serious underlying pathology is suspected
- Follow up for monitoring or further assessment (such as psychosocial assessment using START Back or Oebrol).

**IMMEDIATELY REFER** patient to a spinal surgeon or emergency department for severe or progressively deteriorating neurological signs, suspected cauda equina compression, spinal infection or new acute neurological deficit - for example, foot drop.

**DOCUMENT** findings in the patient's medical record.

**Communication tip**  
We've done a good assessment here today and there is no indication that your back pain is associated with a serious underlying condition. While the pain can be severe, the good news is that most acute episodes of low back pain settle within a couple of weeks. In the meantime, there are a lot of things you can do to help reduce and manage your low back pain.

Quick guide for emergency departments | 1

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**INFORMATION**  
for patients

## Common questions about low back pain

Low back pain is a common problem. Here are the answers to some frequently asked questions.

**What is low back pain?**  
Back pain often feels bad, but for most people hurt does not mean harm or damage. For most people back pain comes on quickly (acute pain), but then improves or goes away within three to six weeks. However, it is common for it to come back, with some people going on to develop more persistent or chronic pain (that lasts for more than three months).

**Do I need imaging to make sure my back is OK?**  
Most back pain can be managed well without doing tests or imaging to find a specific cause. Your clinician will only refer you for some tests if they think there may be a more serious cause for your back pain. However, in most cases imaging (such as x-rays, CT or MRI scans) is not useful because:

- They can be expensive
- Some scans involve exposure to radiation
- They are unlikely to change how your condition is managed
- They often show changes that are normal for your age and may not be causing your pain.

**Could my back pain be serious?**  
Most people with back pain do not have any significant damage to their spine. The pain comes from the muscles, ligaments and joints. In a very small number of people (around 1%), back problems are caused by a serious condition such as cancer, inflammatory problems, infection, fracture or compression of the nerves in the spine. However, this is very rare and your clinician will check for these causes.

**How can mood or stress affect my back pain?**  
Many things can contribute to your experience of pain, including your general mood, your beliefs about pain, financial problems, anger, depression, job dissatisfaction, family pressures, and stress. It is important to treat emotional distress as well as the physical causes of your pain. Completing some simple questionnaires can help identify the best treatment and support. Ask your clinician about this as soon as possible.

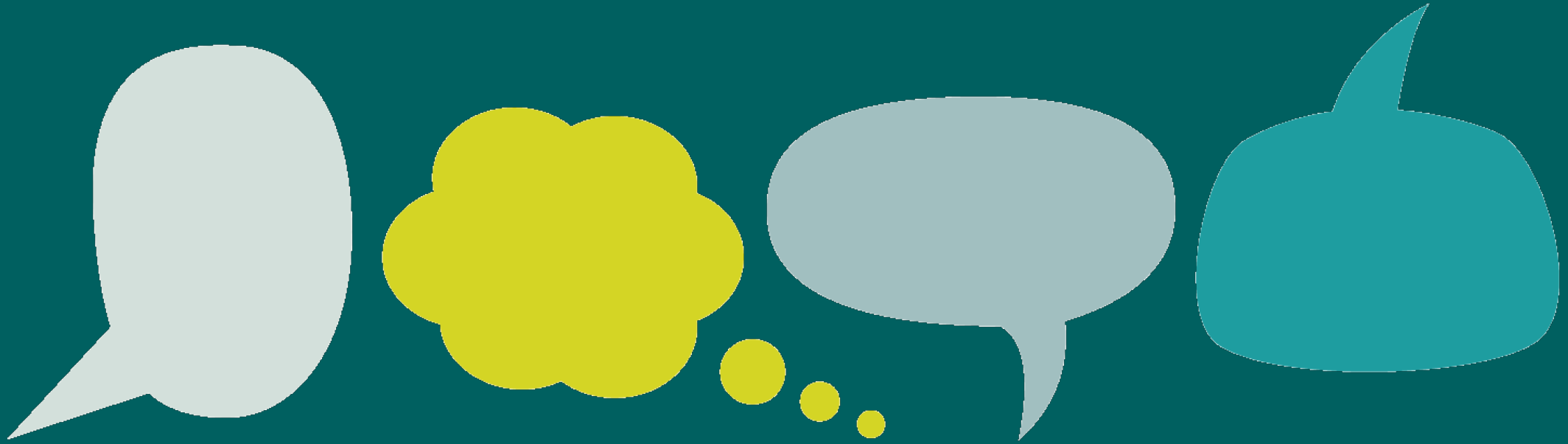
Common questions about low back pain | 1

CLINICAL CARE STANDARD

FACTSHEETS

QUICK GUIDES FOR GPs AND  
EMERGENCY DEPARTMENTS

INFORMATION FOR  
CONSUMERS



# Panel Discussion

[safetyandquality.gov.au/lowbackpain-ccs](https://safetyandquality.gov.au/lowbackpain-ccs)

