

Acute-subacute low back pain guide

AIM

Assess

Allow sufficient time during a consultation to discuss and identify beliefs, expectations and fears that workers might have about their condition and its management.

Aim to early identify and address factors that may influence management. These include the occurrence of trauma and other red flags; psychosocial factors including yellow flags.

Avoid imaging (plain X-ray, MRI or CT) in the early management of workers with low back pain unless justified by a clinical suspicion of a serious underlying condition (a red flag).

Assess the workers ability to return to safe and suitable work.

Inform

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Inform the worker that pain does not mean the injury is getting worse – explain the difference between hurt and harm.

Instruct the worker to gradually resume normal activity despite some pain. Bed rest should be discouraged.

Inform the worker that in the majority of cases the most accurate diagnosis is ‘non-specific low back pain’.

Inform the worker that most low back pain regardless of diagnosis is treated in the same way.

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Manage an early return to work by discussing suitable work duty options with the worker and the workplace.

Manage each worker using an approach that includes awareness of the individual worker’s psychosocial issues, advice, education and exercise.

Monitor and assess the progress of the worker using regular reviews and measures of symptoms and function.

Make it a priority to activate a structured workplace intervention (eg, graded activity, worksite assessment, contact with the employer) for workers who have not returned to work after four weeks.

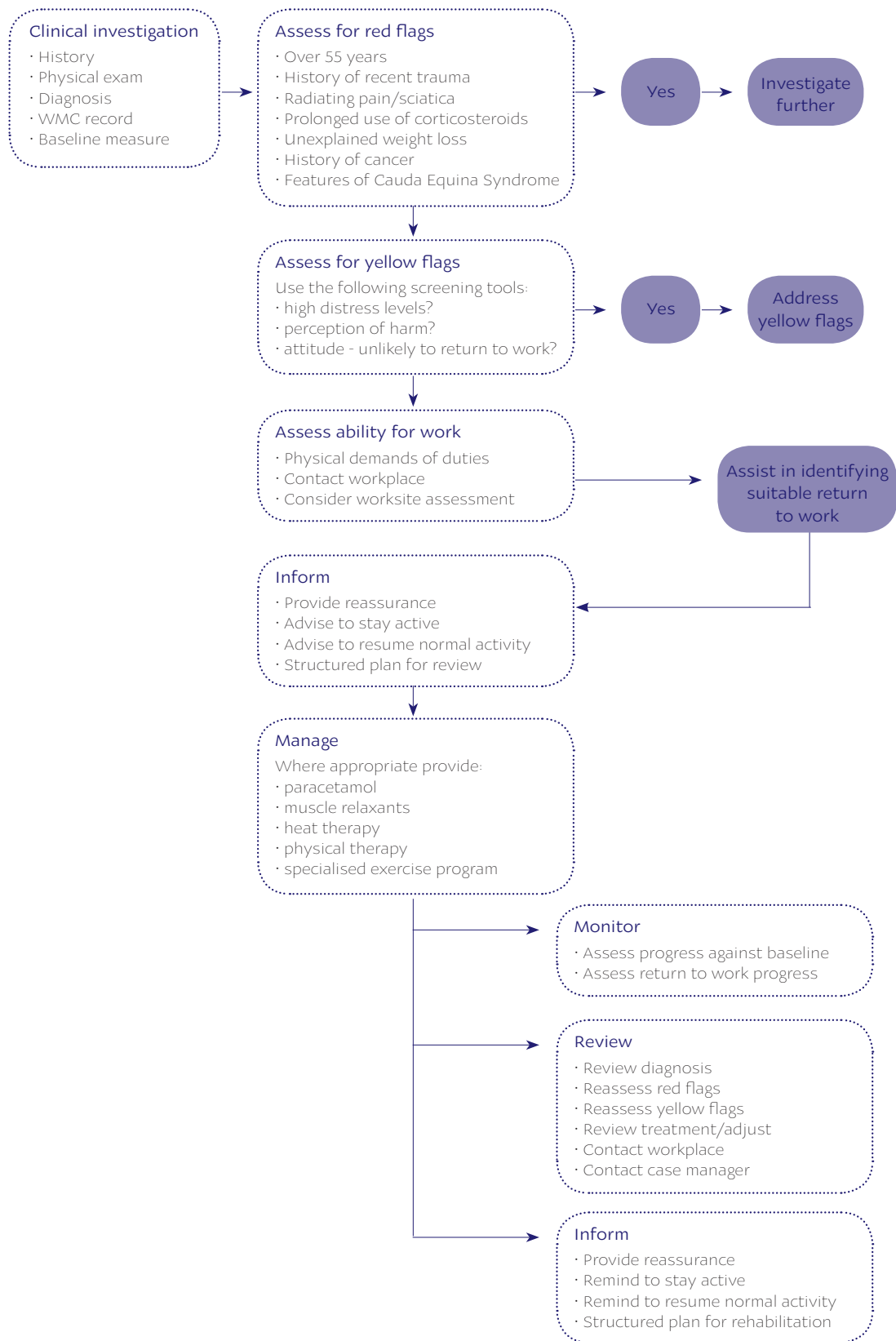
Make a referral to a vocational rehabilitation provider via the worker’s case manager if recovery is not as expected.

Manage and monitor

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Management algorithm



Initial contact

Up to 4 weeks

4-12 weeks