**HIGH RISK**

**SUGGESTED EMERGENT CONSULTATION**

**SYMPTOMS AND LABS**
History of trauma and radiologic studies indicating fracture

**SUGGESTED PREVISIT WORKUP**
Lumbar x-rays to rule out fracture or bone lesion for at risk only
CT scan or MRI only if neurologic findings or history of trauma or concern for underlying medical condition

**MODERATE RISK**

**SUGGESTED CONSULTATION OR CO-MANAGEMENT**

**SYMPTOMS AND LABS**
Belief that LBP is harmful
Fear of avoidance of activity
Tendency to low mood, withdrawal from social interaction
Expectation of passive treatment
Social or financial problems

**SUGGESTED WORKUP**
Early referral to active PT
Reassurance and education
Avoid terms such as “DDD”, “Severe arthritis” and “torn disc”
Consider pain psychology for high risk dela

**SUGGESTED MANAGEMENT**
Consider medication to only support activity
Spine Center consult after 6 weeks of conservative care if patient not improving
If some improvement continue with conservative care and independent management

**LOW RISK**

**SUGGESTED ROUTINE CARE**

**SYMPTOMS AND LABS**
Pain with no neuro deficit
Axial spine pain
Patient maintains activity

**CLINICAL PEARLS**

- Delayed recovery for axial low back pain may have both anatomic and psychologic factors.
- It is important not to medicalize treatment with patient self-management encouraged.

These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.