### SUGGESTED PREVISIT WORKUP

#### HIGH RISK
- Lumbar MRI (contrast if previous surgery within 10 years)
- CT scan if MRI contraindicated

#### MODERATE RISK
- Lumbar MRI (contrast if previous surgery)
- CT scan if MRI contraindicated

#### LOW RISK
- Hold on MRI until trial of conservative care
- Oral steroids, PT, manual medicine, analgesic support

### SYMPTOMS AND LABS

#### HIGH RISK
- Rapidly progressive motor loss
- Bowel/Bladder incontinence/retention
- Motor loss impairing safety
- Perineal numbness
- ‘Red Flags’: signs of infection, significant weight loss/high cancer risk, recent trauma

#### MODERATE RISK
- Mild motor loss greater than 4/5
- Significant sensory deficit
- Uncontrolled pain

#### LOW RISK
- Incidental finding of lumbar disc herniation on MRI with no neurologic deficit and minimal to no leg pain
- Unilateral paresthesia
- Back pain with no/mild leg involvement

### CLINICAL PEARLS

- 80-90% will improve with conservative care.
- Surgery is rarely indicated prior to 6 weeks of conservative care with stable neuro exam.
- Monitoring patient beliefs about back pain is important to minimize delayed recovery.