Low Back Algorithm 1. Initial Evaluation of Acute and Subacute Low Back and Radicular Pain

Patients with activity intolerance due to low back pain and/or back-related leg symptoms.

Focused medical and work histories and physical examination to search for red flags. Examination includes neurologic screening and straight leg raise test and crossed SLR tests.

Any red flags or symptoms of spinal stenosis?

Red flags for dissecting or ruptured abdominal aortic aneurysm.

Red flags for spinal fracture.

Red flags for cancer, infection.

Red flags for cauda equina syndrome or rapidly progressing neurologic deficit.

Evidence of serious disease?

Evidence of nonspinal problems causing back complaints?

For low probability, sonography. For high probability, emergent CT or MRI scan.

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Plain-film radiography of lumbosacral spine. If negative after 10 days and fracture still suspected or multiple sites of pain, obtain spiral CT. Consider consultation if result is positive or ambiguous.

CBC, ESR, U/A.* In cancer or infection, plain-film radiography may be negative. Consider bone scan. Consultation if studies positive.

Immediate consultation for studies and/or render definitive care.

In absence of red flags, diagnostic testing is not helpful in the first 4 weeks for either low back or radicular pain.

If symptoms of pseudo-claudication, treat with NSAIDs, progressive exercise, and surgery if severe or fails to improve sufficiently.

Go to Algorithm 6

Exit Algorithm

*Including protein electrophoresis, if protein positive.