Guideline:  Management of Acute Low Back Pain in Adults

Released:  March 2018

This alert provides a summary of updated recommendations.  Refer to the complete guideline for all recommendations and level of evidence.

**Updated recommendations include:**

**Patients with low risk of serious pathology, i.e., no red flags**

**Testing/Assessment:**
Detailed history and physical exam, with attention to strength, reflexes, spine percussion, *segmental mobility.*
Assess pain and function (activities of daily living; ability to work, exercise, and perform household tasks).

**Medication Strategies:**
Opioids are generally not indicated as first-line treatment, and early opioid use is associated with longer disability.  If prescribed, limit to short-term (i.e., one week or less), and only after assessing for risk of addiction or misuse.  Avoid co-prescribing opioids with benzodiazepines, muscle relaxants, or hypnotics due to high risk of respiratory depression or death.  For more information on opioid prescribing, see [MQIC opioid guideline](#).

**Identification and management of potential/suspected serious pathology (red flags and high index of suspicion)**

**Cauda Equina Syndrome**
Management:  Refer to hospital emergency department for evaluation and definitive care

**Cancer** history of cancer or cancer risks (age > 50; insidious onset of pain; no relief at bedtime or worsening when supine; constitutional symptoms, e.g., fever, unexplained weight loss; male with diffuse osteoporosis).

**Epidural Hemorrhage**
Management:  Refer to hospital emergency department for emergency studies and definitive care; reversal or anticoagulation as needed.

*see MQIC low back pain tools*