

Back Pain

Initial Evaluation and Treatment

The majority of acute low back pain cases require little diagnostic work-up and are responsive to conservative management. A thorough clinical history and physical is however necessary to evaluate for red flags that would indicate further evaluation.

Etiologies of Low Back Pain

- Mechanical (85%): Paraspinal muscle strain, degenerative disk or joint disease, spinal deformity, vertebral fracture, spondylolisthesis (gymnasts & offensive lineman)
- Neurological (10%): Herniated disk, spinal stenosis
- Non-mechanical (1%): Neoplastic, infection, inflammatory
- Referred visceral (1%): GI disease, AAA, renal disease
- Other (3%): Fibromyalgia, psychosomatic, malingering



Red Flags

- Major trauma (minor in elderly)
- Age <15 or >50 years old
- History of signs of malignancy (ie. night pain, weight loss)
- Recent fevers or chills
- History of IV drug use
- Immunocompromised
- Saddle anesthesia
- Urinary or bowel incontinence
- Progressive neurological deficits
- Unrelenting pain



The presence of red flags necessitates additional diagnostic studies otherwise a trial of conservative management may be started without additional work-up

Treatment

- Acetaminophen vs NSAIDs for pain control with avoidance of narcotics
- Physical therapy and low-stress exercise
- Avoid immobilization and bed-rest
- Patient education regarding prognosis and observation for red flags
- Traction, transcutaneous electrical nerve stimulation, acupuncture, orthosis, prolotherapy, and triggerpoint injections remain controversial
- Surgery indicated for cases with acute neurological deficits and pain secondary to mechanical disease recalcitrant to conservative management

