

Protocol for Patients Presenting with Lower Back Pain

Any male and non-pregnant female adults with pain in the lower lumbar spinal region for more than 7 days of the past 4 weeks.

Screen danger signs/symptoms

- progressive physical deficits
- fever greater than 1 week
- pain at rest or at morning awakening without relief
- distal numbness or weakness
- loss of bowel or bladder control
- saddle anesthesia.
- history of high-impact trauma
- weight loss
- night sweats

Danger Sign Present

- evaluation by physician
- refer for lower spinal X-Ray if mechanical process suspected; if positive, immobilize and refer to orthopedic surgeon
- if neoplasm suspected, see neoplasm protocol

Danger Sign Absent

Symptomatic Management of Uncomplicated LBP/Sciatic Back Pain

Counseling Points

- use of massage by family members to ease pain
- use of warm compresses to loosen muscles (keep dry towel over any wet towel)
- stretching prior to work
- demonstration of good posture for lifting heavy items and for working in fields: using legs, keeping back straight
- symptomatic medicines will help you feel better but will not cure the problem

Preferred Medicines

Paracetamol 500 mg to 1 gram PO QID as needed (dispensed by an outside pharmacy)

Alternative Medicines

Diclofenac 100 mg PO BID as needed (dispensed by an outside pharmacy)

Notes (typically do not need to be printed out at the clinic; just for reference and documentation)
Presently, the primary function of this protocol is to ensure that LBP is not indicative of a more easily treatable condition. Eventually, given its high prevalence in the community and clear impact on quality of life, we need to develop a better primary care approach to non-specific LBP that includes some element of physical rehabilitation.