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Low Back Pain in Adults: An Approach to Acute and Chronic Cases

Practice Based Small Group Learning Programme

INTRODUCTION

Almost all adults will have a least one episode of low back pain in their lifetime, making it one of the most common presentations in general practice. Although acute low back pain is almost always benign and resolves in a few weeks, it is essential to rule out serious underlying pathology. Optimal treatment of acute low back pain can prevent the development of chronic low back pain in many patients.

OBJECTIVES

This module will enable clinicians to:

- Evaluate and appropriately investigate acute and chronic low back pain.
- Prescribe non-pharmaceutical and pharmaceutical treatments for acute and chronic or recurrent low back pain.
- Reduce the likelihood of patients developing chronic low back pain.

CASES

Case 1: Patrick, age 23

Patrick is an active university student. He works out regularly in the gym, lifting weights and occasionally playing football with his friends at the weekend. He does not remember any specific trauma, but has had one week of acute low back pain which he rates as 6/10, radiating to the right leg. He has tried some ibuprofen 200 mg TID without relief and has been sedentary since the onset of his pain.

What further information would you like?

Part Two

This is Patrick's first episode of back pain. He has no bowel or bladder symptoms, and does not complain of any weakness or numbness in his legs. His pain is primarily in his back, worse with activity and a bit better with rest. It does not wake him at night, although he often has difficulty finding a comfortable position before he falls asleep. His pain is slightly better in the morning when he first wakes up but then becomes worse as he moves around. He has no morning stiffness. He otherwise feels well and has not lost any weight. He has no other joint complaints. He has never used street drugs. Overall, there is no history of depression or anxiety and he is not on any regular medication. He is worried because his uncle had back pain and was subsequently diagnosed with cancer. Based on some reading online, he would like an MRI and something stronger for the pain. He is also worried about making his pain worse with exercise so he has not been to the gym since the pain started.

On examination, there is no tenderness on midline palpation of his lumbar spine. He has significant palpable spasm over the paraspinal muscles bilaterally. His pain appears worse with flexion where it is limited to about 60 degrees. Lower extremity strength testing is normal. Knee and ankle reflexes are present and equal bilaterally; plantar reflex is down going. Straight leg raising does not reproduce his back pain, but he has pain in his hamstrings. Sensation, including saddle sensation, is normal. Examination is otherwise unremarkable.