

Acute low back pain <6wk	Sub acute low back pain 6-12wk	Chronic low back pain >12wk
<ol style="list-style-type: none"> 1. Serious spinal pathology (infection, malignancy, fracture, inflammatory causes) 2. Nerve root pain (sciatic nerve trapped in L/S spine, or in muscles of back or buttock that are in spasm) – can take up to 2 months to resolve 3. Non-specific low back pain (often triggered by minor sprain or strain) – usually resolves within 2 weeks 		
<p>Aim to relieve pain, improve function, prevent recurrence of pain, prevent chronic pain</p>		
<p><u>Assessment</u></p> <ol style="list-style-type: none"> 1. Ask about red flags 2. Ask about nerve root pain 3. Examine all patients 4. Examine joints close to the back (eg. hip) 		
<p>Review if symptoms not improving within 4-6 weeks, or if worsening. At review assess for serious spinal pathology, nerve root pain, yellow flags</p>		
<p><u>Examination</u></p> <ul style="list-style-type: none"> • Inspection of back & spine • Palpation of vertebral column, paraspinal muscles, gluteal muscles • Testing for ROM of back • Examination of the hips • SLR and sciatic stretch test • Tone, power, reflexes, sensation of lower limbs 		
<p><u>Straight Leg Raise</u></p> <ul style="list-style-type: none"> • Positive if pain <70 deg • Below 30 deg the sciatic nerve is not stretched – if leg cannot be flexed beyond 30 deg, consider non-back cause for pain (eg OA) 		
<p><u>Sciatic Stretch Test</u></p> <ul style="list-style-type: none"> • Dorsiflex foot with leg raised – test positive if <i>further</i> discomfort in thigh, buttock, calf. Bent knee relieves 		
<p><u>Schober's Test</u></p> <ul style="list-style-type: none"> • Mark where PSIS meets vertebral column (L5) • Mark 5cm below and 10cm above this • Slowly bend forward, try to touch toes • Distance between two should increase 5cm • <5cm is positive (could indicate eg. Ank Spond, sacroiliitis, spinal deformity) 		
<p><u>Spinal cord compression</u></p> <ul style="list-style-type: none"> • Thoracic vertebra common site • Weakness & abnormal sensation lower limbs • Pain over vertebrae • Urinary retention • Faecal incontinence <p>The spinal cord ends at L1/2. Compression above this level causes UPPER motor neurone signs:</p> <ul style="list-style-type: none"> • Increased tone in limbs • hypERreflexia • UPgoing plantars 		
<p><u>Cauda equina syndrome</u></p> <ul style="list-style-type: none"> • Compression of spinal cord <i>below</i> L2 • Cauda equina contains nerve roots of L1-5 and S1-5 <p>Causes LOWER motor neurone signs:</p> <ul style="list-style-type: none"> • Reduced tone in limbs • Absent /reduced reflexes • DOWNgoing plantars 		