

Evidence-based Co-management of Low Back Pain (LBP)⁽¹⁻²⁸⁾

Imaging reserved for:⁽²⁴⁻²⁸⁾

- Significant trauma
- Neuro deficits
- Red flags (scan to view)



LBP without red flags or neuro weakness

Patient reassurance, advice to stay active, heat, agreement on management strategy

Pharmacologic

- NSAIDs
- Muscle relaxants
- Etc.

Co-management

Non-pharmacologic

- Spinal manipulation
- Soft tissue massage
- Exercise therapy
- Acupuncture

Current ACP and other international clinical practice guidelines for acute, sub-acute, and chronic LBP recommend early inclusion of spinal manipulation.⁽¹⁻⁸⁾ This recommendation is based upon multiple studies that show incorporating spinal manipulation into LBP treatment plans significantly improves clinical outcomes.⁽⁹⁻²³⁾

2-3 week reassessment - Progressing toward goals?

No

Thorough reassessment of history, exam and risk factors. Consider imaging or advanced imaging

Yes

Release, or continued care with transition to active interventions (exercise, ADL's)

Presence of any red flags, neuro weakness, severe canal stenosis, or other significant findings.

Yes

Advanced diagnostic work-up and consideration for specialist referral.

No

Change of treatment plan to include multidisciplinary options that have not yet been employed (above). Reassess in 2-3 weeks.

