

# Evidence-based Co-management of Low Back Pain (LBP)<sup>(1-28)</sup>

Imaging reserved for:<sup>(24-28)</sup>

- 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.<sup>(1-8)</sup> This recommendation is based upon multiple studies that show incorporating spinal manipulation into LBP treatment plans significantly improves clinical outcomes.<sup>(9-23)</sup>

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.

