### Module A: Initial Evaluation of Low Back Pain

1. **Adult patient with LBP**

2. Perform a focused history and physical examination, evaluating:
   - Duration of symptoms
   - Red flags for potentially serious conditions
   - Presence and severity of radiculopathy and/or neurologic deficits
   - Psychosocial risk factors (see Recommendation 4)

3. Are there progressive or otherwise serious neurologic deficits or other red flags (e.g., signs, symptoms, history) for serious conditions? (see Sidebars 1 and 2)

4. Perform appropriate evaluation for serious conditions (see Sidebar 1 and Recommendations 1 – 3)

5. Are serious conditions identified?

6. Address any serious conditions as indicated; consider specialty consultation

7. **Is back pain chronic (≥3 months)?**
   - Yes
     - **Has the patient had appropriate treatment?**
       - Yes
         - Go to Module B, Box 18 (assess treatment response)
       - No
         - If no, continue to Step 8.
     - No
       - Engage the patient in a shared decision making process to develop individualized care plan:
         - Advise about self-care
         - Discuss noninvasive treatment options:
           - Pharmacologic
           - Non-pharmacologic
         - Watchful waiting
         - Arrive at a shared decision regarding treatment
       - Go to Module B, Box 18 (assess treatment response)

8. **Has the patient had appropriate treatment?**
   - Yes
     - Go to Module B, Box 18 (assess treatment response)
   - No
     - Continue self-care; re-assess in primary care as appropriate

9. **Did the patient choose pharmacologic and/or non-pharmacologic treatment?**
   - Yes
     - Go to Module B, Box 18 (assess treatment response)
   - No
     - Continue self-care; re-assess in primary care as appropriate

10. **Are there progressive or otherwise serious neurologic deficits or other red flags (e.g., signs, symptoms, history) for serious conditions?** (see Sidebars 1 and 2)

11. **Has back pain been chronic (≥3 months)?**
    - Yes
      - Go to Module B, Box 18 (assess treatment response)
    - No
      - Continue self-care; re-assess in primary care as appropriate

12. **Is the patient on treatment?**
    - Yes
      - Go to Module B, Box 18 (assess treatment response)
    - No
      - Go to Module B, Box 16 (untreated LBP)

### Sidebars

#### Sidebar 1: Evaluation for Possible Serious Conditions

<table>
<thead>
<tr>
<th>Possible Serious Conditions</th>
<th>Red Flags (e.g., signs, symptoms, history)</th>
<th>Suggested Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cauda equina syndrome or conus medullaris syndrome</td>
<td>• Urinary retention&lt;br&gt; • Urinary or fecal incontinence&lt;br&gt; • Saddle anesthesia&lt;br&gt; • Changes in rectal tone&lt;br&gt; • Severe/progressive lower extremity neurologic deficits</td>
<td>• Emergent MRI (preferred)</td>
</tr>
<tr>
<td>Infection</td>
<td>• Fever&lt;br&gt; • Immunosuppression&lt;br&gt; • IV drug use&lt;br&gt; • Recent infection, indwelling catheters (e.g., central line, Foley)</td>
<td>• MRI&lt;br&gt; • ESR and/or CRP</td>
</tr>
<tr>
<td>Fracture</td>
<td>• History of osteoporosis&lt;br&gt; • Chronic use of corticosteroids&lt;br&gt; • Older age (≥75 years old)&lt;br&gt; • Recent trauma&lt;br&gt; • Younger patients at risk for stress fracture (e.g., overuse)</td>
<td>• Lumbosacral plain radiography&lt;br&gt; • For inconclusive results, advanced imaging as indicated</td>
</tr>
<tr>
<td>Cancer</td>
<td>• History of cancer with new onset of LBP&lt;br&gt; • Unexplained weight loss&lt;br&gt; • Failure of LBP to improve after 1 month&lt;br&gt; • Age &gt;50 years&lt;br&gt; • Multiple risk factors present</td>
<td>• MRI&lt;br&gt; • Lumbosacral plain radiography</td>
</tr>
</tbody>
</table>

*Consider specialty consultation

> MRI, excep't where contraindicated (e.g., patients with pacemakers), otherwise CT or CT myelogram
> MRI without and with contrast, excep't where contraindicated (e.g., renal insufficiency)

Access to the full guideline and additional resources is available at: [https://www.healthquality.va.gov/](https://www.healthquality.va.gov/)
### Sidebar 2: Evaluation for Possible Other Conditions

<table>
<thead>
<tr>
<th>Possible Other Conditions (e.g., signs, symptoms, history)</th>
<th>Red Flags</th>
<th>Suggested Evaluation</th>
</tr>
</thead>
</table>
| **Herniated disc**                                        | • Radicular back pain (e.g., sciatica)  
• Lower extremity dysesthesia and/or paresthesia        | None     |
|                                                            | • Severe/progressive lower extremity neurologic deficits  
• Symptoms present > 1 month                            | MRI      |
| **Spinal stenosis**                                       | • Radicular back pain (e.g., sciatica)  
• Lower extremity dysesthesia and/or paresthesia        | None     |
|                                                            | • Neurogenic claudication  
• Older age                                                 | MRI      |
| **Inflammatory LBP**                                      | • Morning stiffness  
• Improvement with exercise  
• Alternating buttock pain  
• Awakening due to LBP during the second part of the night (early morning awakening)  
• Younger age                                               | Radiography of pelvis, SI joint, and spine area of interest |

- **Red Flags**
- **Suggested Evaluation**

- **Notes**:
  - a These conditions usually do not require urgent diagnostic evaluation
  - b Consider specialty consultation
  - c Some patients may have contraindications to MRI, contrast usually not required

### Sidebar 3: Management of Low Back Pain

<table>
<thead>
<tr>
<th>Category</th>
<th>Interventions (listed alphabetically by category)</th>
<th>Low Back Pain Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-care</td>
<td>Advice to remain active</td>
<td>Acute &lt; 4 Weeks</td>
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<tr>
<td></td>
<td>Acupuncture</td>
<td>Subacute or Chronic ≥ 4 Weeks</td>
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<tr>
<td></td>
<td>CBT and/or MBSR</td>
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<td></td>
<td>Clinician-directed exercise program</td>
<td></td>
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<tr>
<td></td>
<td>Spinal mobilization/ manipulation</td>
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<tr>
<td></td>
<td>Duloxetine</td>
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<td></td>
<td>NSAIDs</td>
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<tr>
<td></td>
<td>Multidisciplinary or interdisciplinary program</td>
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</table>

- **Recommendations**
  - a Recommendations can be accessed in the full guideline. Available at [https://www.healthquality.va.gov/](https://www.healthquality.va.gov/)

**Abbreviations**
- CBT: cognitive behavioral therapy; CPG: clinical practice guideline; DoD: Department of Defense; LBP: low back pain; MBSR: mindfulness-based stress reduction; MRI: magnetic resonance imaging; NSAIDs: nonsteroidal anti-inflammatory drugs; SI: sacroiliac; VA: Department of Veterans Affairs