

Acute (<4 wks) or Subacute (>4 wks < 3 mos.) Low Back Pain



Purpose

To guide primary care physicians with decision making at the initial evaluation for acute or subacute low back pain, for adults 18 year of age and older, in the outpatient setting. (It is not a comprehensive treatment guide, nor is it meant to facilitate or direct referrals for interventions or procedures.)

Key Recommendations

Acute Low Back Pain

- Do not recommend bed rest for more than 48 hours when treating low back pain.*
- Avoid routine imaging which usually does not improve outcomes in patients with nonspecific pain. See “Additional Risk Factors” on page 2.
- In the absence of red flags, advise patient to limit bed rest and continue ordinary daily activity as tolerated.
- Opioids are rarely needed and should be prescribed cautiously.
- NSAIDs are an effective treatment for nonspecific acute low back pain.
- Possibly Acetaminophen.
- Consider muscle relaxants based on side effect profile as second line therapy.

- **Acute Low Back Pain not responding after 2 weeks or Subacute Low Back Pain**
- Continue to reassure patients that movement and activity is helpful.
- Address any fear avoidance behavior.
- Consider chiropractic/spinal manipulation therapy referral
- Consider physical therapy referral.

**Choosing Wisely. An initiative of the ABIM Foundation. North American Spine Society - Five Things Physicians and Patients Should Question. 2013. Available from: <http://www.choosingwisely.org/doctor-patient-lists/north-american-spine-society/>*