ACUTE—LOW risk of chronic LBP
(Best Care & Lowest Cost Option)

EDUCATE, REASSURE, and TREAT conservatively

Education and reassurance:
- Stay active, you’re likely to recover (Use Heat)
- NO imaging needed at this stage (patient fact sheet)
Pain meds: NSAIDS, muscle relaxant (<7 days)

SUBACUTE—MOD/HIGH risk of chronic LBP
(Best Care & Lower Cost Option)

ADD physical therapy, OMT, Chiropractic care or Acupuncture
MH Integration
- Heat, stretching, medication: NSAIDS, MR, duloxetine
- MBSR, acupuncture, Physical therapy
- OMT, CBT
- Additional options: Chiropractic

CHRONIC—HIGH risk of chronic LBP
(Best Care & Higher Cost Option)

ADD Multidisciplinary Rehabilitation,
Mindfulness based stress reduction

- Promotion of exercise, activity
- Mindfulness based stress reduction
- Electromyography biofeedback, low-level laser therapy, operant therapy
- OMT, CBT
- Pain Management Plan

FOLLOW UP in 3 to 6 weeks

Improvement—CONTINUE primary care management as described above

No Improvement—REEVALUATE for psychosocial factors; REFER to nonsurgical back specialist

MANAGE as chronic low back pain

- Promotion of exercise and everyday activity
- Mindfulness based stress reduction
- Shared decision-making - nonsurgical specialist consult before considering imaging or surgery
- Pain management plan: NSAIDS, duloxetine or tramadol and Choosing Wisely Patient Education
- Encourage patient to participate with provider in shared decision-making, including cost of care and refer to www.comparemaine.org, system resources (add link) and insurance coverage
**DIAGNOSIS**

**Low Back Pain Symptoms**

**CHECK for RED FLAGS – signs of Serious pathology or injury:**

<table>
<thead>
<tr>
<th>Low Back Pain Symptoms</th>
<th>Spinal deformity, spondylolysis</th>
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<tbody>
<tr>
<td></td>
<td>Suspected spondyloarthropathies:</td>
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<tr>
<td></td>
<td>- Ankylosing spondylitis (AS)</td>
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<td>- Reactive arthritis/Reiter's Syndrome</td>
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<td></td>
<td>- Spondyloarthropathy-associated IBD</td>
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<td></td>
<td>- Psoriatic arthritis</td>
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<td>Cauda equine</td>
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<td>Upper neuro/motor deficit</td>
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<td>Fracture</td>
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<td>Cancer</td>
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<td>Infection</td>
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</table>

NO IMAGING unless red flags present

Evaluate further; refer if needed

Consider referral to nonsurgical back specialist

EVALUATE risk of chronic LBP

TREAT (nonspecific) LBP

05/2017 Workflow Diagnosis Card for Cost of Care Conversation Initiative in Maine. Not intended to replace provider judgment with respect to individual variations and needs.