

## Acute Low Back Pain

- Diagnostics
  - For the most part, only a history and physical are required
  - Imaging is not useful in acute LBP (<4-6 weeks) without a specific indication. Typically, you are only using imaging to evaluate for red flags or causes of chronic pain.
- Red flags
  - Cauda Equina (weakness, saddle anesthesia, bowel/bladder changes). If concern for this, immediate MRI is required and patients are typically sent to the ED since same-day outpatient MRI cannot normally be obtained.
  - Concern for fracture (history of osteoporosis, steroid use, trauma)
    - Compression fracture commonly has midline tenderness and pain with extension. **4% of LBP is a compression fracture.**
  - IV drug use
  - Fever (epidural abscess, osteomyelitis?)
  - History of malignancy, unintended weight loss
- Treatment
  - NSAIDs are first-line. If using Toradol injection, 15mg is non-inferior to higher doses for MSK-related pain. Topical diclofenac can be used as an option as well.
  - - Salonpas or lidocaine patches can be used, as can capsaicin cream
    - Muscle relaxer may be helpful but has potential for harm - be sure to discuss side effects
    - Prednisone is off-label, so be sure to discuss this with patients. It may be somewhat effective in LBP with radicular symptoms, but not in LBP WITHOUT radicular symptoms. The typical dosing appears to be 20-60mg daily x 5 days.
    - **McKenzie method is key for most radicular LBP symptoms!** I recommend Bob and Brad (physical therapists) on YouTube. They have a lot of cheesy dad jokes, but I think they're excellent for most patients. [Here's a basic video on McKenzie technique from Bob and Brad.](#)
    - PT is an effective treatment. Patients are typically referred after approximately 2 weeks of symptoms since most cases will start improving by this time otherwise.
    - Longer-term LBP? Consider adding duloxetine
    - For acute LBP, opioids should be used for intractable, severe pain only.
    - [AAFP handout for patients on LBP](#)
- Prevention
  - Back braces do not prevent low back pain
  - Core strengthening exercises can prevent low back pain
- References
  - [AAFP guidelines on LBP and imaging](#)
  - [AAFP recommendations on LBP and return to work](#)
  - [Single-blinded study on 15mg vs 60mg IM Toradol injections](#)

- [Cyclobenzaprine and LBP](#)
- [Topical NSAIDs and acute MSK pain](#)
- [LBP and treatment with steroids](#)