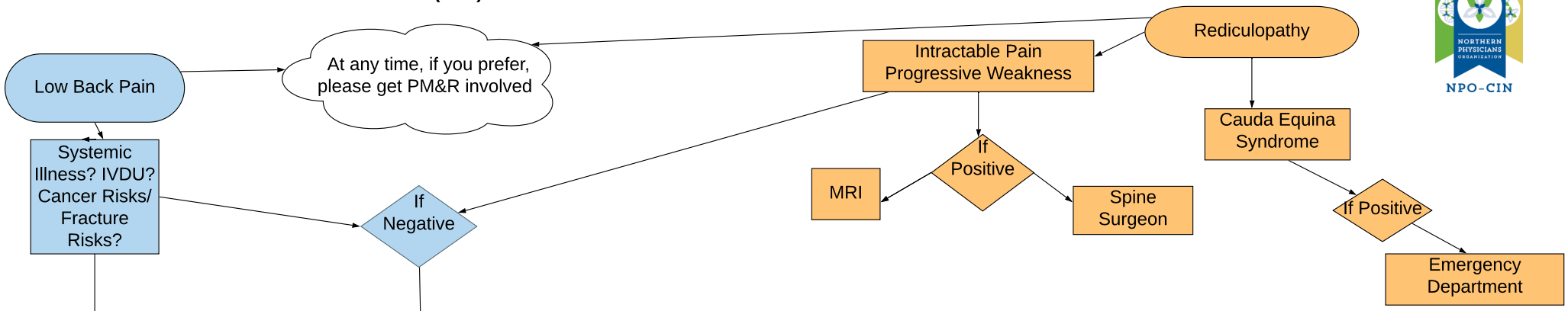
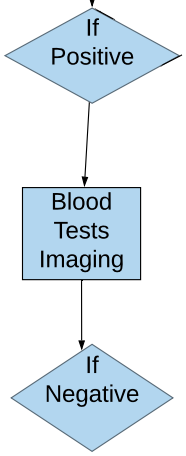
# LOW BACK PAIN (LBP) PROTOCOL




INITIATE CONSERVATIVE CARE i.e.: first visit:
·Meds: NSAIDs, ms relaxers, neuropathics, antispasticity meds, patches
·Anti-inflammatory diet: turmeric, cherry juice, flax seed, Ca/Mg/Zn/Vit D
·Manipulation: Osteopathic, PT, or Chiropractic (most effective within first 16 days

·**Physical Therapy Referral**

·Modify Activity while remaining active
·Smoking Cessation
·Topicals
·Education regarding the importance of diet and exercise (Pilates, Yoga, aquatics)
·DosePaks: if considering writing for a second one, strong consideration should be given to PT referral
Laser
May need PT visits to education patient to prevent further occurrence

PM&R/Pain Clinic Referral:
·Evaluation
Diagnostic testing, if indicated
·Interventional Pain Management: injection, possible medication changes, activity recommendations
·Referral back to Physical Therapy, Pain Psychology or other providers as indication, in conjunction with above interventions

**IDEAL PHYSICAL THERAPY REFERRAL**

Definitions:
ACUTE PAIN – 6 weeks or less
Manipulation is more effective within the first 16 days of onset of back pain
***Expect PT updates following 3-4 visits of PT (initial visit = 4 follow-up visits over 2-3 weeks)***

SUB-ACUTE PAIN 6-12 weeks
***Expect PT updates following 3-4 visits of PT (initial visit = 4 follow-up visits over 2-3 weeks)***

CHRONIC PAIN -greater than 12 weeks
***Expect PT updates following 9-10 visits to assess***

For all types of pain, PT will update physician with content:
·If improving:
- "Progress Defined" : 25-50% reduction in pain (use pain scale)

25-50%improvement in function – eg: 9% improvement in Owestry scale
- Continue PT for duration of Plan of Care (4-6 weeks), as indicated
- Discharge with HEP (Home Exercise Plan) with goal completion
- Follow up with Primary Care

·Discharge to HEP after 4 visits if patient is symptom free with a HEP, demonstrates proper body mechanics for ADLs and demonstrates an understanding of how to manage symptoms currently and in the future.
·If not improving, (<25% improvement in pain or function) or worsening of symptoms, return to PCP, recommending a referral to PM&R/Pain Clinic Specialist