

Prescription for Acute Low Back Pain

Prescription for:_____

Date:_____

☐ Try to maintain your daily activity as close to normal as possible.

☐ Help control your pain with_____

☐ Speak to your employer about modifying your work hours or duties.

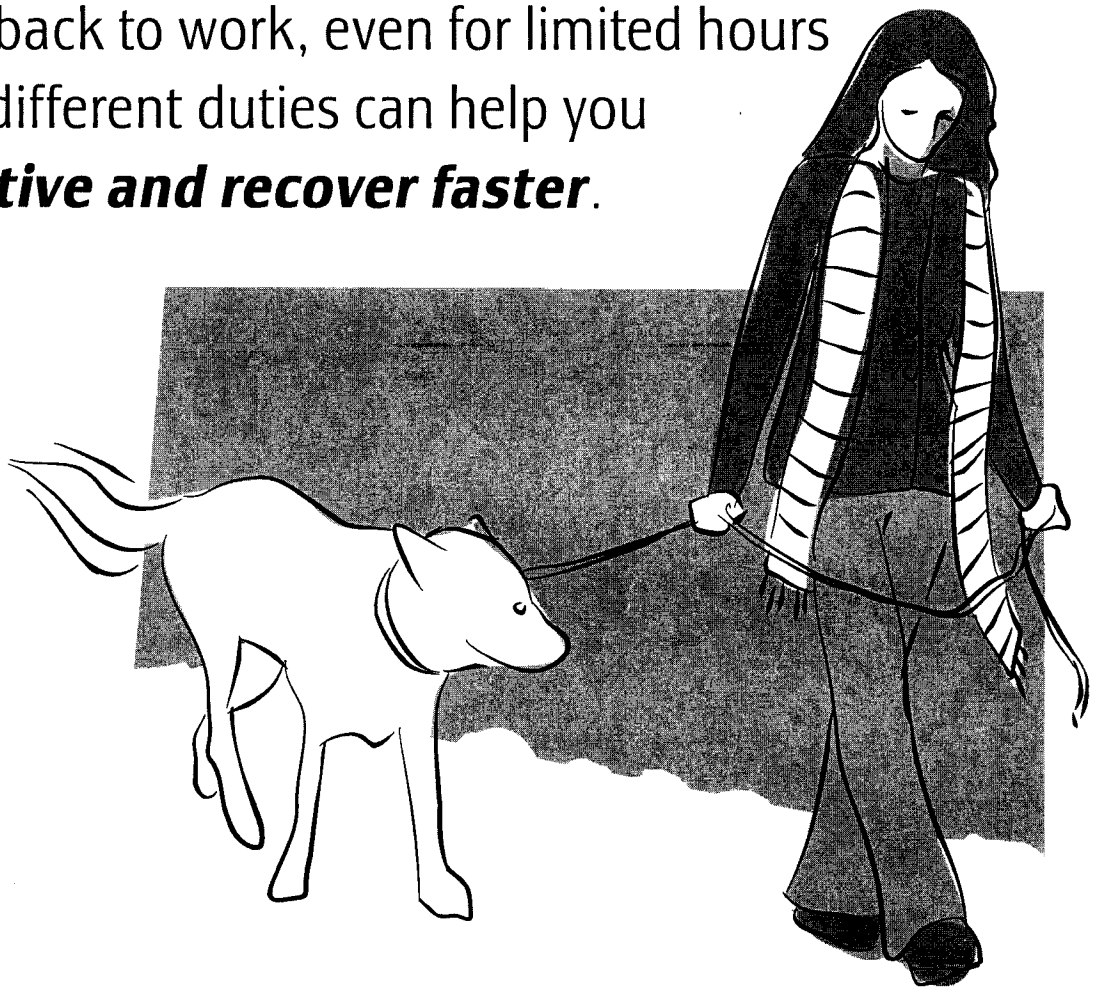
If you are not feeling better in _____weeks, come back to my office.

Please remember:

- There's no indication that you need treatment or x-rays – the pain is most likely from muscles and ligaments and will settle.
- Most people get better in a few weeks.
- The best thing you can do to hasten your recovery is to avoid bed rest and stay active.

Remember, hurt does not mean harm.

- Getting back to work, even for limited hours or with different duties can help you ***stay active and recover faster.***



What **You**
Should Know
About
Acute

Low Back Pain

Facts about acute low back pain:

- Low back pain is very common. Most of us will have an episode of low back pain at some point in our lives
- Low back pain is most often caused by back strain and resolves within a few weeks without medical treatment
- Recurrent or repeated episodes of low back pain are quite common
- The best way to prevent recurrences of low back pain is to be physically active

When should I seek professional help for acute low back pain?

- When it's severe
- When it's getting worse not better
- When you're having trouble controlling your legs or bodily functions (bowel and bladder control)
- When you're over 50, but particularly over 65, and it is your first episode of severe low back pain

Who is qualified to evaluate me?

- Family doctors, chiropractors, physical therapists, and osteopathic physicians are trained to evaluate people with acute low back pain

Will I need X-Rays, an MRI, or laboratory tests?

- Since most low back pain is caused by muscle or ligament strain, these tests will not reveal anything and therefore are not needed
- Your doctor will order tests only if another cause of low back pain is suspected and can be verified by these tests

What should I do?

- Keep moving! Staying active helps and most acute low back pain will go away, without treatment, in 4 to 6 weeks.
- If needed, take Acetaminophen or anti-inflammatory medication for the pain.
- See a health care professional if the pain is getting worse instead of better or if new symptoms appear.

What will help me recover?

- Research has shown that the following actions speed recovery:
 - Remain active
 - Return to your usual activities (bit by bit) including work as soon as you can. You may have to modify your activities to start with if they make your pain worse
 - Supervised exercise may be helpful
- Most people recover within 4 to 6 weeks without any specific treatment

Should I take pain medicines?

- Many people do not take any pain medicines for acute low back pain
- Acetaminophen (eg. Tylenol) and anti-inflammatory medication called NSAIDs (ibuprofen, eg. Advil or Motrin) can be effective
- Your doctor can prescribe other medicines if your pain is interfering with activity or is severe
- Heat and cold packs are often helpful

When should I go back to my doctor or health care provider?

- If you aren't improving after 6 weeks
- If your pain is getting worse
- If you have new symptoms
- See video on acute low back pain:
www.ihe.ca/research/lbpvideo/



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Low Back Pain, 2009
Revision, 2011

What **You**
Should Know
About
Chronic

Low Back Pain

Facts about chronic low back pain:

- "Chronic" means the pain has lasted for more than 3 months
- The longer you've had the pain, the less likely it can be cured or will go away completely
- Emotional distress and depression can be caused by chronic low back pain and make pain harder to deal with
- People with chronic low back pain can improve their daily functioning and overall quality of life
- The most effective course of action is a combination of self-management approaches in addition to care from health care providers

How do I know that my doctor hasn't missed something that can be cured?

- Family doctors, chiropractors, physical therapists, and osteopathic physicians are trained to identify both serious and curable causes of low back pain
- While it is possible that a curable cause of your low back pain has been overlooked, that is less and less likely as time passes

Who is qualified to help me?

- Family doctors, chiropractors, physical therapists, and osteopathic physicians are trained to evaluate and treat people with chronic low back pain

Do I need X-Rays, an MRI, or laboratory tests?

- Most people with chronic low back pain do not need these tests
- Your doctor will order tests only to clarify specific diagnoses

What should I do?

- Improve your pain and wellbeing by focusing on improving your day-to-day functioning. Stay active and exercise. Use pain coping skills, relaxation, and stress management to moderate your pain.
- Get involved in rehabilitation, multidisciplinary pain programs, self-management program and a support group.
- Consider acupuncture, aqua therapy or a yoga class with an instructor trained to help people with back problems.
- Take Acetaminophen or anti-inflammatory medication if needed for the pain. Your doctor can prescribe other medications as needed.

What can I do and what can be done for me?

- There is no treatment that helps everyone. Most people benefit from using several approaches
- Research has shown that the following 'self-management' approaches can help:
 - Stay active and exercise
 - Learn and use pain coping skills, relaxation, and stress management
 - Participate in active rehabilitation and multidisciplinary pain programs
- The following treatments have been studied and shown to help:
 - Acupuncture
 - Massage may be helpful if combined with activity and exercise therapy
 - A personalized exercise and active rehabilitation program designed for you by a spine care professional
- These medications have been studied and can be helpful:
 - Acetaminophen (eg. Tylenol) and anti-inflammatory medication called NSAIDs (ibuprofen, eg. Advil or Motrin)
 - Low dose tricyclic antidepressants (such as amitriptyline or nortriptyline)
 - Short courses of muscle relaxants for pain flairs with muscle spasms
 - Narcotic medications for severe pain under close medical supervision

Low Back Pain, 2009
Revision, 2011



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Rule out red flag conditions for acute low back pain

Symptoms:

- ☐ Neurological: major motor weakness, disturbance of bowel or bladder control, saddle numbness
- ☐ Infection: fever, risk of UTI, IV drug use, immune suppressed
- ☐ Fracture: trauma, osteoporosis risk
- ☐ Tumor: history of cancer, weight loss, fever, pain worse supine or at night
- ☐ Inflammation: morning stiffness > 1 hour, Age: < 20 years or > 50 years

Adapted from: The Peterborough Back Rules chart template.
G. Powell and The Peterborough Back Rules Working Group.
September, 1997.

This is a POCKET tool. www.pocketdocs.ca

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Yellow flags for back pain

Factors that increase the risk of developing or perpetuating long-term disability and work loss:

- ☐ Belief that back pain is harmful or potentially severely disabling
- ☐ Fear and avoidance of activity or movement
- ☐ Tendency to low mood and withdrawal from social interaction
- ☐ Expectation of passive treatment(s) rather than a belief that active participation will help

Adapted from: *Guide to Assessing Psychosocial Yellow Flags in Acute Low Back Pain: Risk Factors for Long-Term Disability and Work Loss*. January 1997 edition.

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