## MQIC

**Michigan Quality Improvement Consortium Guideline** 

## Management of Acute Low Back Pain in Adults

The following guideline recommends assessment, diagnosis and management of acute low back pain in adults (low back pain of ≤ 4 weeks duration).¹

Adults with low Patients with low Reasure: 90% of episodes resolve within 6 weeks regardless of treatment. [C] Advise that flare-ups may occur in the subsequent year.  Reasure: 90% of episodes resolve within 6 weeks regardless of treatment. [C] Advise that flare-ups may occur in the subsequent year.  Testing/Assessmant of the flags of the stating/Assessmant of the flags of the fl	Eligible	Key	Recommendation and Level of Evidence
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Referal:    Referal:   Folia and/or disability persists beyond 2 weeks, consider referral for physical therapy to improve strength and flexibility.   Folia and/or disability persists beyond 4 weeks, consider referral to a multidisciplinary back pain program, especially if psychosocial risks to return to work exist.			
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$\mathbf{i}$			Management: Transfer to hospital emergency department for emergent studies and definitive care; reversal of anticoagulation as needed.

<sup>&</sup>lt;sup>1</sup> Acute Low Back Pain | Acute Pain (cdc.gov)

Levels of Evidence for the most significant recommendations: A = randomized controlled trials; B = controlled trials, no randomization; C = observational studies; D = opinion of expert panel

This guideline lists core management steps. It is based on several sources, including North American Spine Society (NASS). Diagnosis and treatment of low back pain. 2020. <u>Diagnosis and Treatment of Low Back Pain - Clinical Guideline (spine.org)</u> Qaseem A, Wilt TJ, McLean RM, Forciea MA., Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline from the American College of Physicians. Ann Intern Med. 2017;166:514–530. doi: 10.7326/M16-2367.Individual patient considerations and advances in medical science may supersede or modify these recommendations.