## AXIAL LBP UNRESPONSIVE TO INITIAL CARE WITH PATIENT CONCERNS CONDITION WILL BE DISABLING REFERRAL GUIDELINE

**HIGH RISK**

**SUGGESTED EMERGENT CONSULTATION**

**SYMPTOMS AND LABS**
- History of trauma and radiologic studies indicating fracture

**SUGGESTED PREVISIT WORKUP**
- Lumbar x-rays to rule out fracture or bone lesion for at risk only
- CT scan or MRI only if neurologic findings or history of trauma or concern for underlying medical condition

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**MODERATE RISK**

**SUGGESTED CONSULTATION OR CO-MANAGEMENT**

**SYMPTOMS AND LABS**
- Belief that LBP is harmful
- Fear of avoidance of activity
- Tendency to low mood, withdrawal from social interaction
- Expectation of passive treatment
- Social or financial problems

**SUGGESTED WORKUP**
- Early referral to active PT
- Reassurance and education
- Avoid terms such as “DDD”, “Severe arthritis” and “torn disc”
- Consider pain psychology for high risk dela

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**LOW RISK**

**SUGGESTED ROUTINE CARE**

**SYMPTOMS AND LABS**
- Pain with no neuro deficit
- Axial spine pain
- Patient maintains activity

**SUGGESTED MANAGEMENT**
- Consider medication to only support activity
- Spine Center consult after 6 weeks of conservative care if patient not improving
- If some improvement continue with conservative care and independent management

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### CLINICAL PEARLS

- Delayed recovery for axial low back pain may have both anatomic and psychologic factors.
- It is important not to medicalize treatment with patient self-management encouraged.