Management of Acute Low Back Pain Flowchart

Clinical presentation: acute low back pain

History and examination

Red flags?

No

Consider differential diagnosis

Advise mobilization, avoiding bed rest

Provide appropriate pain relief

Self-care and patient education

Review and assess improvement within 2 weeks

No improvement or deterioration

Assess risk of persistent disability

Low risk

Medium risk

High risk

Refer to physiotherapist

Refer for biopsychosocial assessment

Review within 12 weeks

No improvement – consider referral

Improvement – continue management

Improvement

Consider referral if there is severe, refractory radicular pain/neurological deficit

Continue current management