State Insurance
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Model of care for the management of low back pain

10 key principles

Principle 1:

Assessment - history and examination[4,5]

A systematic and formal history and examination including the consideration of red flags is required at the outset to determine the pathway of care for each individual patient.

Principle 2:

Risk stratification[6]

Prognostic risk stratification tools, such as the STarT Back and Örebro questionnaires, stratify patients according to risk level, guiding the amount and type of treatment that they require.

Principle 3:

Only image those with suspected serious pathology[5,7,8]

Imaging is only indicated when a thorough patient history and physical examination indicates that there may be a medically serious cause for the lower back pain.

Principle 4:

Patient education[9]

From the first assessment, each person will receive one-on-one education supporting self-management. This will include advice to keep moving and try to do normal activities as much as they can.

Principle 5:

Cognitive behavioural approach[2]

The principles of cognitive behavioural therapy are used to ensure the patient is supported to understand the relationship between beliefs and behaviours, and to develop a goal-orientated plan of care.

Principle 6:

Active physical therapy encouraged[10,11]

Physical therapies will primarily be a 'hands off' approach. The emphasis is on self-management assisting the patient to understand their condition and a staged resumption of normal activities. Consultation with team members may include an allied health practitioner or practice nurse.

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Principle 7:

Begin with simple analgesic medicines[12]

Where pain medicines are required, it is best to begin with simple analgesics using time-contingent dosing. Over the counter or prescription medications can be used in the short term to help patients keep moving while they are recovering.

Principle 8:

Judicious use of complex medicines[12,13]

The goal of complex pain medicines is to enable physical activity, not to eliminate pain. In the presence of severe acute pain, some complex pain medications may be used in immediate-release formulations on a limited trial basis for a defined duration (in-line with current Therapeutic Guidelines) as part of an overall pain management strategy. Anticonvulsants, benzodiazepines and antidepressants should be avoided.

Principle 9:

Pre-determined times for review[13]

Review each individual's progress at 2, 6 and 12 weeks, if required. If there has been insufficient progress, then change the treatment plan as outlined in this summary model of care.

Principle 10:

Timely referral and access to specialist services[14]

If the patient has no improvement or worsening symptoms, consider review by musculoskeletal specialist at 6 weeks. If no improvement or worsening after 12 weeks, consider referral to multidisciplinary pain management program.

For references, please refer to the Model of care for the management of low back pain.

This extract from the Model of care has been jointly produced by the NSW Agency for Clinical Innovation and SIRA.