SUBJECTIVE:

When did your low back pain start?
Have you had back pain in the past?
Did you have a prior or recent injury?

Does your back pain radiate (below the knee)?
Does it improve when you lean forward?
Is your pain worse when you walk?

What medications have you tried?
Is your back pain making you depressed?

Are multiple areas of your spine affected?
Is the pain worse in the morning?

Have you had any fevers related in time to your back pain?
Do you have a history of chronic prednisone use?
Is your pain worse at night compared to the day?
Do you have any incontinence of urine or stool?
Do you have numbness around your buttock?

Have you been unintentionally losing weight?
Do you have any personal cancer history?

OBJECTIVE:

Gen: NAD
Skin: no rash, no discoloration
Other joints: no evidence of other joint effusions or systemic disease
Vascular: dorsalis pedis and posterior tibial pulses noted on each side
Neuro: Normal gait and mentation
- Patellar and Achilles reflexes are brisk and symmetric bilaterally
- Sensation across the dorsal, lateral, and medial foot is preserved on each side
- Able to stand on toes, stand on your heel, and to lift the great toe on each side
- Calf circumference is symmetric on each side
- Muscle strength with hip flexion 5/5 bilaterally

Spine: Extension, flexion, and sidebending of the lumbar spine are preserved
No paraspinal muscle tenderness to palpation
No bony tenderness noted over the lumbar spinous processes
No flank pain to palpation

Special Tests:

Straight Leg Test (seated active or seated passive or lying passive)

1. Seated Active: patient seated, doriflex the foot and extend the knee
2. Seated Passive: examiner extends the knee, radicular symptoms worse with ankle dorsiflexion
3. Lying Passive: Patient supine, hold the knee in full extension and passively flex the hip to an angle less than 60 degrees. If radicular pain - then it will be exacerbated with passive ankle dorsiflexion Pain radiates distal to the knee (85% sensitive & 52% specific)

Crossed Straight Leg Test

1. Passive lifting of the unaffected leg reproduces pain in opposite leg
2. This is more specific for disk disease

Slump Test

1. Slump forward with chin to chest, extend knee & ankle, then look up
2. If looking up relieves pain this is a sign of nerve root impingement

Trendelenburg Test

1. If positive hip would drop on affected side as it is raised, indicating weak hip adductors

Baseline Labs (only need to be measured once – once they turn positive):
None

Trended Labs:
Cr (if taking NSAIDs routinely)
ESR, CRP, CBC if trending a possible infectious or autoimmune source

Radiology:
Lumbar spine MRI with contrast if criteria met

ASSESSMENT: M25.50

PLAN:

Minimize NSAID usage, but these are effective. If on an aspirin take it two hours prior to the NSAID.
Options include:

2. Ibuprofen 400mg PO TID prn
3. Naproxen 250mg PO BID prn
4. Meloxicam 7.5mg PO BID prn
5. Diclofenac 50mg PO BID prn
6. Celecoxib 100mg PO BID prn

Consider a short-term course of prednisone.
If pain appears to be chronic then consider duloxetine or nortriptyline.
If preventing sleep in the short term, then a muscle relaxant could be considered.

OMT
Home exercises
Physical Therapy
Epidural steroid injection relief tends to be short-lived (but can be diagnostic prior to surgery)

EDUCATION:

NSAID Risks include:
GI toxicity: Dyspepsia, Gastroduodenal ulcers, GI bleeding
CV adverse effects: Edema, Hypertension, Congestive heart failure, Myocardial infarction, Stroke
Nephrotoxicity: Electrolyte imbalance, Sodium retention, Edema, Reduce glomerular filtration rate, Nephrotic syndrome, Acute interstitial nephritis, Re

Avoid:
Back Belts
Lying in bed more than one or two days

Discogenic Pain: The L4-L5 and L5-S1 discs account for 90% of back pain
- 60-80% of adults over age 30 are affected at some point
- 85% of patients with acute low back pain improve with time alone
  - One or two days of bed rest may help
  - Three days or more of bed rest will prolong recovery
  - 40% of patients are better in one week, 60% 3 weeks, 85% 2 months
  - Recovery may take 3-6 months. Avoid opioid dependence during this time.

Physical therapy should be started when acute pain fades. Physical therapy modalities such as application of heat, cold, and ultrasound and muscle stimulation have short term benefit. Rehabilitation exercises focusing on trunk extensors, abdominal muscles, and aerobic conditioning promote early mobilization, which is critical in treating acute back pain. The specific exercise does not matter as much as the mobilization. Sham therapy works as well as specific exercises as long as the patient is mobile.

Surgical Results are mixed

Disc Herniation – laminectomy or diskectomy
- It can resolve over time without surgery
- Nerve root compression can be due to inflammation
- The disk material compressing the canal can be resorbed

Foraminal Spinal Stenosis – Lumbar decompression surgery
- Data for this intervention are stronger than for any other surgery

Arthritis – Fusion or Disk Replacement
- Fusions tend to fail at adjacent segments and require more fusions over time