**Adult Neck and Back Pain** Management

MultiCare A

New onset neck or back pain

**Red Flags:** 

Recent Trauma

**Cancer History** 

Saddle Anesthesia

Recent infection

Fever/weight loss/rigor

Incontinence/retention

Severe or incapacitating pain

Motor deficit at multiple levels

Bowel/bladder dysfunction

Acute or progressive motor weakness

Initiate conservative management:

- medical management: NSAIDs, muscle relaxers, consider AEDs (e.g. gabapentin, Lyrica), consider short term opioids if needed
- physical therapy, chiropractic, accupuncture, yoga, massage tx
- weight loss options if appropriate (i.e. BMI > 35)
- smoking cessation counseling if appropriate
- evaluate for psychiatric or drug/etoh issues that may be contributing to pain sxs



Assess response to treatment after 4 weeks



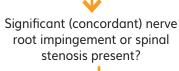
Neck/Back pain resolved or improved with no significant functional deficits?



Continue with tx plan reassess in one month New signs? Unchanged Sx? Signs or symptoms of neurological deficits, radiculopathy or spinal stenosis?



If not improving, consider diagnostic imaging (MRI) if not already done; consider referral





Consider referral for consideration of surgery or other invasive procedures

Reassess symptoms and risk factors and reevaluate diagnosis; consider further diagnostic studies (including EMG/NCV). Consider alternative sources of pain. Consider referral to physiatry.



Consider alternative pharmacologic and nonpharmacologic interventions. For significant functional deficit, consider more intensive multidisciplinary approach or referral



Consider orthopedic eval for hip or shoulder pathology, or pain specialist



Return to assessment of treatment response. Reassess treatment response (return to step A)

- 1. Stat advanced imaging
- 2. Call spine surgery

## **Acute Low-Back Pain Guidelines**

"Red Flag" screening refers to the need to evaluate for any alarming signs or symptoms requiring urgent or rapid evaluation and management, either with a surgical consultation or imaging. While the potential for these to occur is low, immediate evaluation should occur if encountered.

Possible Diagnosis	Red Flag Symptoms
Cauda Equina Syndrome	<ul> <li>Saddle anesthesia</li> <li>Motor deficit at multiple levels</li> <li>Urinary retention</li> <li>Fecal incontinence</li> </ul>
Significant or Progressive Neurologic Deficits	<ul> <li>Progressive motor weakness</li> <li>Severe or incapacitating back or leg pain (can't walk, can't do ADL's, or hospitalization required)</li> </ul>
Cancer	<ul> <li>History of cancer with new onset low back pain</li> <li>Unexplained weight loss</li> <li>Age &gt;50 ?</li> </ul>
Vertebral Infections	<ul><li>Fever</li><li>IV Drug use</li><li>Recent infection</li></ul>
Vertebral Compression Fractures or Fracture Due to Acute Injury	<ul><li>History of osteoporosis</li><li>Use of corticosteroids</li><li>Older age</li></ul>
Extra-spinal conditions	Risk factors for vascular (AAA), GU, or GI issues

## Referral:

We accept referrals through Epic or faxed to our office at 253-403-7278.

