

## BACK PAIN

The vast majority of patients presenting with non-traumatic back pain to the A&E will have 'simple mechanical back pain'. This is treated with analgesia and advice about mobilisation.

### History

This helps to differentiate mechanical back pain from some of the more serious conditions (see below)

### Examination

Ensure document:      range of movement in back  
                                 Lower limb neurological examination. Patient requires to be stripped (to their underpants) from waist down and lying on trolley from adequate examination  
                                 Abdominal examination in elderly to exclude aortic aneurysm

The diagnostic triage below will help in differentiation of simple from serious causes of back pain.

Pay particular attention to the 'Red Flag' symptoms/signs. See overleaf

### Simple Backache:

- Presentation between ages 20-55
- Lumbosacral region, buttocks and thighs
- Pain "mechanical" in nature
  - Varies with physical exercise
  - Varies with time
- Patient well
- Prognosis good
- 90% recover from acute attack in six weeks
- Referral NOT required

### Nerve Root Pain:

- Unilateral leg pain worse than low back pain
- Pain generally radiates to foot or toes
- Numbness and paraesthesia in the same distribution
- Nerve irritation signs
  - Reduced SLR which reproduces leg pain
- Motor, sensory or reflex change
  - Limited to one nerve root
- Prognosis reasonable
- 50% recover from acute attack within six weeks
- Specialist referral not usually required in 1<sup>st</sup> 4 weeks, provide improving

**RED FLAGS for possible serious spinal pathology:**

- Presentation under 20 or onset over age of 55
- Violent trauma: e.g. fall from height, RTA
- Constant, progressive, non-mechanical pain
- Thoracic pain
- Past history of cancer
- Systemic steroids
- Drug abuse, HIV
- Systemically unwell, persistent fever
- Weight loss
- Persisting severe restriction of lumbar flexion
- Widespread neurological signs and symptoms
- Structural deformity

**Cauda Equina Syndrome, Widespread neurological disorder:**

- Difficulty with micturition
- Loss of anal sphincter tone or faecal incontinence
- Saddle anaesthesia about the anus, perineum or genitals
- Widespread (> one nerve root) or progressive weakness in the legs or gait disturbance
- Sensory level
- Immediate referral to orthopaedics