Patient presents with *low back pain*

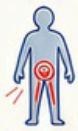
A simple guide to assessment, management and when to refer.

NO RED FLAGS
Likely mechanical low back pain

RED FLAGS PRESENT
Requires urgent assessment / referral

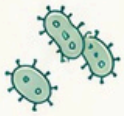
SCREEN FOR RED FLAGS

CAUDA EQUINA SYNDROME



- Saddle anaesthesia
- Urinary retention/ incontinence
- Faecal incontinence
- Bilateral leg weakness

SUSPECTED SPINAL INFECTION



- Fever
- IV drug use
- Immunosuppression
- Severe constant pain

SUSPECTED MALIGNANCY

- Previous cancer
- Weight loss
- Night pain

FRACTURE

- Major trauma
- Osteoporosis
- Long-term steroids

IF ANY RED FLAG IS PRESENT:
Immediate Emergency Department / Orthopaedic or Neurosurgical referral

NO RED FLAGS

MECHANICAL LOW BACK PAIN

- Pain worse with activity
- Improves with rest
- No neurological deficit

GP MANAGEMENT

- Patient education
- Stay active
- NSAIDs (if appropriate)
- Physiotherapy
- Review in 2–6 weeks

PERSISTENT SYMPTOMS (>6 WEEKS) OR DIAGNOSTIC UNCERTAINTY

Consider referral if:

- Persistent disabling pain
- Failure of conservative treatment
- Recurrent episodes affecting function

LOOK FOR FEATURES OF INFLAMMATORY BACK PAIN

REFER TO A RHEUMATOLOGIST IF ≥ 4 OF THE FOLLOWING ARE PRESENT:

Onset before 45 years <45	Insidious onset	Pain lasting >3 months >3 MONTHS	Morning stiffness >30 minutes
Improves with exercise	Does not improve with rest	Night pain improving after getting up	

PLUS ANY OF THE FOLLOWING:

Psoriasis	Uveitis	Inflammatory bowel disease	Enthesitis
Dactylitis	Family history of spondyloarthritis	Elevated CRP/ESR	Positive HLA-B27

URGENT RHEUMATOLOGY REFERRAL

REFER URGENTLY IF:

- Rapidly progressive inflammatory back pain
- Acute anterior uveitis with inflammatory back pain
- Suspected systemic inflammatory disease
- Markedly elevated inflammatory markers with inflammatory symptoms

INVESTIGATIONS BEFORE REFERRAL

RECOMMENDED:

ESR	CRP	Full blood count	Renal & liver function
HLA-B27 (if inflammatory back pain suspected)	Pelvic X-ray (SI joints) if available	MRI SI joints if readily accessible (do not delay referral waiting for MRI)	

ROUTINE RHEUMATOLOGY REFERRAL

REFER FOR:

- Suspected axial spondyloarthritis
- Persistent inflammatory back pain despite NSAIDs
- Diagnostic uncertainty
- Requirement for biologic therapy assessment

Early recognition of inflammatory back pain can prevent delay in diagnosis and reduce long-term impact.

Dr. Ramani Rheumatology Clinic | KUALA LUMPUR

Dr. Ramani Rheumatology Clinic

LOW BACK PAIN ASSESSMENT & REFERRAL GUIDE

Phone / WhatsApp
+60 11 4579 8121

Website
drramani.co

SCAN TO VISIT
DRRAMANI.CO