

# American Academy of Orthopaedic Surgeons

## Universe Of Adult Patients With Low Back Pain / Sciatica [ACUTE] — Phase I

**e Remaining Diagnostic and/or Specific Symptoms**  
Consider diagnoses and symptoms such as:

- Low Back Strain
- Osteoarthritis [DJD]
- Herniated Nucleus Pulposus
- Spinal Stenosis
- Spondylolisthesis
- Instability

**a Significant History**

- Location of symptoms: % low back or leg
- Duration: acute (< 6 weeks) or chronic
- Mechanism of onset: insidious or specific (trauma)
- Character or description of pain: mechanical, radicular, claudicant, non-specific
- Neurologic history: distribution, bowel and bladder symptoms, weakness, numbness (saddle)
- Constitutional (i.e., fever or weight loss)
- Previous spinal surgery with persistent pain

**b Significant Physical Examination**

- Inspection of posture, stance and gait
- ROM testing of spine, hip and lower extremity
- Specific tests (straight leg raise and reverse straight leg raise)
- Neurological (motor strength, muscle wasting, sensation, deep tendon reflexes, specific reflexes such as Babinski and Clonus)
- Directed medical exam

**d Critical Exclusionary Diagnoses**

- Cauda Equina Syndrome [CES]
  - 1 Acute, severe low back pain
  - 2 Saddle anesthesia
  - 3 Profound/progressive neurologic deficit
  - 4 Loss of bowel and bladder control
- Progressive neurologic changes and/or severe progressive symptomatology
- Neurologic deficit [muscle weakness and/or reflex loss]
  - Fracture
  - Neoplasm
  - Infection
- Previous spinal surgery with persistent pain
- Chronic pain syndrome
- Extra-spinal conditions (i.e., visceral, vascular, GU)

**c Imaging**

- AP lateral
- Spot lateral

**f Treatment Response Criteria**

**Good:**

- Patient satisfied with outcome
- Patient function improved

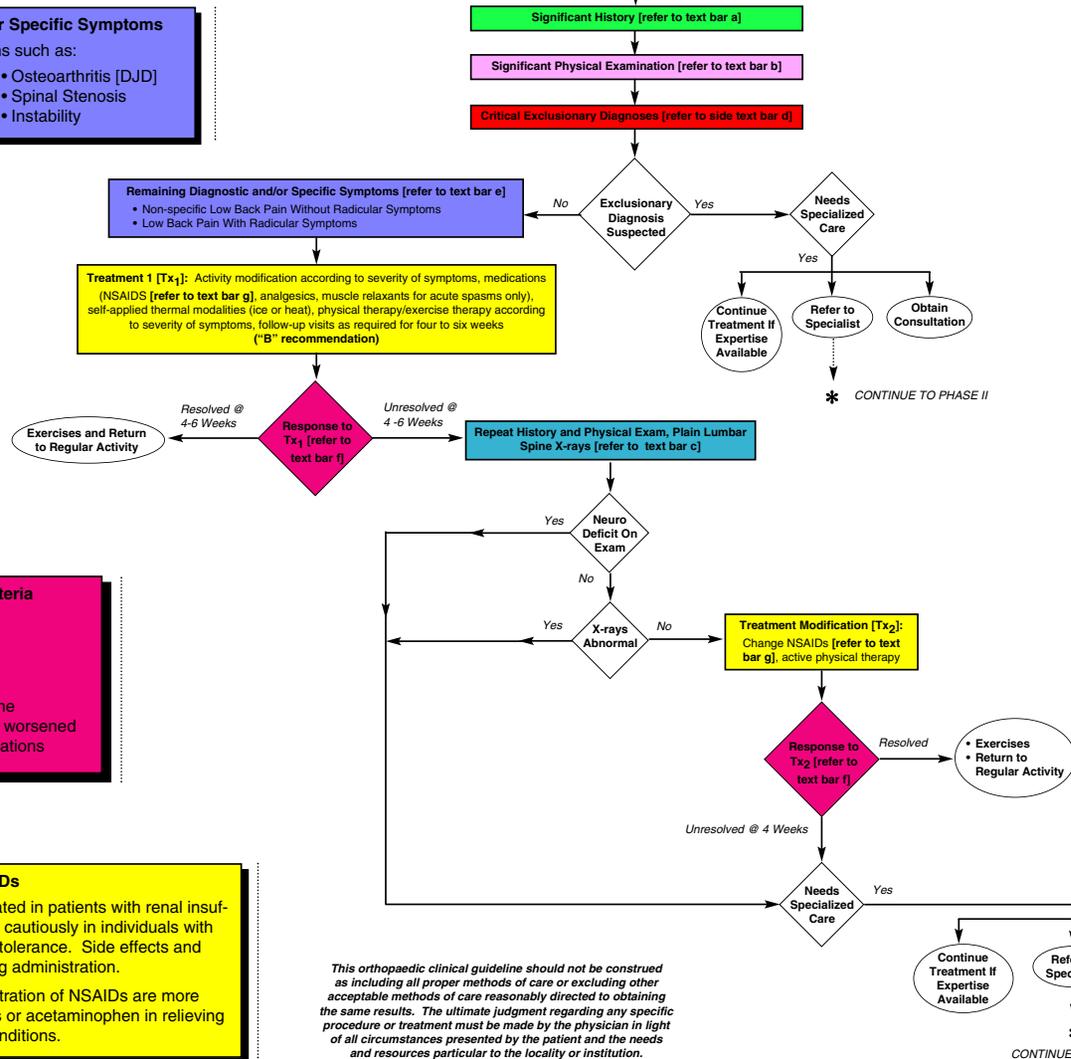
**Poor or Partial:**

- Patient dissatisfied with outcome
- Patient function unimproved or worsened
- Persistent sequelae or complications

**g NSAIDs**

NSAIDs are relatively contraindicated in patients with renal insufficiency or pregnancy. Administer cautiously in individuals with hypertension or gastrointestinal intolerance. Side effects and toxicity should be monitored during administration.

There is no evidence that administration of NSAIDs are more efficacious than simple analgesics or acetaminophen in relieving symptoms in non-inflammatory conditions.



*This orthopaedic clinical guideline should not be construed as including all proper methods of care or excluding other acceptable methods of care reasonably directed to obtaining the same results. The ultimate judgment regarding any specific procedure or treatment must be made by the physician in light of all circumstances presented by the patient and the needs and resources particular to the locality or institution.*