#### Adult with low-back pain Exclude nonspinal causes Hip disease. History and physical examination Visceral causes, e.g., pancreatis. Duration of symptoms. endometriosis, kidney stones Alerting features for specific disease. · Vascular causes, e.g., abdominal aortic Radicular signs and symptoms aneurysm, claudication Psychosocial risk factors Systemic causes, e.g., endocarditis Viral syndromes Diagnostic triage Serious spinal disease Radicular pain or neurogenic claudication Nonspecific low-back pain (< 1% cases in primary care).</p> (5%-10% cases in primary care): (90% - 95% cases in primary care) - Wertebral fracture Radicular pain Acute nonspecific low-back pain. Metastatic disease. Persistent nonspecific low-back pain. Radiculopathy Spinal infection Spinal stenosis. Axial spondyloarthritis Cauda equina syndrome. Advice and reassurance Good prognosis and low risk of serious disease. Immediate imaging is not necessary. Consider nonpharmacologic options over pharmacologic options. Radicular pain: Acute nonspecific low-back pain: Persistent nonspecific low-back pain: Nonpharmacologic option Nonpharmacologic options **Nonpharmacologic options** \*Exercise: Advice to stay active. Exercise program. Pharmacologic option Physical therapies (e.g., heat, massage, Psychological therapies (e.g., cognitive) Opioids (rescue only) spinal manipulation) behavioural therapy, mindfulness-based Pharmacologic options stress reduction, operant therapy) - NSAIDs Multidisciplinary therapy Skeletal muscle relaxants Physical therapies (e.g., heat, massage, spinal) Weak opioids manipulation, acupuncture) Pharmacologic option · NSAIDS

## **Management Of Low Back Pain In Primary Care**

M Mark

**Management Of Low Back Pain In Primary Care:** 

The Enigmatic Realm of Management Of Low Back Pain In Primary Care: Unleashing the Language is Inner Magic

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