Multidisciplinary Treatment for Chronic Low Back Pain

By

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Differential Diagnosis

- By far the most common cause of low back pain are related to the muscle or bone, it is important to remember the other causes of back pain that may be suggested by the history and physical exam findings or additional tests.

- These diagnoses include:
- Malignancy
- Infections such as Osteomyelitis of the lumbar spine
- Inflammatory Arthritis
- Back pain Mimickers
- Prostatitis
- Pelvic inflammatory disease
- Kidney stones
- Aortic Abdominal Aneurysm
- Gastrointestinal Disease

History :
Who referred : Important to note so we can send a note back to the referring provider
age : this helps to differentiate O/A of age from Juvenile RA. And other systemic illness
pain level: This should be with activity and without activity, before meds and after taking meds.
describe the pain: sharp shooting, hot and cold indicated Nerve pain. and dull aching end of the day indicates OA.
Location: Just in the low back or is it in the periphery too?. The distal phalanges can be OA and proximal MCPs and Mtps Can indicate Systemic RA.
How long: has the pain been going on. This again, helps differentiate acute from chronic illness or both happening at the same time.

ROS:
Cardiac: Htn, AAA, AFib, : Meds: and blood thinners including baby aspirin
Lungs; COPD, Asthma, environmental allergies, inhalers, steroids
GI: GERD
Neurology: M.S, Myasthenia gravis
Rheumatology: Lupus, RA, PSA, Sarcoidosis, and other granulomatous diseases.
Diabetes: Type I or Type II
Cancer: Acute or chronic, are they on treatment.
Psychiatry : Anxiety, Depression, or insomnia
Or medications : important to note any meds they are on for these conditions.

Past medical History:
Accidents : car, motorcycle, hit by someone, as a child , or any time in their life truama
Surgeries: appendectomy, endometriosis, joint surgeries
C sections: and

Medication Review:
This is where you will be able to tell what other illnesses they have if they missed telling you in the ROS.

Most important:
Diabetic : insulin or metformin : generally tells you if they are Type I or II if they do not know.
Cardiac: HTN, AFIB , hx of Stroke blood thinners, baby aspirin
GI: GERD , example: PPI, H2 blockers
Systemic illness: Do they take DMARDS: mtx, plqnl, biologics. Jaxs inhibitors like Xeljanz. And Prednisone on a regular basis.
All of these can interfere or change what you might prescribe or order for procedures, and how you order them.

Past Social History:
Drinking : usually double what they tell you.
Smoking : usually double what they tell you.
Use of THC: ask if smoking or eating gummies. Ask if they need a marijuana card.
Note that the card is just : proof they have an illness warrenting use of the THC. If they need instruction In use. Refer to Carmen Jones M.D. Dr. Of THC.

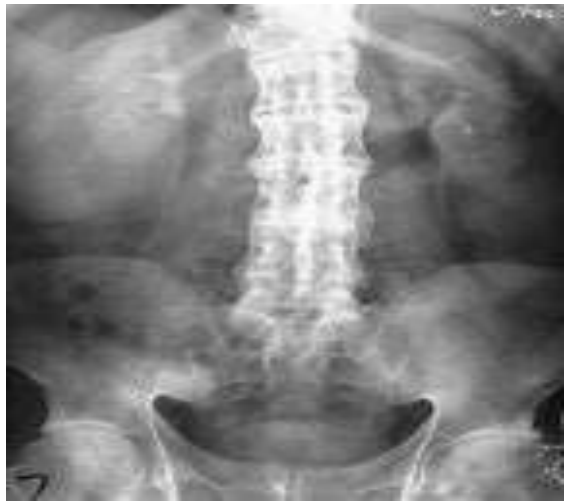
Sleep :
How many hours each night.
Sleep ergonomics: light, mattress, ear plugs, pets, noise.

Consider if there is radiating pain
Or no radiating pain.

Straight leg test
Have patient lay on the table and lift one leg above 30 degrees. If this recreates pain it will be 90% specific.

Trunk Extension with rotation
Have the patient stand with hands on their hips and hips forward but twist trunk right and left
If this elicits pain it is specific to Facet joint pain and spondylosis.

Schober's test for rom and ankylosing spondylitis of trunk.
Have the patient stand feet together and reach for their toes and slowly come back up.
You can mark a 10 cm range above and below L5 to see if person can exceed that or you can measure by Reach test
How far they are from their feet.



Slum test for Sciatic Nerve:

Have the patient sit on the table with hands held
behind their back raise one leg and dorsiflex the ankle holding the head up.
Then try on the other leg. If this causes pain, and pointing the toe relieves pain. It is a positive test.

Palpation tests: Very important:
Palpate piriformis, and Gluteal, as well as trochancteric bursa.

One legged standing tests:
Have the patient stand fully on one leg with the other leg raised. support hands but try not to put to much weight on them.
If the pain radiates to the groin, this test is positive for OA of the hip and can be in addition to low back pain.

There are many more tests: please reference
In your notes from Aprima.
My main presentation today is for the low back and approaches to treatment
That are multidiscliplinary.

Assessment: Once you have considered your differential diagnosis
You can order the testing.
Your assessment should include:
What you think it is and some differentials.

For example:
Musculoskeletal pain, and Osteoarthritis.
May have pathology in the lumbar spine due to recent fall.

Plan: and Orders:
If there is radiating pain to one leg or both ,.
If there has been a fall or injury Xray, if there has been a soft tissue injury and there is radiating pain order MRI.
If patient has has previous fusion order CT.
If you are considering a procedure for your diagnosis, you must order Physical therapy.
Physical therapy should include Modalities, and measurements.
Not just tens units, ice and heat.
Consider Dry Needling with Estem, prone traction, not just supine, Multradiance lasers, and light therapies, and rotational exercises to name a few. You can put these items in your orders. It is very important to add Home program.

Medications:
If no contraindications: Meaning they would actually be risking death if taken.
Vs precautions: watch the recipe:
Start with anti-inflammatories:
If the patient has Nerve pain: Sharp, shooting, hot , and cold sensation, radicular, or neuropathic pain
Add gabapentin.
If the patient is complaining of M. Spasms
Consider a M. Relaxer
These three are required to be used and failed along with PT., before Insurance will allow a procedure.

When the patient returns for follow up:
You can consider :
Schedule IV, III, II
I usually start with Schedule IV , Tramadol 50mg BID Sched IV
If opiate naive. Add something for nausea. low dose.
It is a serotonin booster so watch for any serotonin syndrome: nausea, vomiting
Next:
Acetaminophen with codeine #3 Schedule III
Acetaminophen with codeine #4 schedule III
Hydrocodone schedule II
Oxycodone Schedule II.
Morphine IR, and if needed long actings.
Important to try to wean off. After procedures , surgeries. And healing time.

Consider Swimming:

Hydrostatic pressure of the water reduces inflammation.
Resistance of the water increases strength.

Consider referral to Rheumatology:
If your physical exam is showing:
Swelling of MCPs and MTPs with morning stiffness more than one hour. These are signs of RA.
Pcp should order: RF,CCP

If your exam: reveals : HAs, Photophobia, rashes, Fatigue and confusion. These ares signs of Lupus.
Pcp should order ANA and DNA.

If your patient has had arthritic pain since childhood and could not participate in Phyiscal games. And the pain started in the Knees consider Juvenile RA.

Procedures:

I am sure Dr. Campbell has reviewed
And trained and will continue to train all of us.

A simple outline: for Low back.

Transforaminal Epidural Steroid Injections: for stenosis of spinal cord or foramen.

Facet Joint Injections. for spondylosis.

Radiofrequency . facet or Medial branch nerves.

Coccyx injections. For tail bone pain.

Some Natural medications I have found most beneficial.

Cinnamon : inflammation
Ginger: inflammation

Magnesium: back spasms and constipation
Melatonin up to 20mg for insomnia
Valarian root 1000mg for insomnia

Please don’t forget to refer to PCP for all primary care needs
And to Psychiatry if you suspect a need.