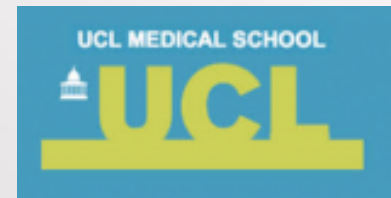


# 10 minutes on Investigating Back Pain

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## Simple Back pain

- 20-55 years old
- Lumbosacral, buttocks and thighs
- Mechanical, variable.
- PATIENT WELL!
  
- 90% recover in 6/52
  
- No imaging required.

## Nerve root pain

- Unilateral leg pain
- Radiation to foot or toes.
- Numbness
- Reduced SLR which reproduces pain
  
- 50% recover in 6/52
- Imaging maybe required if persistent after 6/52 - MRI

## RED FLAGS

- >20 <55
- Trauma
- Progressive, constant
- Thoracic
- PMH Carcinoma
- Steroids
- Drug abuse, HIV
- Unwell, weight loss
- Scan allowed 😊 Start with X-Rays
- Quick and cheap!

# Cauda Equina

- Difficulty in micturition (without UTI)
- Decreased anal tone, incontinence
- Saddle anaesthesia
- Widespread – more than one nerve root.
- Sensory level.
- Scan allowed 😊 MRI
- X-Rays not allowed 😞

## X-Rays

- Under 20 – looking for structural abnormalities
- 20-55 – SBP – NOTHING
- Over 55 – Vertebral collapse – Refer for DEXA

## Question 1

### What is the best primary care test?

- 68 year old man
- Back pain – About T12-L1
- Generally unwell
- Ex-Smoker
  
- A – MRI L-Spine
- B – MRI T and L-Spine
- C – CXR
- D – Spine X-Rays

## Question 1

### What is the best primary care test?

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## Question 2

### What is the best primary care step?

- Well 29 Year old Female
- Persistent L5 Left nerve root pain.
- Exercises regularly
  
- A – Acupuncture
- B – MRI L-Spine
- C – Plain Film
- D - TENS

## What NICE say....

- **Imaging**
- 1.1.4 Do not routinely offer imaging in a non-specialist setting for people with low back pain with or without sciatica.
- 1.1.5 Explain to people with low back pain with or without sciatica that if they are being referred for specialist opinion, they may not need imaging.
- 1.1.6 Consider imaging in specialist settings of care (for example, a musculoskeletal interface clinic or hospital) for people with low back pain with or without sciatica only if the result is likely to change management.

## Question 2

### What is the best primary care step?

- Well 29 Year old Female
- Persistent L5 Left nerve root pain.
- Exercises regularly
  
- **A – Acupuncture**
- B – MRI L-Spine
- C – Plain Film
- **D - TENS**

## What NICE say....

- **Acupuncture**
- 1.2.8 Do not offer acupuncture for managing low back pain with or without sciatica.
- **Electrotherapies**
- 1.2.9 Do not offer ultrasound for managing low back pain with or without sciatica.
- 1.2.10 Do not offer percutaneous electrical nerve simulation (PENS) for managing low back pain with or without sciatica.
- 1.2.11 Do not offer transcutaneous electrical nerve simulation (TENS) for managing low back pain with or without sciatica.
- 1.2.12 Do not offer interferential therapy for managing low back pain with or without sciatica.

## Take home Message

- Do not image LBP unless there are Red flag symptoms or the pain is persistent and only if the result is likely to change management.