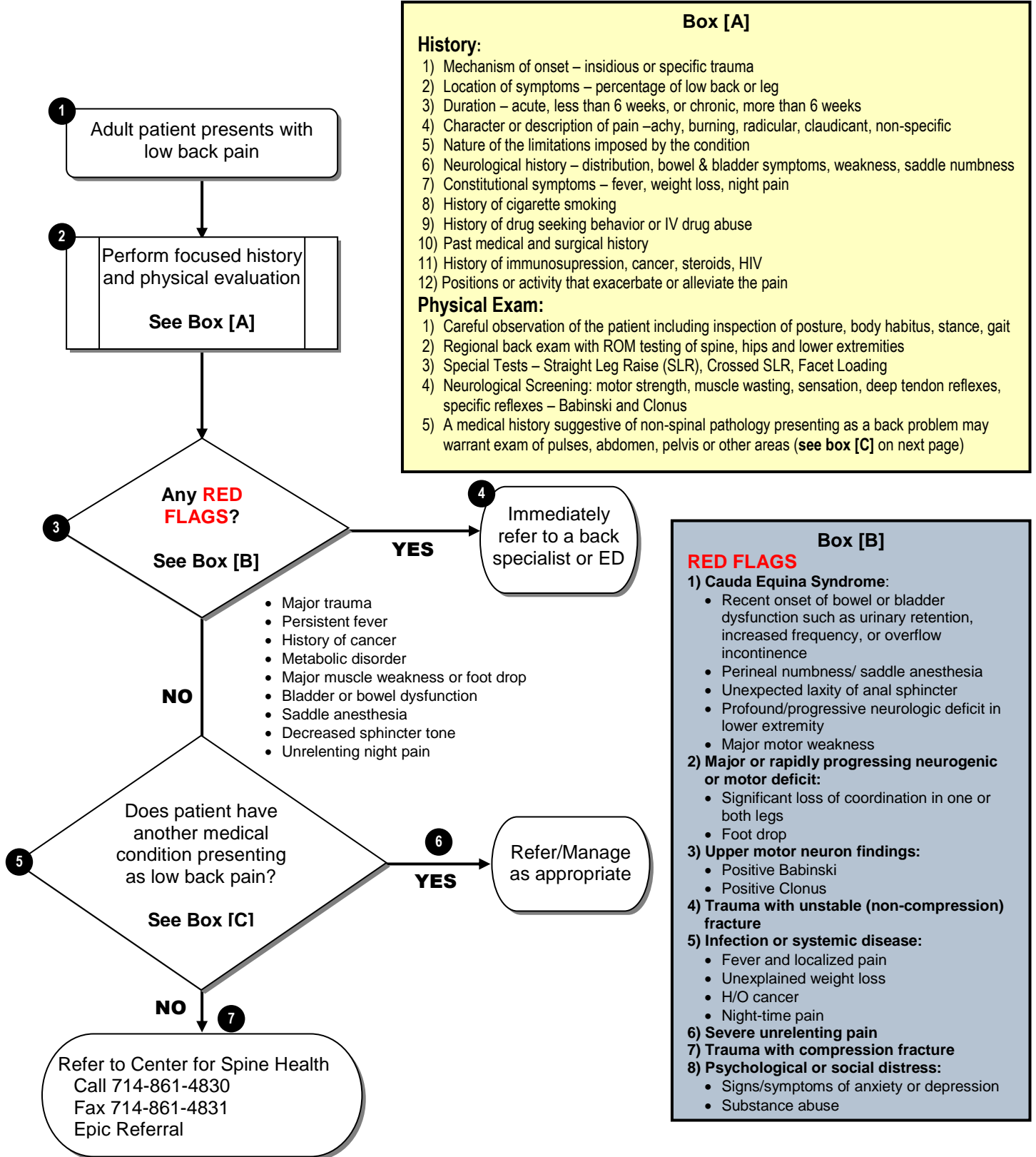


# MANAGEMENT OF LOW BACK PAIN IN THE PRIMARY CARE SETTING

## INITIAL SCREENING



**Box [C]**  
**Conditions That Mimic Low Back Pain**

<b>SYSTEM</b>	<b>CONDITIONS</b>
Vascular/Genitourinary	Pyelonephritis, Chronic PID, Kidney Stones, Endometriosis, Prostatitis Tubal Pregnancy, Perinephric Abscess, Aortic Aneurysm
Gastrointestinal	Pancreatitis, Cholecystitis, Peptic Ulcers, Colon Cancer
Endocrine/ Metabolic	Osteoporosis, Acromegaly, Osteomalacia, Cushing's Disease Ochronosis, Paget's Disease, Hyperparathyroidism
Hematologic	Hemoglobinopathy, Myelofibrosis
Rheumatologic	Spondyloarthropathies, Bechet's Syndrome, Reiter's Syndrome, Ankylosing Spondylitis, Psoriatic Arthritis, Familial Mediterranean Fever
Miscellaneous	Retroperitoneal Fibrosis, Herpes Zoster, Sarcoidosis, Fat Herniation of Lumbar Space, Sub-acute Endocarditis
Psychogenic	Affective Disorder, Somatization Disorder, Malingering

**IMAGING RECOMMENDATIONS**

Imaging studies are not usually warranted for initial screening of low back pain **unless** the following are suspected:

<b>FRACTURE</b>	Order plain films (AP and oblique views) → if non-diagnostic → Order MRI
<b>INFECTION, DISCITIS, OSTEOMYELITIS</b>	Order MRI or bone scan (MRI preferred. Plain films may indicate abnormal area of bone.)
<b>NEOPLASM/MALIGNANCY</b>	Order plain films (AP) → if non-diagnostic → Order MRI
<b>SPONDYLOLISTHESIS</b>	Order plain films (AP, oblique, flexion and extension)
<b>PERSISTENT/PROGRESSIVE MOTOR WEAKNESS</b>	Order MRI