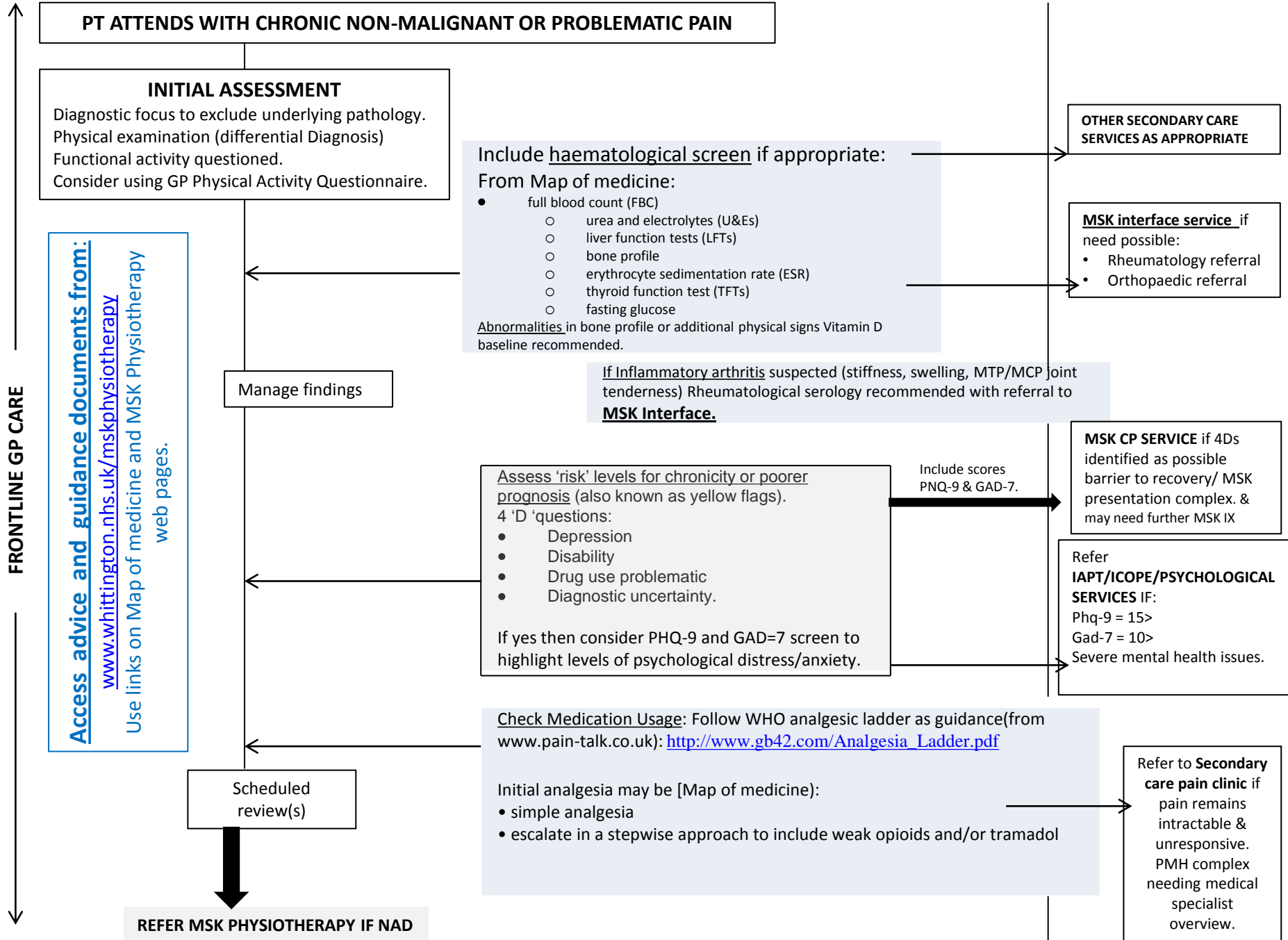


PERSISTENT LBP



FRONTLINE GP CARE

PT ATTENDS WITH WIDESPREAD CHRONIC NON-MALIGNANT PAIN

INITIAL ASSESSMENT
Diagnostic focus to exclude underlying pathology.
Physical examination (differential Diagnosis)
Functional activity questioned.
Consider using GP Physical Activity Questionnaire.

Access advice and guidance documents from:
www.whittington.nhs.uk/mskphysiotherapy
Use links on Map of medicine and MSK Physiotherapy web pages to external resources.

Consider Full haematological screen: Map of medicine:

- full blood count (FBC)
- urea and electrolytes (U&Es)
- liver function tests (LFTs)
- bone profile
- erythrocyte sedimentation rate (ESR)
- thyroid function test (TFTs)
- fasting glucose

Abnormalities in bone profile or additional physical signs Vitamin D baseline recommended.

OTHER SECONDARY CARE SERVICES AS APPROPRIATE

MSK interface service if need possible:

- Rheumatology referral
- Orthopaedic referral

Consider fuller health screen:
Urine dipstick for Glucose/blood/protein

If Inflammatory arthritis suspected (stiffness, swelling, MTP/MCP joint tenderness) Rheumatological serology recommended with referral to **MSK Interface.**

Assess 'risk' levels for chronicity or poorer prognosis (also known as yellow flags).
4 'D' questions:

- Depression
- Disability
- Drug use problematic
- Diagnostic uncertainty.

If yes then consider PHQ-9 and GAD-7 screen to highlight levels of psychological distress/anxiety.

Include scores PNQ-9 & GAD-7.

MSK CP SERVICE if 4Ds identified as possible barrier to recovery/ MSK presentation complex. & may need further MSK IX

Manage findings

Refer **IAPT/ICOPE/PSYCHOLOGICAL SERVICES** IF:
Phq-9 = 15>
Gad-7 = 10>
Severe mental health issues.
Psychosis/PTSD/severe phobias

Check Medication Usage: Follow WHO analgesic ladder as guidance(from www.pain-talk.co.uk): http://www.gb42.com/Analgesia_Ladder.pdf
Initial analgesia may be [Map of medicine):

- simple analgesia
- escalate in a stepwise approach to include weak opioids and/or tramadol

Refer to **Secondary care pain clinic** if pain remains intractable & unresponsive. PMH complex needing medical specialist overview.

Scheduled review(s)

Include PHQ-9 & GAD-7 scores

REFER MSK CP PHYSIOTHERAPY IF NAD

Consider thresholds for involvement other services for:
Differential diagnosis/frank nerve root compression/red flags/rheumatology input needed.