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**Key Advice for patient**

Avoid bed rest

Keep active

Self-management is the goal not a cure

Positioning and body mechanics are important

Minimize aggravating activities

Rest for short periods in relieving positions

The amount of pain does not equal the seriousness of the problem

Self-apply heat or ice

Therapeutic exercise can improve LBP

**Key Messages for clinician**

Perform a thorough subjective and objective exam to determine a diagnosis (See Core)

Rule out red flags

90% of all back pain is mechanical and less than 1% is serious pathology

Determine back dominant vs leg dominant

Determine constant vs intermittent

Determine aggravating movements and activities (e.g. flexion vs extension)

Rule out hip pathology

Screen for Yellow Flags (e.g. STarT Back Tool)

Prescribe patient specific exercise when indicated

Provide information about community exercise programs

Avoid passive therapies as a first line of treatment

In the absence of red flags or radiculopathy that is not resolving, diagnostic imaging is contraindicated

Provide written education

**Definitions:**

Back Dominant: pain felt mostly in the low back, in the buttocks or over the outer aspects of the hips. May have episodes of leg pain.

Leg Dominant: pain is worse around and below the gluteal fold: in the thigh, calf or foot.

Constant: pain is present continuously without brief periods of no pain

Intermittent: pain is absent even if just briefly and quickly returns