

# Back pain and related symptoms (e.g., sciatica)

## (February 2017)

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### Rationale

Lower back pain is extremely common, and, in most cases, does not require investigation. However, there are patients presenting with back pain, or signs of nerve compression due to back pathology, who require specific diagnosis and management to ensure good outcome.

### Causal Conditions

(list not exhaustive)

- Mechanical back problems
  - a. Common back pain
  - b. Acute, discogenic nerve root entrapment
  - c. Spinal Stenosis and/or cauda equina syndrome
- Inflammatory arthritis (e.g., ankylosing spondylitis)
- Infections
- Fracture
- Neoplasm
- Others (e.g., referred pain)

### Key Objectives

Given a patient with back pain, the candidate will be able to determine whether the patient must undergo further tests and specific management. In particular, the candidate will determine if the patient requires urgent intervention.

### Enabling Objectives

Given a patient with back pain, the candidate will

- list and interpret critical clinical findings, including
  - a. features from the history and the physical examination that suggest the need for urgent investigation or management (e.g., urinary incontinence, fever);
  - b. impact on function;
  - c. an occupational and recreational history;
  - d. determination as to whether the patient requires further investigation or not;
- list and interpret critical investigations, including
  - a. appropriate laboratory investigations and other tests (e.g., computerized tomography or magnetic resonance imaging, if indicated);
- construct an effective management plan, including
  - a. ensuring initial management of urgent problems, including appropriate referral for specialized care;
  - b. counselling and educating the patient about appropriate exercise and return to work;
  - c. recognizing the potential for long-term impact on function;
  - d. prescribing medications in a safe and effective manner, if necessary (e.g., nonsteroidal anti-inflammatory drugs, opiates).