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The 5 minute lumbar back pain consult in family medicine

L Reina Fernandes(1), N Camelo(1), H Aleixo(1), L Carvalho(1), D Castro(1), T Lino(1), J Barroso(1), C Rodrigues(2), C Silva(1), Hugo Silva (3)

(1) Unidade Local Saúde Matosinhos, Hospital Pedro Hispano, Portugal

(2) USF Locomotiva, Portugal

(3) USF Nova Era, Department of Family Medicine, Paredes, Portugal

Corresponding author: Dr Levi Reina Fernandes, Hospital Pedro Hispano, Orthopaedics, Póvoa de Varzim, Portugal. E-mail: levirfs@gmail.com

Background & Aim: The lumbar spine pathology represents one of the most prevalent issues in the Family Medicine (FM) consult. 90% of these will resolve within one year. of the other 10%, some might need referral to the Orthopaedics consult, mainly due to lumbar radiculopathy (herniated disc compression), lumbar stenosis or spondylolysis. Nevertheless, many are the pain generators in the lumbar spine, and so, the picture might be confusional.

The purpose of this presentation is to make the FM able to do a systematic evaluation of the patient with lumbar pain, and choose between conservative treatment or orthopaedic referral.

Method: Presentation of an algorithm of Lumbar Spine Pain evaluation.

Results: The first step is to exclude the “red flags” that need an urgent referral: Trauma, Suspicion of Neoplastic or Infectious disease and Neurologic Deficits. After that, we should try to fit the patients pain in one of the surgically treatable pathology previously mentioned. Age is the first discriminator: young patient – disc herniation; older patient – lumbar stenosis. The younger patient with herniated disc will have usually unilateral leg pain, with no clear alleviating position and with a positive Straight Leg Raise (SLR).

The older patient with lumbar stenosis will have bilateral leg pain with walking (Neurogenic Claudication), that limits his daily activities and that improves with flexion. The SLR is negative. The spondylolysis might be present in younger or older patients, and can be seen in an X-ray in a patient with lumbar back pain for more than 1 month.

Conclusions: We purpose a simple algorithm and systematic evaluation for FM practice, that together with the feedback from the orthopaedic consult, should easen the assessment of a patient with lumbar back pain.