



FACULTY OF
OCCUPATIONAL MEDICINE

***PROFESSIONAL COMPETENCE SCHEME
CLINICAL PRACTICE AUDIT
ON THE MANAGEMENT OF LOW BACK PAIN***

2015

V2

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**PROFESSIONAL COMPETENCE SCHEME
CLINICAL PRACTICE AUDIT ON THE MANAGEMENT OF LOW BACK PAIN**

Introduction

- Low back pain (LBP) is common with 60%-80% of adults experiencing LBP at some time; often persistent or recurrent
LBP is one of the commonest health reasons given for work loss/sickness absence
The OHP has a professional obligation to support the worker with LBP in managing LBP and preventing unnecessary disability without regard for the role of occupational factors in causation. (*OH Guidelines for the Mgx of LBP: Evidence Review and Recommendations; FOM (UK) 2000*)
- The effective OHP management of LBP in the worker involves both appropriate clinical management and vocational / occupational management that promote recovery and positive engagement with work.

The key issues in management of LBP are –

- a) Adequate pain management
- b) Management of disability – physical activity and/or psychological
- c) Reducing work loss
- d) Preventing chronic impairment

(*New Zealand Acute LBP Guide 2003*)

- Various guidelines exist for the effective clinical management of LBP (FOM UK 2000, ACP 2007, BOHRF, NICE UK 2009, European Guidelines 2006, and New Zealand 2003). Some guidelines deal mainly with the clinical management while others combine this with the occupational/vocational rehabilitation management.
- In this Audit proposal, the focus will be
 - a) the practitioner's review of his/her current management of LBP and outcomes against the New Zealand Acute LBP Guide 2003,
 - b) the practitioner's introduction of specific intervention(s) not currently/ordinarily used with a view to practice improvement,
 - c) review of acute LBP management outcomes following introduction of new intervention(s).
- For the purposes of this Audit, LBP shall be defined as non-specific LBP whether there is reported work causation or not.
Non-specific / simple LBP is LBP occurring primarily in the back with no signs of a serious underlying condition (e.g. cancer, cauda equine syndrome etc), spinal stenosis or radiculopathy, other specific spinal cause (e.g. compression fracture, ankylosing spondylitis). This would include degenerative changes without defined pathology. (*ACP Guidelines 2007*)
Acute LBP - LBP episode lasting less than 3 months
Chronic LBP – LBP episode exceeding 3 months

1. Current Practice Audit

1. **Review clinical records of cases of LBP**
2. **Identify cases managed that were acute LBP?**
3. **Use Audit Checklist to review clinical practice in management of cases of acute LBP under the following headings -**
 - Exclusion of “Red Flags”
 - Clinical Assessment/Examination
 - Assessment of Functional Limitations or Impact
 - Clinical Management options including education
 - Management of return to work
 - Reassessment
4. **Introduction of specific clinical practice process or instrument with view to improved compliance with Guidelines or change in practice outcome**
 - More focussed clinical assessment to exclude serious conditions
 - Earlier disability assessment (use of questionnaires)
 - Earlier use of ‘yellow flag’ screening (questionnaire)
 - Focus on promoting patient-worker education – promote informed self-management rather than passiveness or treatment seeking (use of effective educational tools/ interventions - booklets, back school etc)
 - Employer education - facilitating rehabilitation
 - Better communication with employer, treating health professionals focussing on vocational / occupational rehabilitation as goal
 - Earlier multi-disciplinary / vocational input
5. **Evaluation of practice change outcomes -**
 - Duration before return to work from 1st consultation
 - 6 weeks or less
 - 6 weeks – 3 months
 - > 3 months
 - Type of duties on Return to Work
 - Restricted / modified duties > 3 months
 - Full duties by 3 months
 - Absence recurrence for same condition within first 12 months

Time lines for Audit Cycle

0 – 12 months	Evaluation of current practice in relation to the selected guidelines
13 – 24 months	Introduction of specific clinical practice intervention or improvement
Post-24 months	

Case Record Audit Checklist**Management of New LBP**

Objective – To audit clinical practice of the initial assessment and management of new LBP

Method – Checklist review of case records against the standards of the New Zealand Guide Acute Low Back Pain Guide (2003) for initial consultation in acute LBP presentation

New LBP - Acute LBP episode at least 4weeks/6 weeks/3 months from previous episode

Red Flags - These are indicators of potentially serious conditions. They include features of cauda equina syndrome (urinary retention, faecal incontinence, widespread neurology symptoms and signs in lower limbs, saddle area numbness, lax anal sphincter), significant trauma, weight loss, history of cancer, fever, IV drug use, steroid use, patient over 50 years, severe unremitting night-time pain, pain that gets worse lying down.

Yellow Flags - These are indicators of psychosocial barriers to recovery in acute LBP. They include – belief that pain and activity are harmful, illness behaviours such as extended periods of rest, low or negative mood, social withdrawal, seeking or adoption of treatments that do not fit best practice, compensation or claim issues, history of simple LBP with prolonged absence or previous claims for same, problems at work or job satisfaction issues, “heavy” work or unsociable work hours, over protectiveness of family/relatives or lack of support

Initial Consultation Goals

- Exclude “Red Flags”,
- identifying neurological deficits,
- assess functional limitations caused by pains, and
- determine clinical management options

AUDIT CHECKLIST**A) Demographics**

Case #

Date of 1st consultation

Time in weeks from onset of new LBP

Occupation

Currently absent from work?

If absent, number of weeks

Trigger Incident?

- Work or non-work

B) Exclusion of Red Flags

- Records document “Red Flags” present or absent
- Records document/list “Red Flag” features as absent or present

Actions if Red Flags present:

- Arrange investigations
- Refer to Specialist
- Inform or refer to GP for follow up

B) Clinical Assessment/Examination

Assessment/Examination/tests to identify neurological deficits or exclude nerve root involvement

- Records document aggravating/precipitating factors
- Records document distribution of pain
- Records document spinal range of movement
- Records document history assessing for nerve root impingement
- Records document SLR, cross-SLR, FST, nerve tract stretching (Lasegue's) findings
- Records document neurological features including assessment of reflexes, tone, power or other neurological deficits
- Records document assessment of nerve root pathways

C) Assessment of Functional Limitations or Impact

- Records document limitations/impact on activities of daily living
- Records document impact on work activities
- Records document impact on leisure/sports activities
- Records document exploration or discussions about psychological impact or perceptions about LBP
- Records document assessment for or exploration of "Yellow Flags"

D) Clinical management

Treatment objectives in simple or non-specific LBP are – supportive treatment to relieve acute pain, provide reassurance, provide support and evidence-based information, and promote continuation with usual activities ± some appropriate modifications

Records clearly document diagnosis of simple or non-specific LBP

Clinical management documented -

- Analgesia prescribed
What prescribed?
- Referral for radiology
What reported?
- Back pain education and reassurance
Explanation of course and self limiting nature of simple LBP or informational material provided e.g. "Back Pain" book
Advice to stay active and benefit of same
Advice to avoid bed rest and impact of activity avoidance / withdrawal
Discussion appropriate modifications to ADL, sports, activities
- Referral for physiotherapy
- Referral to Specialist (Orthopaedics, Rheumatologist, Neurosurgeon or other)
- Documentation of plans for scheduled review
Definite appointment date for review
Frequency

E) Management of Return to Work

- Documentation of recommendations for work
 - Stay off work
 - Continue at work with advice on workplace accommodations/modifications/restrictions
 - Return to work with advice on workplace accommodations/modifications/restrictions
- Documentation of facilitation of safe continuation or planned early return to work
 - Indication of communication to employer
 - Documentation of recommendations for time-limited workplace accommodations to employer
 - Documentation of recommendations, if relevant, to employer to assess/manage workplace hazard/factor

F) Reassessment

- Time from initial consultation in weeks
- Absent from work
 - If absent, why still absent?
- If at work
 - Modified duties
 - Full duties
- Documented reassessment for red flags
- Documented repeat detailed clinical examination/assessment?
- Documented request for investigations?
 - What investigations?
- Documented exploration of "Yellow Flags"
- Referral to Specialist (Orthopaedics, Rheumatologist, Neurosurgeon or other)

Practice Audit for Non-specific or Simple Acute Low Back Pain

Practice/OHP Unique ID:

AUDIT DEMOGRAPHICS

Audit Case No.
 Age of patient (years)
 Gender M or F
 Date of 1st consultation with OHP for new episode of LBP Duration of symptoms in weeks pre-consultation

Work-related cause Y or N
 Absent from work Y or N
 - Duration in weeks if absent

AUDIT OF PRACTICE

Standard 1 – Clinical Assessment

1.1 Exclude Red Flags

1.11 Notes document screening for Red Flags was done (see Guide) Y or N
 1.12 Were Red Flags present? Y or N
 1.13 If Red Flags present, was the patient referred? (Hospital/Specialist/Urgent tests) (See Guide) Y or N

1.2 Identify neurological abnormalities requiring urgent specialist management

1.21 Notes document assessment for and/or findings of neurological abnormalities (See Guide) Y or N

1.3 Assess functional limitations caused by the pain

1.31 Notes document exploration of or findings of functional limitations because of pain (See Guide) Y or N

1.4 Assess Yellow Flags

1.41 Notes document exploration of or findings of Yellow Flags (See Guide) Y or N
 1.42 Were Yellow Flags present? Y or N
 1.43 If Yellow Flags were identified, do notes document OHP addressing same? Y or N

Standard 2 – Clinical management of Simple or Non-specific Acute Low Back Pain

2.1 Establish clinical opinion or working diagnosis

2.11 Notes document OHP clinical opinion of findings or working diagnosis Y or N
 2.12 Documented clinical opinion or diagnosis Y or N
 - Simple or non-specific LBP

2.2 Management plans (applies only for simple or non-specific LBP diagnosis)

2.21 Notes clearly set out OHP management plan Y or N
 2.22 Specific management plans/treatment modalities/actions

- Clear advice to 'stay active' and continue usual activities within tolerable pain limits with appropriate modifications Y or N
- Provision of educational information on LBP and its management Y or N
- Advice to avoid bed rest Y or N
- Reassurance given on pain, no significant findings & excellent recovery in most cases Y or N
- Prescription of simple analgesic +/- physical manipulation by trained professional Y or N
- Arrangements for regular review till return to usual activities without impairment Y or N
- X-ray or MRI not requested Y or N
- Opiates and/or Diazepam not prescribed Y or N
- Not referred to Specialist for assessment Y or N

Standard 3 – Management of Fitness for Work, Return to Work and Safe Work

3.1 Promote and manage safe return to work and safe working

3.11 Notes record or document any combination or all of the following -

- Promote staying at work or early safe return to work with recommendations for modifications as indicated Y or N
- Communication to employer about related workplace issues and recommendations for safe working or safe return to work Y or N
- Discussions/advice about symptom management while working Y or N

EXPLANATORY GUIDE FOR REFERENCED SECTIONS

Section 1.11

Select 'Yes' if notes record or reference the following:

- Red Flags
- Red flags screened
- Red flag signs in combination:
- Cauda Equina features – urinary retention, faecal incontinence, widespread neurology in the lower limbs, saddle area numbness
- Significant trauma
- Weight loss
- History of cancer
- Fever
- IV drug use
- Steroid use
- > 50 years
- Severe, unremitting night-time pain
- Pain that gets worse when lying down

Section 1.13

Select 'Yes' if notes record or reference any combination of or all of the following

- Referral for hospital admission
- Plain x-ray
- MRI scans
- Blood tests
- Specialist referral (Orthopaedic Surgeon/ Neurosurgeon/ Rheumatologist)

Section 1.21

Select 'Yes' if notes record or reference any combination of or all of the following –

- Sciatica
- Nerve root deficits
- Any combination of or all of the following –
- SLR /Cross SLR /FST / Lasegue's sign
- Sensory pathway pain distribution
- Sensory pathway sensory loss or altered sensation
- Neurological findings – power, tone, reflexes

Section 1.31

Select 'Yes' if notes record or reference any combination of or all of the following –

- limitations in activities of activities of daily living
- limitations in activities of work
- activities associated with pain or heightening of same
- current levels of activities

Section 1.42

Select 'Yes' if notes record or reference any combination or all of the following –

- . Yellow Flags
- . Yellow Flags screened
- . Psychosocial factors/barriers
- . Yellow Flag signs in combination –
 - Belief that pain and activity are harmful
 - 'Sickness behaviours' like extended periods of rest
 - Low or negative moods, social withdrawal
 - Treatment that dose not fit best practice
 - Compensation or claim history or background
 - History of LBP and extended periods off work
 - Problems at work or poor attitude about or towards work
 - Heavy manual work or unsociable hours of work
 - Overprotective family or lack of support