

Pre-contact

MSK and CCG co-working on public health

Media campaign promoting positive lifestyle change and MSK health and role of regular activity for low grade joint symptoms.

Green light to remain active/key messages (NICE Guidelines) see MSK website.

Promotional materials at strategic locations

Appropriately targeted community initiatives

SEO of web hub

CSP website link: Debunking myths regarding back pain (website).

Pain not settling at 4-6 weeks seek assistance.

Primary Care

Patient presents to primary care with low back pain with and without sciatica.

Primary care team to optimise pre MSK management using the MSK web hub for patient education and management or alternative offline resources.

Non- pharmacological management strategies:

Green light to stay active and key messages as NICE guidelines see MSK website.

STarT Back risk assessment and stratification tool, high risk patients non responsive to physiotherapy require pain clinic. (see MSK website).

Check BMI/ smoking/ exercise status:

If lifestyle factors highlighted discuss as risk factors for MSK ill health/OA. Refer to MSK web hub for lifestyle advice.

Refer to MSK web hub long term condition pages.

Pharmacological management

Optimise medication management as per NICE guidelines (NG59/CG173).

Down grade use of paracetamol which should not be offered as first line for pain relief, or used on its own.

Patients to trial NSAID's such as Ibuprofen or aspirin.

Consider weak opioids such as codeine with or without paracetamol- if patients cannot tolerate NSAID's.

Radiology:

x ray for suspected fracture only, NOT FOR OA

MRI only with suspected red flag e.g. cauda equina/Ca

Onward referral options:

Screen for red flags CES, other non MSK causes and do not refer to MSK until excluded.

Understand/manage expectations prior to referral- what are the goals of onward referral?

Condition management: MSK service- note patient must have engaged with online resources before making a condition management referral to MSK.

Back pain with or without sciatica not settling after six weeks refer to the MSK Service.

Triaged as radicular or non radicular and can be treated as 1:1, cohort management, acute pain clinic referral.

Lifestyle management: Consider local referral options- smoking cessation, weight management, HEAL programme.

MSK Physiotherapy

Physiotherapy team to assist primary care in management of patients where web hub information and primary care strategies have not helped, where patients have self referred.

All patients regardless of access point should have a discussion of expectations and functional goals to support planned management pathway.

Referral via GP, ESP, Self Referral

All patient screened for red flags and default to appropriate pathway if needed (CES, acute motor loss, Cervical Spine, MSCC)

Physio 1:1 treatment as per NICE guidelines. (manage expectations, set goals, manual therapy with exercise.)

low back pain with sciatica referred to pain clinic as per pathway/NICE Guidelines. as required.

Referral Options: 1:1 and back class (Based on Startback) PMP4 MDT Pain Clinic.

Back Class: Six week programme to increase spinal strength

Onward referral Options:

Medication management: refer to primary care team or Physio independent prescriber if medication optimisation required.

Lifestyle management: Consider local referral options- smoking cessation, weight management, HEAL programme, Move and Lose, water based exercise opportunities.

Complex condition management: refer to MSK ESP team in cases of diagnostic uncertainty, or significant disability, or if surgery needs to be considered.

MSK Extended Scope Practitioner

To support primary care and physiotherapy teams in management and diagnosis of complex case presentations. To support patients in their decisions regarding surgery and ensure alternative treatment options have been explored and optimised.

Diagnostic uncertainty:

To utilise clinical skills and experience supported by diagnostic imaging and procedures to propose a primary diagnosis or diagnoses for patients with complex spinal presentations or advanced disability.

(i.e Spinal stenosis, non resolving sciatica over three months in duration who have optimised physiotherapy based care, diagnostic uncertainty with no overt medical cause).

Investigations:

MRI only prior to surgical referral if patient wishes to consider surgical referral

Assurance of optimised conservative management:

To ensure conservative management pathways have been fully optimised for patients with spinal conditions including: medication, exercise, pacing, and lifestyle factors and ensure expectations have been discussed.

Support spinal surgery decision making:

Support patients in their decision making as to whether to proceed with surgery. Refer appropriately to secondary /tertiary care.

Onward referral options:

Medication management: refer to primary care team or Physio independent prescriber if medication optimisation required.

If secondary care pain services are required make recommendation for that referral to GP.

Condition management: refer to MSK Physiotherapy team.

Lifestyle management: Consider local referral options- smoking cessation, weight management, HEAL programme.

Orthopaedics, Neurosurgical, Rheumatology, General Surgery, Vascular, Neurology, outpatient opinion to secondary care/tertiary centre.

Lumbar Spine:

Low back pain with or without sciatica

See separate clinical pathways for **cauda equina** and **acute motor loss**

Triaged as urgent or routine.

Any non MSK causes fully screened and documented in the referral (i.e. soft CES signs).