

Back Pain

2/5/17

1. Identify any potential red flags on your H&P for can't miss diagnoses
 - **Aorta issues**
 - Age (>50): Patients over the age of 50 should have a bedside ultrasound to examine the abdominal aorta.
 - Hypertension: increases risk of AAA
 - Any "ripping" or "tearing pain" that radiates to the back: consider aortic dissection
 - Check pulses in each foot to screen for dissection.
 - **Infections**
 - Fever?
 - Immunocompromised? Ask about HIV, diabetes and other causes of immunosuppression (e.g., transplant patient, receiving immunosuppressive therapy)
 - **Cord compression**
 - Urinary retention: objective post void residual seen on ultrasound of the bladder
 - Saddle anesthesia
 - Fecal incontinence, rectal tone
 - Leg strength, ability to walk
 - Complete full neurological exam and mention it in your presentation
 - **Fracture**
 - Recent trauma
 - **Cancer**
 - History of cancer
 - Suspicious symptoms: night sweats, weight loss, etc.
2. If the patient has any red flags, then they need imaging (X-ray or MRI). Most patients will have the more common etiologies such musculoskeletal back pain or sciatica.
3. Be willing to treat the patient's complaints of pain. Naproxen and cyclobenzaprine are good choices.
4. Encourage patients to stay on their feet and move around. This will reduce the likelihood of developing chronic back pain.