KNGF-richtlijn
Low back pain

Methodic approach

low back pain

presentation via direct access screen for red flags

suspected specific cause of low back pain

referred by family doctor, company doctor or specialist

History-taking and examination

• complaints, presenting problem
• screening for red flags
• determining onset of complaints; tracing time course
• present status
• patient’s coping strategy
• (psychosocial) factors impeding recovery

measurement instruments:
NRS for Pain, PSC and QBPDS

non-specific low back pain

family doctor

NRS = Numeric Rating Scale; PSC = Patient-Specific Complaints; QBPDS = Quebec Back Pain Disability Scale
Therapeutic process

Profile 1: normal course
- Reassure patient.
- Preferably do not recommend bed rest (maximum 2 days if in severe pain).
- Encourage gradually increasing activity level, continuing or resuming work (if necessary temporarily adjusting workload).
- Explain that increasing activity level is not associated with damage to the back.
- Limit the treatment episode to 3 sessions.

Profile 2: abnormal course without dominance of psychosocial factors
- Encourage gradually increasing activity level, continuing or resuming work (if necessary temporarily adjusting workload).
- Explain that increasing activity level is not associated with damage to the back.
- Design an exercise program that fits in with the patient’s needs and your own expertise as a therapist.
- Consider joint mobilization or manipulation.
- Consider short massage or thermal therapy to alleviate the pain.
- If on sick leave for over 4 weeks: inquire about arrangement made with the company doctor and if necessary contact the company physical therapist and/or company doctor.

Profile 3: abnormal course with dominance of psychosocial factors
- Evaluate psychosocial factors with an adverse influence on recovery.
- Consult the company doctor or company physical therapist for patients with physically heavy jobs, prolonged sick leave or labor dispute.
- Encourage gradually increasing activity level, continuing or resuming work.
- Offer a graded activities program, based on predefined time schedule for exercise load, rather than on pain levels.
- If patient is on sick leave, try to match the targets of the exercise program to the targets for work resumption.
- Terminate treatment if no progress after 3–6 weeks.

Evaluation of treatment outcome and conclusion of therapy
Measurement instruments: NRS for Pain, PSC and QBPDS