Saskatchewan Low Back Pain Pathway Primary Care Provider Treatment Algorithm



Pattern 4: Intermittent Leg Dominant Pain

Descriptive Symptoms	
Leg dominant pain: felt most intensely below the gluteal fold above or below the knee.	
Pain is worse with activity in extension and better with rest and flexion.	
Pain is always intermittent.	
Neurological symptoms are usually absent at rest.	
Generally found in patients over 50 – often associated with degenerative changes in the spine	
Findings on Objective Assessment	
☐ There are no acute irritative findings.	
Neurological examination at rest is normal or identifies an established focal conduction defect.	
Initial Treatment	
 Reassure patient. Provide patient with Back Pain: Patient Information and Pattern 4: Patient Handout Instruct patient to follow appropriate treatment schedule: position, movement, pharmacology and adjunct therapies 	
Positions:	Movement:
☐ Generally relieved rapidly with rest and flexion	☐ Modification of daily routine
☐ Pelvic tilt	Regular, continued flexion-strengthening exercises is the most
☐ Correct sitting and standing postures	effective physical treatment
	☐ Increase trunk strength in the abdominal oblique and paraspinal
	muscles
Typical Therapy Options:	
Pharmacologic Therapy	Non-Pharmacologic (Adjunct) Therapy
Acetaminophen	Exercise Therapy
□ NSAIDS	Massage
	Acupuncture
	☐ Yoga
	Apply Ice/Heat
	☐ Progressive Relaxation
Follow Up: Treat for one to two months before follow-up	
1. Assess treatment response	
Assess pain medication and treatment modalities	
Assess improvement:	
☐ Better = Increased walking distance	
☐ Worse = Decreased walking distance	
Worse - Decreased walking distance	
2. Has there been clinical improvement?	
☐ Significant Improvement	
Treatment requires an extended period of increasing strength and range of motion	
 Patient should have a quick return to work with no modification or review 	
Fatterit should have a quick return to work with no modification of review	
☐ Limited Improvement	
Continue with treatment	
Improve exercise techniques Stationary evaling in flovion	
Stationary cycling in flexion Ingresses frequency of reat/exercise evolves.	
Increase frequency of rest/exercise cycles	
☐ No Improvement	

If patient has no improvement, refer to the Multi Disciplinary Clinic.