QUICK REFERENCE TRIAGE ALGORITHM
Patterns of Low Back Pain

DESCRIPTIVE SYMPTOMS	FINDINGS ON OBJECTIVE ASSESSMENT
Pattern 1: Back dominant pain aggravated by flexion	
• **Low back dominant pain: felt most intensely in the back, buttock, over the trochanter or in the groin** • **Pain is always intensified by forward bending or sustained flexion** • **Pain may be constant or intermittent** • **No relevant neurological symptoms**	**This pattern is divided into two groups:** • **Fast Responders: Increased pain on flexion and relief with lumbar extension** • **Slow Responders: Increased pain on flexion and on extension** **The neurological examination is normal or non-contributory**
Pattern 2: Back dominant pain aggravated only by extension	
• **Low back dominant pain; felt most intensely in the back, buttock, over the trochanter or in the groin** • **Pain is NEVER intensified with flexion** • **Pain is _always intermittent_** • **No relevant neurological symptoms**	**The neurological examination is normal or non-contributory**
Pattern 3: Constant leg dominant pain	
• **Leg dominant pain: felt most intensely below the gluteal fold above or below the knee** • **Pain is _always constant_** • **Neurological symptoms _must_ be present**	_**Never give exercises to a Pattern 3**_ **Neurological examination must be positive for either an irritative test or a newly acquired focal conduction deficit.**
Pattern 4: Intermittent leg dominant pain aggravated by activity	
• **Leg dominant pain: felt most intensely below the gluteal fold above or below the knee** • **Pain is brought on by activity and relieved by rest in 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**	**Neurological examination at rest is normal or identifies an established focal conduction defect.** • **negative irritative test** • **possible conduction loss** • **straight leg raise is negative** • **pheasant test (test pre/post dorsi flexion with resistance)**
Please see corresponding Treatment Algorithm (Patterns 1-5) for treatment schedules	

Follow-up questions:
1. **Ask the patient – Did it work?**
2. **Location of Pain**
3. **Intensity of Pain**
4. **Frequency of Pain periods**
5. **Effect of the recommended treatment**