



The Royal College of
Chiropractors

Chiropractic Quality Standard
Chronic Low Back Pain



About The Royal College of Chiropractors' Quality Standards

Quality Standards are tools designed to help deliver the best possible outcomes for patients. They are a series of specific, concise quality statements with associated measures that provide aspirational, but achievable, markers of high-quality patient care covering the treatment of different conditions. They also form an important part in addressing the increasing priority being placed on improving quality and patient outcomes.

The primary purpose of The Royal College of Chiropractors' quality standards is to make it clear what quality care is by providing patients, the public, healthcare professionals, commissioners and chiropractors with definitions of high-quality chiropractic care.

By providing a clear description of what a high-quality service looks like, clinics can improve quality and achieve excellence. The quality standards encompass statutory requirements, best practice and existing clinical guidelines, but they are not a new set of targets or mandatory indicators for performance management. They are, however, a useful source to form the basis of clinical audit and to identify priorities for future improvement.

Chiropractors are encouraged to adopt the Royal College of Chiropractors quality standards as practice policy. They can be used in a wide range of circumstances, such as a source of identifying CPD, promoting the services that you provide, tendering for NHS contracts, or education at a local and national level. They enable Healthcare professionals to understand the standard of service that you provide, and allow commissioners to be confident that the services they are purchasing are of high quality. Importantly, they also help patients to understand what service they should expect.

Chiropractic Quality Standard

Chronic Low Back Pain

Contents

Quality Statements	4
Scope of Quality Standard	5
Quality Measures	5
Chiropractic Quality Statement 1: Waiting Times	6
Chiropractic Quality Statement 2: History, Examination and Triage	7
Chiropractic Quality Statement 3: Diagnostic Imaging	8
Chiropractic Quality Statement 4: Psychosocial Assessment	9
Chiropractic Quality Statement 5: Patient Explanations	10
Chiropractic Quality Statement 6: Plan of Care	11
Chiropractic Quality Statement 7: Informed Consent	12
Chiropractic Quality Statement 8: Treatment Aims	13
Chiropractic Quality Statement 9: Advice, Information and Education	14
Chiropractic Quality Statement 10: Package of Care	15
Chiropractic Quality Statement 11: GP Reports	16
Chiropractic Quality Statement 12: Reviews and Referrals	17
Chiropractic Quality Statement 13: Ongoing Care	18
List of Sources	20

Quality Statements

1. On contacting a chiropractic clinic, patients seeking care for chronic low back pain are offered an appointment within three working days.
2. Patients presenting with chronic low back pain are assessed on the basis of a focused history, physical and neurological examination, and then triaged to identify patients with non-specific low back pain, radicular pain and those with possible serious underlying pathology.
3. In the absence of positive clinical indicators suggesting possible serious underlying pathology (red flags), routine diagnostic imaging (including x-rays, CT or MRI) is not required for patients presenting with chronic non-specific low back pain. X-Rays can be useful to assess structural deformities and MRI can help to assess radicular symptoms.
4. Psychosocial factors are specifically assessed in patients presenting with chronic low back pain in order to inform the prognosis and assist in the choice of appropriate treatment regimens.
5. Patients with chronic low back pain are given an explanation of their condition, the likely causal factors, details of other treatment options, and the expected prognosis.
6. A plan of care is formulated in partnership with patients presenting with chronic low back pain after their personal expectations, beliefs and preferences have been considered. Joint management with other healthcare practitioners will also be considered.
7. Patients with chronic low back pain are asked to consent to treatment after they have received an explanation of the risks and benefits of treatment, the likely outcomes with and without treatment, and a plan of care has been agreed.
8. The aims of treatment for patients with chronic low back pain are developed on the basis of shared decision-making, but should include a reduction of symptoms, improvement of function, and return to normal daily activities.
9. Patients with chronic low back pain are given advice and information to help self-manage their condition and are encouraged to exercise, be physically active and to continue normal daily activities, as far as possible.
10. Patients with chronic low back pain are treated with a package of care, which may include psychosocial interventions, advice and information, manipulation and/or mobilisation, soft tissue therapies, acupuncture, and exercises.
11. Subject to receiving consent, one or more reports are sent to the GPs of patients with chronic low back pain detailing their presentation, diagnosis and response to treatment.
12. The progress of patients with chronic low back pain is continually kept under review with regular formal reassessments, the use of validated outcome tools, and potential referral to another healthcare practitioner if they do not show significant signs of improvement within six weeks.
13. Ongoing supportive self-management, including rehabilitation and prophylactic care, is offered to patients presenting with chronic low back pain once their condition has stabilised.

Scope of Quality Standard

This quality standard covers the chiropractic management of adults with chronic low back pain of greater than 6 weeks in duration. This includes non-specific low back pain as well as radicular pain, but excludes serious spinal pathology.

Non-specific low back pain and radicular pain encompass a large number of different onsets, presentations, and sources of pain. These quality statements are therefore general, but nevertheless provide aspirational, but achievable, markers of high-quality, cost-effective patient care.

This standard should be read in conjunction with the chiropractic quality standard “Supportive Self-Management in Chronic Care”, also published by the Royal College of Chiropractors.

Quality Measures

The quality measures accompanying each quality standard aim to improve the structure, process and outcomes of care. They are not a new set of targets or mandatory indicators for performance management, but might be used to form the basis of future audit. They also specify what each statement means to each stakeholder (provider, commissioners, patients).

Chiropractic Quality Statement I: Waiting Times

<p>Quality Statement</p>	<p>On contacting a chiropractic clinic, patients seeking care for chronic low back pain are offered an appointment within three working days.</p>
<p>Quality Measure</p>	<p>Structure: Evidence of practice policy listing waiting time targets and the necessary practitioner availability to reasonably meet the targets.</p> <p>Process: Proportion of patients seeking care for chronic low back pain being offered appointments within three working days.</p> <p>Numerator: the number of patients in the denominator being offered an appointment within three days.</p> <p>Denominator: the total number of patients contacting the clinic with chronic low back pain.</p>
<p>Description of what the quality statement means for each audience</p>	<p>Service Providers should ensure that their clinic has the appropriate capacity to provide appointments within three working days for patients contacting the clinic with chronic low back pain.</p> <p>Commissioners should look at the current capacity of a service provider to offer appointments to patients with chronic low back pain within three working days, together with any plans in place to expand this capacity should a contract necessitate this.</p> <p>Patients with chronic low back pain should have an expectation that they will be provided an appointment within three working days.</p>
<p>Source</p>	<p>A reasonable expectation by both the service providers and service users</p>

Chiropractic Quality Statement 2: History, Examination and Triage

Quality Statement

Patients presenting with chronic low back pain are assessed on the basis of a focused history, physical and neurological examination, and then triaged to identify patients with non-specific low back pain, radicular pain and those with possible serious underlying pathology.

Quality Measure

Structure: Evidence of practice policy regarding history taking and clinical examination procedures for patients with chronic low back pain, including a neurological assessment and the subsequent triaging of patients.

Process:

1) Proportion of patients presenting with chronic low back pain having a record in their clinical notes that a focused history and examination (including neurological assessment) has taken place.

Numerator: the number of patients in the denominator in which a focused history and examination (including neurological assessment) has been recorded in their notes.

Denominator: the total number of patients presenting with chronic low back pain.

2) Proportion of patients presenting with chronic low back pain having a record in their clinical notes of being triaged and given an appropriate category of diagnosis.

Numerator: the number of patients in the denominator in which a record of being triaged and given an appropriate category of diagnosis has been recorded in their clinical notes.

Denominator: the total number of patients presenting with chronic low back pain.

Description of what the quality statement means for each audience

Service Providers should ensure that they are taking the appropriate history and carrying out the necessary examination (including a neurological component) for patients presenting with chronic low back pain, and that they are then appropriately triaged to identify those with radicular pain or possible serious underlying pathology.

Commissioners should ensure that the necessary policies and infrastructure are in place to carry out and record a history and examination findings of patients presenting with chronic low back, and should expect patients to be appropriately triaged.

Patients with chronic low back pain should expect to have a detailed history taken, undergo a thorough examination, and be identified as having either non-specific low back pain, radicular pain or need further assessment for possible underlying pathology.

Source

GCC Standard of Proficiency (S2.2, S2.3) [http://www.gcc-uk.org/page.cfm?page_id=15]

European Guidelines for the Management of Chronic Non-Specific Low Back Pain (March 2006). [http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3454542/pdf/586_2006_Article_1072.pdf]

An Updated Overview of Clinical Guidelines for Chronic Low Back Pain Management in Primary Care, Pillastrini P et al. (May 2011). [http://www.primarycareguidelines.com/uploads/5/8/1/0/5810751/jbs2012_lbp.pdf]

Organising Quality and Effective Spinal Services for Patients: A Report for Local Health Communities by the Spinal Taskforce (March 2010). [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_114528]

Guidelines for the Evidence-Informed Primary Care Management of Low Back Pain, Institute of Health Economics, Toward Optimized Practice Program - Alberta, Canada (2nd Edition, 2011). [<http://www.topalbertadoctors.org/cpgs/885801>]

Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society (October 2007). [http://www.healthquality.va.gov/low_back_pain/annals_2007_guideline.pdf]

Chiropractic Quality Statement 3: Diagnostic Imaging

<p>Quality Statement</p>	<p>In the absence of positive clinical indicators suggesting possible serious underlying pathology (red flags), routine diagnostic imaging (including x-rays, CT or MRI) is not required for patients presenting with chronic non-specific low back pain. X-Rays can be useful to assess structural deformities and MRI can help to assess radicular symptoms.</p>
<p>Quality Measure</p>	<p>Structure: Evidence of practice policy with regard to the use of diagnostic imaging for patients presenting with chronic low pain.</p> <p>Process:</p> <p>1) Proportion of patients with chronic low back pain receiving diagnostic imaging.</p> <p>Numerator: the number of patients in the denominator having received diagnostic imaging.</p> <p>Denominator: the total number of patients presenting with chronic low back pain.</p> <p>2) Proportion of patients with chronic low back pain, for which there is documentary evidence of a reasonable clinical justification for a diagnostic imaging procedure having being performed.</p> <p>Numerator: the number of patients in the denominator with a reasonable clinical justification for a diagnostic imaging procedure to have been performed.</p> <p>Denominator: the total number of patients presenting with chronic low back pain for whom a diagnostic imaging procedure was performed.</p>
<p>Description of what the quality statement means for each audience</p>	<p>Service Providers should ensure that diagnostic imaging tests are not requested routinely for patients with chronic low back pain, but only used with specific individual clinical justification.</p> <p>Commissioners should not expect diagnostic imaging to be a standard procedure for patients with chronic low back pain, but one that may be required, based on reasoned clinical need.</p> <p>Patients with chronic low pain should not expect to have an x-ray or scan of their low back, but that it would be considered if clinically appropriate.</p>
<p>Source</p>	<p>GCC Standard of Proficiency (S2.4) [http://www.gcc-uk.org/page.cfm?page_id=15]</p> <p>NICE Clinical Guideline 88 – Early Management of Persistent Non-Specific Low Back Pain (May 2009) [http://guidance.nice.org.uk/cg188]</p> <p>The Musculoskeletal Services Framework, Department of Health (July 2006) [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4138413]</p> <p>European Guidelines for the Management of Chronic Non-Specific Low Back Pain (March 2006). [http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3454542/pdf/586_2006_Article_1072.pdf]</p> <p>Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society (October 2007). [http://www.healthquality.va.gov/low_back_pain/annals_2007_guideline.pdf]</p>

Chiropractic Quality Statement 4: Psychosocial Assessment

Quality Statement

Psychosocial factors are specifically assessed in patients presenting with chronic low back pain in order to inform the prognosis and assist in the choice of appropriate treatment regimens.

Quality Measure

Structure: Evidence of practice policy relating to the early assessment of psychosocial factors for patients presenting with chronic low back pain, and the subsequent identification of prognostic indicators.

Process: Proportion of patients with chronic low back pain who have had psychosocial factors assessed, and prognostic indicators identified.

Numerator: the number of patients in the denominator whose psychosocial factors have been assessed and prognostic indicators identified.

Denominator: the total number of patients presenting with chronic low back pain

Description of what the quality statement means for each audience

Service Providers should assess the psychosocial factors of patients presenting with chronic low back pain, identify those at risk of chronicity, and tailor their treatment appropriately.

Commissioners should seek evidence that patients presenting with chronic low back pain are assessed for psychosocial factors of and those at high risk of chronicity identified early to inform appropriate management.

Patients with chronic low back pain should expect to be asked questions relating to their health beliefs, opinions and the effects their condition is having on their lifestyle, in order to inform decisions made about their care.

Source

GCC Standard of Proficiency (S3.2) [http://www.gcc-uk.org/page.cfm?page_id=15]

European Guidelines for the Management of Chronic Non-Specific Low Back Pain (March 2006). [http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3454542/pdf/586_2006_Article_1072.pdf]

An Updated Overview of Clinical Guidelines for Chronic Low Back Pain Management in Primary Care, Pillastrini P et al. (May 2011).

[http://www.primarycareguidelines.com/uploads/5/8/1/0/5810751/jbs2012_lbp.pdf]

Low Back and Radicular Pain: A Pathway for Care developed by the British Pain Society (Map of Medicine, July 2013). [<http://bj.oxfordjournals.org/content/111/1/112.full.pdf+html>]

Organising Quality and Effective Spinal Services for Patients: A Report for Local Health Communities by the Spinal Taskforce (March 2010). [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_114528]

Guidelines for the Evidence-Informed Primary Care Management of Low Back Pain, Institute of Health Economics, Toward Optimized Practice Program - Alberta, Canada (2nd Edition, 2011). [<http://www.topalbertadoctors.org/cpgs/885801>]

Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society (October 2007). [http://www.healthquality.va.gov/low_back_pain/annals_2007_guideline.pdf]

Chiropractic Quality Statement 5: Patient Explanations

<p>Quality Statement</p>	<p>Patients with chronic low back pain are given an explanation of their condition, the likely causal factors, details of other treatment options, and the expected prognosis.</p>
<p>Quality Measure</p>	<p>Structure: Evidence of practice policies relating to the communication to patients with chronic low back pain of the details of their condition, including causes, proposed treatment and expected prognosis.</p> <p>Process: Proportion of patients with chronic low back pain who have received an explanation of their condition, the likely causal factors, any proposed treatment, and the expected prognosis.</p> <p>Numerator: the number of patients in the denominator who have been given an explanation of their condition, the likely causal factors, any proposed treatment, and the expected prognosis.</p> <p>Denominator: the total number of patients presenting with chronic low back pain.</p>
<p>Description of what the quality statement means for each audience</p>	<p>Service Providers should ensure that appropriate time is allocated to give accurate, relevant and clear information to patients with chronic low back pain about their condition, the likely causal factors and treatment options, together with the expected prognosis.</p> <p>Commissioners should seek evidence from Service Providers that patients with chronic low back pain are given an explanation of their condition and treatment options, together with the expected prognosis.</p> <p>Patients with chronic low back pain should expect to be given an explanation of their condition and what may have caused it, together with details of treatments and the likely outcomes.</p>
<p>Source</p>	<p>GCC Code of Practice and Standard of Proficiency (B3, S2.1, S2.6) [http://www.gcc-uk.org/page.cfm?page_id=15]</p> <p>NICE Clinical Guideline 88 – Early Management of Persistent Non-Specific Low Back Pain (May 2009) [http://guidance.nice.org.uk/cg188]</p> <p>NICE Clinical Guideline 138 - Patient experience in adult NHS services (February 2012) [http://guidance.nice.org.uk/cg138]</p> <p>The Musculoskeletal Services Framework, Department of Health (July 2006) [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4138413]</p>

Chiropractic Quality Statement 6: Plan of Care

<p>Quality Statement</p>	<p>A plan of care is formulated in partnership with patients presenting with chronic low back pain after their personal expectations, beliefs and preferences have been considered. Joint management with other healthcare practitioners also will be considered.</p>
<p>Quality Measure</p>	<p>Structure: Evidence of practice policies and procedures with regard to care plans, the consideration of the patients' personal expectations, beliefs and preferences, and the involvement of other health professionals in patient management.</p> <p>Process: Proportion of patients with chronic low back pain who have received a plan of care, after having had their personal expectations, beliefs and preferences taken into consideration.</p> <p>Numerator: the number of patients in the denominator who have received a plan of care, after having their personal expectations, beliefs and preferences taken into consideration.</p> <p>Denominator: the total number of patients presenting with chronic low back pain.</p>
<p>Description of what the quality statement means for each audience</p>	<p>Service Providers should have the systems in place to ensure that the personal expectations, beliefs and preferences of patients with chronic low back pain are taken into consideration before a plan of care is formulated, in partnership with patients, which will include the option of involving of other health professionals in patients management.</p> <p>Commissioners should expect to see evidence that the personal expectations, beliefs and preferences of patients with chronic low back pain are taken into consideration before a plan of care is formulated, in partnership with patients, which will include the option of involving of other health professionals in patients management.</p> <p>Patients with chronic low back pain should expect to have their personal expectations, beliefs and preferences taken into consideration before taking part in formulating a plan of acute care, which will include the possibility of involving of other health professionals in their management.</p>
<p>Source</p>	<p>GCC Code of Practice and Standard of Proficiency (B1, B3, B5, F1, F4, S2.1, S3.1, S3.2, S2.7, S3.3) [http://www.gcc-uk.org/page.cfm?page_id=15]</p> <p>NICE Clinical Guideline 88 – Early Management of Persistent Non-Specific Low Back Pain (May 2009) [http://guidance.nice.org.uk/cg188]</p> <p>NICE Clinical Guideline 138 - Patient experience in adult NHS services (February 2012) [http://guidance.nice.org.uk/cg138]</p> <p>The Musculoskeletal Services Framework, Department of Health (July 2006) [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4138413]</p>

Chiropractic Quality Statement 7: Informed Consent

<p>Quality Statement</p>	<p>Patients with chronic low back pain are asked to consent to treatment after they have received an explanation of the risks and benefits of treatment, the likely outcomes with and without treatment, and a plan of care has been agreed.</p>
<p>Quality Measure</p>	<p>Structure: Evidence of practice policies relating to consent, and the information supplied to patients prior to consent being sought.</p> <p>Process: Proportion of patients with chronic low back pain that have consented to treatment following an explanation of the risks, benefits and likely outcomes, and once a plan of care has been agreed.</p> <p>Numerator: the number of patients in the denominator who have consented to treatment following an explanation of the risks, benefits and likely outcomes, and after agreeing a plan of care.</p> <p>Denominator: the total number of patients presenting with chronic low back pain.</p>
<p>Description of what the quality statement means for each audience</p>	<p>Service Providers should ensure that the risks, benefits and likely outcomes have been explained to patients with chronic low back pain, and a plan of care agreed, prior to consent to treatment being requested and documented.</p> <p>Commissioners need to ensure that Service Providers have a consent policy in place, in which patients with chronic low back pain are given information about the risks, benefits, and likely outcomes of treatment, and an agreed plan of care, prior to consent being given.</p> <p>Patients with chronic low back pain should expect to be given information about the risks and benefits of treatment, the likely outcomes both with and without treatment, and have agreed a plan of care, before being asked to consent to receiving treatment.</p>
<p>Source</p>	<p>GCC Code of Practice and Standard of Proficiency (B3, B4, C1, S2.1, S2.6) [http://www.gcc-uk.org/page.cfm?page_id=15]</p> <p>NICE Clinical Guideline 138 - Patient experience in adult NHS services (February 2012) [http://guidance.nice.org.uk/cg138]</p> <p>The Musculoskeletal Services Framework, Department of Health (July 2006) [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4138413]</p>

Chiropractic Quality Statement 8: Treatment Aims

<p>Quality Statement</p>	<p>The aims of treatment for patients with chronic low back pain are developed on the basis of shared decision-making, but should include a reduction of symptoms, improvement of function, and return to normal daily activities.</p>
<p>Quality Measure</p>	<p>Structure: Evidence of policy statements on the intention of treatment, and the acknowledgement of the personal expectations and preferences of the patient in reaching that decision.</p> <p>Process: Proportion of patients with chronic low back pain whose agreed aims of treatment include the reduction in symptoms, the restoration of function, and a return to normal daily activities.</p> <p>Numerator: the number of patients in the denominator whose treatment aims are to reduce symptoms, regain function and return to normal daily activities.</p> <p>Denominator: the total number of patients presenting with chronic low back pain.</p>
<p>Description of what the quality statement means for each audience</p>	<p>Service Providers should aim to establish treatment aims in partnership with patients, but these should normally include the reduction of symptoms, the restoration of function, and enablement of patients with chronic low back pain to resume their normal daily activities.</p> <p>Commissioners should look for evidence that the aim of treatment of patients with chronic low back pain is to reduce symptoms, restore function, and enable patients with chronic low back pain to resume their normal daily activities, subject to their expectations and preferences being considered.</p> <p>Patients with chronic low back pain should expect to take part in determining the aims of treatment, but should anticipate those to include the reduction of symptoms, the restoration of function, and to return to normal daily activities.</p>
<p>Source</p>	<p>GCC Code of Practice (B1, B3, B5) [http://www.gcc-uk.org/page.cfm?page_id=15]</p> <p>Low Back Pain: Clinical Practice Guidelines Linked to the International Classification of Functioning, Disability and Health, American Physical Therapy Association (April 2012). [http://www.jospt.org/doi/abs/10.2519/jospt.2012.42.4.A1#.Uk3vShapeQk]</p> <p>Guidelines for the Evidence-Informed Primary Care Management of Low Back Pain, Institute of Health Economics, Toward Optimized Practice Program - Alberta, Canada (2nd Edition, 2011). [http://www.topalbertadoctors.org/cpgs/885801]</p>

Chiropractic Quality Statement 9: Advice, Information and Education

<p>Quality Statement</p>	<p>Patients with chronic low back pain are given advice and information to help self-manage their condition and are encouraged to exercise, be physically active and to continue normal daily activities, as far as possible.</p>
<p>Quality Measure</p>	<p>Structure: Evidence of practice policies or procedures with regard to the support and encouragement given to patients to self-manage their condition, particularly in relation to activity and the continuation or resumption of normal home and work activities.</p> <p>Process: Proportion of patients with chronic low back pain who are encouraged to self-manage their condition by remaining active, doing exercises and continuing with normal daily activities.</p> <p>Numerator: the number of patients in the denominator who are encouraged to self-manage their condition by remaining active, doing exercises and continuing with normal daily activities.</p> <p>Denominator: the total number of patients presenting with chronic low back pain.</p>
<p>Description of what the quality statement means for each audience</p>	<p>Service Providers should encourage patients with chronic low back pain to self-manage their condition by remaining active, perform exercises and continuing with normal daily activities.</p> <p>Commissioners should expect to see policies in place that patients with chronic low back pain are encouraged to self-manage their condition by remaining active, perform exercises and continuing with normal daily activities.</p> <p>Patients with chronic low back pain should expect to be encouraged to remain active, carry out exercises and continuing with normal daily activities, as far as possible.</p>
<p>Source</p>	<p>NICE Clinical Guideline 88 – Early Management of Persistent Non-Specific Low Back Pain (May 2009) [http://guidance.nice.org.uk/cg188]</p> <p>Low Back and Radicular Pain: A Pathway for Care developed by the British Pain Society (Map of Medicine, July 2013). [http://bj.oxfordjournals.org/content/111/1/112.full.pdf+html]</p> <p>Organising Quality and Effective Spinal Services for Patients: A Report for Local Health Communities by the Spinal Taskforce (March 2010). [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_114528]</p> <p>Low Back Pain: Clinical Practice Guidelines Linked to the International Classification of Functioning, Disability and Health, American Physical Therapy Association (April 2012). [http://www.jospt.org/doi/abs/10.2519/jospt.2012.42.4.A1#.Uk3vShapeQk]</p> <p>Guidelines for the Evidence-Informed Primary Care Management of Low Back Pain, Institute of Health Economics, Toward Optimized Practice Program - Alberta, Canada (2nd Edition, 2011). [http://www.topalbertadoctors.org/cpgs/885801]</p> <p>Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society (October 2007). [http://www.healthquality.va.gov/low_back_pain/annals_2007_guideline.pdf]</p> <p>Clinic on Low-Back Pain in Interdisciplinary Practice (CLIP) Guidelines, Canada (2007). [http://collections.banq.qc.ca/ark:/52327/bs47125]</p>

Chiropractic Quality Statement 10: Package of Care

Quality Statement	<p>Patients with chronic low back pain are treated with a package of care, which may include psychosocial interventions, advice and information, manipulation and/or mobilisation, soft tissue therapies, acupuncture, and exercises.</p>
Quality Measure	<p>Structure: Evidence of practice policy on the provision of a package of care for the treatment of chronic low back pain which will include many of; advice and information, manipulation and/or mobilisation, acupuncture, soft tissue therapies, and psychosocial interventions.</p> <p>Process: Proportion of patients with chronic low back pain who are treated with a package of care, which may include advice and information, manipulation and/or mobilisation, soft tissue therapies, acupuncture, exercises and psychosocial interventions.</p> <p>Numerator: the number of patients in the denominator who receive a package of care, which may include advice and information, manipulation and/or mobilisation, soft tissue therapies, acupuncture, exercises, and psychosocial interventions.</p> <p>Denominator: the total number of patients presenting with chronic low back pain.</p>
Description of what the quality statement means for each audience	<p>Service Providers should provide a package of care for the treatment of chronic low back pain that will include many of the following; advice and information, manipulation and/or mobilisation, soft tissue therapies, acupuncture, exercises and psychosocial interventions.</p> <p>Commissioners should seek evidence that chronic low back pain patients are treated with a package of care, including many of the following; advice and information, manipulation and/or mobilisation, soft tissue therapies, acupuncture, exercises, and cognitive behavioural interventions.</p> <p>Patients with chronic low back pain should expect to be treated with a number of different techniques, which might include advice and information, manipulation and/or mobilisation, soft tissue therapies, acupuncture, exercises, and addressing the psychological and social implications associated with low back pain.</p>
Source	<p>GCC Code of Practice and Standard of Proficiency (F1, S2.7, S2.8, S3.2) [http://www.gcc-uk.org/page.cfm?page_id=15]</p> <p>The Musculoskeletal Services Framework, Department of Health (July 2006) [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4138413]</p> <p>European Guidelines for the Management of Chronic Non-Specific Low Back Pain (March 2006). [http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3454542/pdf/586_2006_Article_1072.pdf]</p> <p>An Updated Overview of Clinical Guidelines for Chronic Low Back Pain Management in Primary Care, Pillastrini P et al. (May 2011). [http://www.primarycareguidelines.com/uploads/5/8/1/0/5810751/jbs2012_lbp.pdf]</p> <p>Low Back and Radicular Pain: A Pathway for Care developed by the British Pain Society (Map of Medicine, July 2013). [http://bj.oxfordjournals.org/content/111/1/112.full.pdf+html]</p> <p>Organising Quality and Effective Spinal Services for Patients: A Report for Local Health Communities by the Spinal Taskforce (March 2010). [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_114528]</p> <p>Low Back Pain: Clinical Practice Guidelines Linked to the International Classification of Functioning, Disability and Health, American Physical Therapy Association (April 2012). [http://www.jospt.org/doi/abs/10.2519/jospt.2012.42.4.A1#.Uk3vShapeQk]</p> <p>Diagnosis and Treatment of Low Back Pain: A Joint Clinical Practice Guideline from the American College of Physicians and the American Pain Society (October 2007). [http://www.healthquality.va.gov/low_back_pain/annals_2007_guideline.pdf]</p>

Chiropractic Quality Statement 11: GP Reports

<p>Quality Statement</p>	<p>Subject to receiving consent, one or more reports are sent to the GPs of patients with chronic low back pain detailing their presentation, diagnosis and response to treatment.</p>
<p>Quality Measure</p>	<p>Structure: Evidence of practice policy that reports are sent to the GPs of patients with chronic low back pain detailing their presentation, diagnosis and response to treatment.</p> <p>Process: Proportion of patients with chronic low back pain for which a report has been sent to the patient's GP detailing their presentation, diagnosis and response to treatment.</p> <p>Numerator: the number of patients in the denominator who have had a report sent to their GP detailing their presentation, diagnosis and response to treatment.</p> <p>Denominator: the total number of patients presenting with chronic low back pain.</p>
<p>Description of what the quality statement means for each audience</p>	<p>Service Providers should have systems in place to ensure that reports are written and sent to the GPs of patients with chronic low back pain detailing their presentation, diagnosis and response to treatment.</p> <p>Commissioners should seek evidence that reports are sent to the GPs of patients with chronic low back pain detailing their presentation, diagnosis and response to treatment.</p> <p>Patients with chronic low back pain should expect that, with their consent, a report will be sent to their GP detailing their presentation, diagnosis and response to treatment.</p>
<p>Source</p>	<p>GCC Code of Practice and Standard of Proficiency (A8, A9, S3.4) [http://www.gcc-uk.org/page.cfm?page_id=15]</p> <p>NICE Clinical Guideline 138 - Patient experience in adult NHS services (February 2012) [http://guidance.nice.org.uk/cg138]</p>

Chiropractic Quality Statement 12: Reviews and Referrals

<p>Quality Statement</p>	<p>The progress of patients with chronic low back pain is continually kept under review with regular formal reassessments, the use of validated outcome tools, and potential referral to another healthcare practitioner if they do not show significant signs of improvement within six weeks.</p>
<p>Quality Measure</p>	<p>Structure: Evidence of practice policy with regard to the regular assessment of patients, the use of outcome measures, and the consideration of referral for those who do not show signs of significant improvement.</p> <p>Process:</p> <p>1) Proportion of patients with chronic low back pain who are reassessed on a regularly basis, including the use of outcome measures.</p> <p>Numerator: the number of patients in the denominator who have been reassessed on a regular basis, including the use of outcome measures.</p> <p>Denominator: the total number of patients presenting with chronic low back pain.</p> <p>2) Proportion of patients presenting with chronic low back pain that are referred if their condition shows no signs of significant improvement within six weeks.</p> <p>Numerator: the number of patients in the denominator who have been referred after they have shown no signs of significant improvement within six weeks.</p> <p>Denominator: the total number of patients presenting with chronic low back pain who have shown no significant signs of improvement within six weeks.</p>
<p>Description of what the quality statement means for each audience</p>	<p>Service Providers should regularly assess patients with chronic low back pain, use validated outcome measures, and consider a referral if they show no signs of significant improvement within six weeks.</p> <p>Commissioners should expect to see policies on reassessments and referrals stating that patients with chronic low back pain will be regularly assessed (including with the use of outcome tools), and a referral considered if they show no signs of significant improvement within six weeks.</p> <p>Patients with chronic low back pain should expect to be regularly assessed, and a referral considered if they show no signs of significant improvement within six weeks.</p>
<p>Source</p>	<p>GCC Code of Practice and Standard of Proficiency (D1, F1, S2.1, S2.4, S2.6, S2.7, S3.1, S3.2, S3.3) [http://www.gcc-uk.org/page.cfm?page_id=15]</p> <p>NICE Clinical Guideline 88 – Early Management of Persistent Non-Specific Low Back Pain (May 2009) [http://guidance.nice.org.uk/cg188]</p> <p>Low Back and Radicular Pain: A Pathway for Care developed by the British Pain Society (Map of Medicine, July 2013). [http://bj.oxfordjournals.org/content/111/1/112.full.pdf+html]</p> <p>Low Back Pain: Clinical Practice Guidelines Linked to the International Classification of Functioning, Disability and Health, American Physical Therapy Association (April 2012). [http://www.jospt.org/doi/abs/10.2519/jospt.2012.42.4.A1#.Uk3vShapeQk]</p>

Chiropractic Quality Statement 13: Ongoing Care

<p>Quality Statement</p>	<p>Ongoing supportive self-management, including rehabilitation and prophylactic care, is offered to patients presenting with chronic low back pain once their condition has stabilised.</p>
<p>Quality Measure</p>	<p>Structure: Evidence of practice policy regarding the provision of ongoing supportive self-management, including rehabilitation and prophylactic care, for patients with chronic low back pain, once their condition is stabilised.</p> <p>Process: Proportion of patients that, once their condition is stabilised, is offered ongoing supportive self-management, including rehabilitation and prophylactic care.</p> <p>Numerator: the number of patients in the denominator who, once their condition has stabilised, are offered ongoing supportive self-management, including rehabilitation and prophylactic care.</p> <p>Denominator: the total number of patients presenting with chronic low back pain whose condition has stabilised.</p>
<p>Description of what the quality statement means for each audience</p>	<p>Service Providers should ensure that, once their condition is stabilised, patients with chronic low back pain are offered ongoing supportive self-management, including rehabilitation and prophylactic care.</p> <p>Commissioners should seek evidence that, once their condition is stabilised, patients with chronic low back pain are offered ongoing supportive self-management, including rehabilitation and prophylactic care.</p> <p>Patients with chronic low back pain should expect, once their condition is stabilised, to be offered ongoing support to help themselves to manage their condition, including rehabilitation and preventative care.</p>
<p>Source</p>	<p>A reasonable expectation by both the service providers and service users.</p> <p>GCC Standard of Proficiency (S2.6, S3.1, S3.2, S3.3, S3.6) [http://www.gcc-uk.org/page.cfm?page_id=15]</p> <p>Guidelines for the Evidence-Informed Primary Care Management of Low Back Pain, Institute of Health Economics, Toward Optimized Practice Program - Alberta, Canada (2nd Edition, 2011). [http://www.topalbertadoctors.org/cpgs/885801]</p>

The Royal College of Chiropractors

Chiropractic Quality Standard

Chronic Low Back Pain

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