



The Royal College of  
**Chiropractors**

# Chiropractic Quality Standard

## Chronic Low Back Pain

- 1. Waiting Times:** On contacting a chiropractic clinic, patients seeking care for chronic low back pain are offered an appointment within three working days.
- 2. History, Examination and Triage:** 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. Diagnostic Imaging:** 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 Assessment:** 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. Patient Explanations:** 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. Plan of Care:** 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. Informed Consent:** 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. Treatment Aims:** 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. Advice, Information and Education:** 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. Package of Care:** 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. GP Reports:** 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. Reviews and Referrals:** 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 Care:** 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 this 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.

## 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.

For the fully detailed version of this Quality Standard, please visit [www.rcc-uk.org](http://www.rcc-uk.org) and choose the ‘Quality’ menu.

The Royal College of Chiropractors’ Quality Standard on Chronic Low Back Pain  
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