



The Royal College of
Chiropractors

Low Back Pain and Sciatica

Chiropractic Assessment and Management Flowchart

1. Assessment

Comprehensive and focused history and physical examination, including neurological assessment, as well as the collection of baseline outcomes data

Red Flags

- Assess for the signs and symptoms of potential serious underlying pathology (including cauda equina syndrome, spinal cord compression, infection, malignancy, and fracture)

Non-Physical Factors

- Identification of psychosocial factors adversely effecting presenting symptoms and prognosis
- Appreciation of relevant modifiable contextual factors that may have an effect on outcomes
- Use of stratification tools (eg STarT Back) to inform prognosis and assist management decisions

Specific Risk Screening

- Assess for the presence of co-existing or influencing pathology requiring referral, co-management, or the amendment of management approaches
 - Osteoporosis
 - Axial Spondyloarthritis
 - Hypermobility Spectrum Disorder
 - Vascular Vulnerability

Diagnostic Imaging is not required routinely (but may be considered in circumstances such as trauma, suspected axial spondyloarthritis, and when positive red flags warrant further investigation)

Working Diagnosis / Clinical Impression

Possible Serious Underlying Pathology

Non-Specific Low Back Pain with or without **Sciatica**

Relevant Co-Existing or Influencing Pathology (requiring referral, co-management, or additional management considerations)

Interprofessional Collaboration

Emergency Referrals - same day A&E referrals (eg cauda equina syndrome)

Urgent Referrals - to GP within 2 weeks

Referral to GP, or other Healthcare Professional, for opinion, investigations or management (as necessary)

Co-management with another Healthcare Professional (as necessary)

Send GP Report providing information on presentations, diagnosis, management and outcomes

2. Shared Decision-Making

- **Explain** assessment findings, clinical impression, treatment options (including risks, benefits and alternatives) and expected outcomes
- **Listen** to patient aims, expectations, preferences and beliefs
- **Discuss** options for care
- **Agree** treatment aims and a treatment plan (all the above is necessary to obtain informed consent)

3. Management

An individualised, evidence-based, multimodal package of care, provided within the context of an effective Therapeutic Alliance, may include:

- Manual therapies (manipulative, mobilisation and soft tissue techniques)
- Psychosocial Interventions (eg. cognitive and behaviour approaches)
- Physical activity (tailored exercise and rehabilitation prescription)
- Information, education and lifestyle advice
- Supportive self-management approaches

4. Monitoring and Reassessment

- Progress is continually monitored, with regular formal reviews, including the use of validated outcome measures.
- Patient must be involved in ongoing decisions about their care, including any continuation of care.
- Referral to another healthcare professional should be considered, particularly if symptoms deteriorate, or there are no signs of significant improvement within six weeks.
- Ongoing supportive self-management, including rehabilitation and prophylactic care, may be offered to patients with chronic conditions once their condition has become manageable or resolved.