Chiropractic Quality Standard

Low Back Pain and Sciatica

The Royal College of Chiropractors

1. **Waiting Times:** On contacting a chiropractic clinic, patients seeking care for low back pain, with or without sciatica, are offered an appointment within five working days, unless red flags suggesting serious pathology are identified at the initial contact, in which case signposting to urgent or emergency medical care is provided.
2. **History and Examination:** Patients presenting with low back pain, with or without sciatica, are assessed by means of a comprehensive and focused history and physical examination, which will include a neurological assessment and screening for signs and symptoms of underlying pathology, as well as the collection of baseline outcomes data.
3. **Non-Physical Factors:** Psychosocial factors are assessed, and contextual effects considered, in patients presenting with low back pain, with or without sciatica, as well as appropriate use of stratification tools (such as STarT Back), to inform the prognosis and assist in the choice of appropriate treatment regimens.
4. **Diagnostic Imaging:** In the absence of clinical indicators suggesting potential serious underlying pathology, routine diagnostic imaging (including x-rays and MRI) is not required for patients presenting with low back pain, with or without sciatica. If diagnostic imaging is considered appropriate, evidence-based justification and valid consent is required.
5. **Treatment Aims:** The aims of treatment for patients with low back pain, with or without sciatica, are developed on the basis of shared decision-making, but consideration is given to a reduction of symptoms, improvement of function, patient-focused goals and return to normal daily activities (including return to work).
6. **Plan of Care:** A plan of care, which will include the objectives, proposed interventions and treatment dose (number and frequency of appointments), is formulated in partnership with patients presenting with low back pain, with or without sciatica, after their personal expectations, beliefs and preferences have been considered. Co-management with other healthcare practitioners is considered, and a plan of care includes a formal review within six weeks of the commencement of treatment.
7. **Valid Consent:** Prior to commencing care, patients with low back pain, with or without sciatica, are invited to consent to care after they have received an explanation of their condition, different options for care, risks and benefits of treatment, likely outcomes with and without treatment, and after a plan of care has been discussed and agreed. Once provided, ongoing consent will be sought throughout a course of care, including at times where management is reviewed or modified.
8. **Therapeutic Alliance:** Patients presenting with low back pain, with or without sciatica, are provided with patient-centred care through an effective therapeutic alliance to support them in achieving their goals as well as addressing adverse psychosocial and contextual factors.
9. **Package of Care:** Patients with low back pain, with or without sciatica, are treated with an individualised, evidence-based, multimodal package of care, which will include advice and information (including relevant safety-netting advice), as well as a range of management options which may include manual therapies (manipulation, mobilisation and soft tissue techniques), cognitive/behavioural interventions, acupuncture and exercise/ rehabilitation.
10. **Support to Self-Manage:** Patients with low back pain, with or without sciatica, are given advice and information to help self-manage their condition and, as far as is possible, are encouraged to exercise, be physically active and to continue normal daily activities.
11. **Interprofessional Collaboration:** When managing patients with low back pain, with or without sciatica, chiropractors are attentive to the expertise and involvement of other health professionals, consider referral and co-management options, and appropriately report their findings and management to the patient's GP.
12. **Monitoring and Reassessment:** The progress of patients with low back pain, with or without sciatica, is continually monitored throughout care, but also kept under review with regular formal reassessments, use of validated outcome tools, and potential referral to another healthcare practitioner, particularly if symptoms deteriorate, or they show no significant signs of improvement within six weeks.
13. **Discharge and Ongoing Care:** Patients with low back pain, with or without sciatica, are discharged from acute care within four weeks of their signs and symptoms being absent. Ongoing supportive self-management, including rehabilitation and prophylactic care, may be offered to patients once their condition has become manageable or resolved.

Scope and Context of this Quality Standard

This RCC Quality Standard covers the chiropractic assessment and management of adult patients (aged 18 and over) presenting with low back pain, with or without sciatica, but excludes serious spinal pathology. In this context of this Standard, sciatica includes both radicular and referred leg pain.

Low back pain has a massive impact on society, is the greatest cause of disability worldwide and is experienced by most people at some point in their lifetime[1,2,3]. Prevalence of back pain in the UK is approximately 17%, affecting more than 1 in 6 people at any one time. Up to 84% of the general population will experience an episode of low back pain during their lifetime and recurrence rates are high[4,5]. Approximately 50% of all patients presenting to chiropractors report doing so because of low back pain, which makes it the most common condition managed by the profession[6].

In primary care, 90-95% of all low back pain has no indication of a serious cause and is often described as non-specific low back pain[7,8]. For chronic pain, this is analogous with the newer term of chronic primary low back pain[9,10]. Radicular leg pain is relatively common, representing 5-10% of patients presenting with low back pain, and has a lifetime incidence ranging from 13% to 40%[11]. Less than 1% of low back pain is due to specific spinal pathology[8].

Numerous national and international guidelines on the assessment and management of low back pain and sciatica have been published over the last few years[10,12,13,14,15,16,17,18,19,20,21,22,23,24,25] and, given that they draw on the same accumulated evidence base, their conclusions are not dissimilar[4,5,27,28]. However, there are very few guidelines, if any, that address the whole patient journey, and none that are specific to the chiropractic profession and its regulation in the UK. Chiropractic care is usually provided in a setting and environment that is less constrained by time and resource limitation than many other healthcare professions and is able to meet the criteria of a high-quality healthcare service that includes care that is effective, safe, person-centred and timely[29,30].

Due to the complex nature of low back pain that cannot be simply compartmentalised into acute and chronic, this RCC Quality Standard replaces those on “Acute Low Back Pain” (2012) and “Chronic Low Back Pain” (2014). Given the chronic nature of many presentations of low back pain, where appropriate, this standard should be read in conjunction with the following other RCC Quality Standards:

RCC Chiropractic Quality Standard on “Chronic Pain”[31]
RCC Chiropractic Quality Standard “Supportive Self-Management in Chronic Care”[32]

RCC Chiropractic Practice Standards are evidence-based publications designed to help chiropractors meet their obligations in the provision of patient care and/or governance of their services. These Practice Standards are relevant to the assessment and management of patients presenting with low back pain, with or without sciatica, and should be considered in conjunction with this Quality Standard when aspiring to provide high quality care.

There are a wide range of different patient presentations associated with low back pain, with or without sciatica, and the management in each case will require an individual approach. These quality statements are therefore general but nevertheless provide achievable markers of high-quality, cost-effective patient care.

About the Royal College of Chiropractors' Quality Standards

This Royal College of Chiropractors (RCC) Quality Standard covers the chiropractic assessment and management of adult patients presenting with low back pain, with or without sciatica. RCC 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 the process of improving quality and patient outcomes.

The primary purpose of RCC 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, clinicians can improve the quality of care that they provide and demonstrate excellent service provision. RCC Quality Standards encompass statutory requirements, best practice and existing clinical guidelines that are specific to a chiropractic setting, and are a useful standard for the basis of clinical audit and to identify priorities for future improvement.

Chiropractors are encouraged to adopt RCC Quality Standards as practice policy. As a template for best practice, they can be used in a wide range of circumstances, such as a resource to identify areas for professional development, to demonstrate quality of service to stakeholders, or when tendering for NHS contracts. They enable other healthcare professionals to understand the standard of service chiropractors 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.

Publication Date: January 2025

The Royal College of Chiropractors
Chiltern House
45 Station Road
Henley on Thames
RG9 1AT

01491 340022
E: admin@rcc-uk.org
W: www.rcc-uk.org