



Imaging for Low Back Pain

Recommendations from the American Academy of Family Physicians

No imaging within the first six weeks in the absence of Red Flags:

Red Flags

- Severe or progressive neurologic deficits (e.g., bowel or bladder function, saddle paresthesia)
- Fever
- Sudden back pain with spinal tenderness (especially with history of osteoporosis, cancer, steroid use)
- Trauma
- Serious underlying medical condition (e.g., cancer)

Recommendations:

- Explain that, based on the history and physical (no red flags), imaging is not needed.
- Explain that muscle spasm associated with LBP is typical, time limited and not related to aging bony changes.
- Elicit patient beliefs, questions or (mis)understanding about LBP.
- Provide empathy, partnership, legitimation; patients are more satisfied and are more likely to adhere to recommendations if they feel understood, supported and a sense of partnership with their physicians.
- Confirm Agreement/Overcome Barriers
 - Back pain in adulthood is common;
 - Bony changes are almost never the reason for acute back pain;
 - CT scan has a significant radiation exposure;
 - MRI has a high false positive rate if no Red Flags are present;
 - If new symptoms arise (leg weakness, loss of urinary control, new onset numbness), imaging will be reconsidered.
 - Improvement in pain is expected with conservative treatment, compliance and time.

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