

Worksheet 1. IMPLEMENTATION STRATEGY
Guideline: Diagnosis and Treatment of Low Back Pain

Overall Implementation Strategy/Focus:

Key Guideline Recommendations	Gaps in Current Practices (Planning Step 1)	Action Strategy (Planning Step 3)
<p>Clinicians should conduct a focused history and physical examination to help place patients with low back pain into one of three broad categories: non-specific low back pain, back pain potentially associated with radiculopathy or spinal stenosis, or back pain associated with another specific spinal cause. The history should include assessment of psychosocial risk factors, which predict risk for chronic disabling back pain. <i>(strong recommendation, moderate-quality evidence)</i></p>		
<p>Clinicians should not routinely obtain imaging or other diagnostic tests in patients with non-specific low-back pain. <i>(strong recommendation, moderate-quality evidence)</i></p>		
<p>Clinicians should perform diagnostic imaging and testing for patients with low back pain when severe or progressive neurologic deficits are present or when serious underlying conditions are suspected on the basis of history and physical examination. <i>(strong recommendation, moderate-quality evidence)</i></p>		
<p>Clinicians should evaluate patients with persistent low-back pain and signs or symptoms of radiculopathy or spinal stenosis with magnetic resonance imaging (preferred) or computed tomography only if they are potential candidates for surgery or epidural steroid injection (for suspected radiculopathy). <i>(strong recommendation, moderate-quality evidence)</i></p>		

Key Guideline Recommendations	Gaps in Current Practices (Planning Step 1)	Action Strategy (Planning Step 3)
<p>Clinicians should provide patients with low-back pain evidence-based information about their expected course, advise patients to remain active, and provide information about effective self-care options. <i>(strong recommendation, moderate-quality evidence)</i></p>		
<p>Clinicians should consider the use of medications with proven benefits in conjunction with back care information and self care. Clinicians should assess the severity of baseline pain and functional deficits, potential benefits, risks, and relative lack of long-term efficacy and safety data before initiating therapy. <i>(strong recommendation, moderate-quality evidence)</i> For most patients, first-line medication options are acetaminophen or NSAIDs.</p>		
<p>For patients who do not improve with self-care options, clinicians should consider the addition of non-pharmacologic therapy with proven benefits for low back pain. They are spinal manipulation for acute low back pain; and for chronic or sub-acute low-back pain options include: intensive interdisciplinary rehabilitation, exercise therapy, acupuncture, massage therapy, spinal manipulation, yoga, cognitive-behavioral therapy, or progressive relaxation. <i>(weak recommendation, moderate-quality evidence)</i></p>		

Worksheet 2A. ACTION PLAN FOR GUIDELINE INTRODUCTION AND STAFF EDUCATION
Guideline: Diagnosis and Treatment of Low Back Pain

Identify actions for guideline introduction and education. (IN)	Designate someone to serve as lead for the action and other staff to be involved.		Identify the tools and resources for the action.	Specify the action timeline.
Action #IN.____	Lead:	Other Staff:		Start Complete
Action #IN.____	Lead:	Other Staff:		Start Complete
Action #IN.____	Lead:	Other Staff:		Start Complete
Action #IN.____	Lead:	Other Staff:		Start Complete

Worksheet 2B. PLANNING WORKSHEET FOR PRACTICE CHANGE IMPLEMENTATION

Guideline: Diagnosis and Treatment of Low Back Pain

Key Guideline Element: _____

Identify actions in the strategy for this guideline element.	Designate someone to serve as lead for the action and other staff to be involved.		Identify the tools and resources for the action.	Specify the action timeline.
Action # ___	Lead:	Other Staff:		Start Complete
Action # ___	Lead:	Other Staff:		Start Complete
Action # ___	Lead:	Other Staff:		Start Complete
Action # ___	Lead:	Other Staff:		Start Complete
Action # ___	Lead:	Other Staff:		Start Complete

Worksheet 3. GANTT CHART OF TIMELINE FOR GUIDELINE IMPLEMENTATION
Guideline: Diagnosis and Treatment of Low Back Pain

Actions	MONTH OF WORK											
	1	2	3	4	5	6	7	8	9	10	11	12
<i>Introduction & Education</i> #IN.___ #IN.___ #IN.___ #IN.___												
<i>Practice Changes</i> #____ #____ #____ #____ #____ #____ #____ #____												

Worksheet 4. METRICS AND MONITORING
Guideline: Diagnosis and Treatment of Low Back Pain

Key Guideline Element	Metric	Data Sources	Monitoring Schedule
<p>Clinicians should conduct a focused history and physical examination to help place patients with low back pain into one of three broad categories: non-specific low back pain, back pain potentially associated with radiculopathy or spinal stenosis, or back pain associated with another specific spinal cause. The history should include assessment of psychosocial risk factors, which predict risk for chronic disabling back pain. <i>(strong recommendation, moderate-quality evidence)</i></p>			
<p>Clinicians should not routinely obtain imaging or other diagnostic tests in patients with non-specific low-back pain. <i>(strong recommendation, moderate-quality evidence)</i></p>			
<p>Clinicians should perform diagnostic imaging and testing for patients with low back pain when severe or progressive neurologic deficits are present or when serious underlying conditions are suspected on the basis of history and physical examination. <i>(strong recommendation, moderate-quality evidence)</i></p>			
<p>Clinicians should evaluate patients with persistent low-back pain and signs or symptoms of radiculopathy or spinal stenosis with magnetic resonance imaging (preferred) or computed tomography only if they are potential candidates for surgery or epidural steroid injection (for suspected radiculopathy). <i>(strong recommendation, moderate-quality evidence)</i></p>			

Key Guideline Element	Metric	Data Sources	Monitoring Schedule
<p>Clinicians should provide patients with low-back pain evidence-based information about their expected course, advise patients to remain active, and provide information about effective self-care options. <i>(strong recommendation, moderate-quality evidence)</i></p>			
<p>Clinicians should consider the use of medications with proven benefits in conjunction with back care information and self care. Clinicians should assess the severity of baseline pain and functional deficits, potential benefits, risks, and relative lack of long-term efficacy and safety data before initiating therapy. <i>(strong recommendation, moderate-quality evidence)</i> For most patients, first-line medication options are acetaminophen or NSAIDs.</p>			
<p>For patients who do not improve with self-care options, clinicians should consider the addition of non-pharmacologic therapy with proven benefits for low back pain. They are spinal manipulation for acute low back pain; and for chronic or sub-acute low-back pain options include: intensive interdisciplinary rehabilitation, exercise therapy, acupuncture, massage therapy, spinal manipulation, yoga, cognitive-behavioral therapy, or progressive relaxation. <i>(weak recommendation, moderate-quality evidence)</i></p>			