

S1 Acute Back and Radicular pain template screen shot

Acute low back pain (Xa0sm)
Acute back pain with sciatica (X75rz)

Template View – this will display any cancer diagnoses

GP to discuss patient agreeing to be part of a study

Full-time employment (13JA.)
Part-time employment (13JB.)
On sick leave from work (Ua0Ur)
Housewife (XE0oW)
Retired (13J5.)
Unemployed (13J7.)
Student (133A.)

Occupation – Read code browser option

Template View

The same codes as '1st acute attendance' page


Link to the STarT Back Tool

* This data item indicates that the patient has consented to share contact details and agreed to be contacted for the purpose of the evaluation


Acute Back and Radicular pain

1st acute attendance | 2nd attendance | Follow up | Red Flags | About

Follow up

Back Pain 


Red Flags << [Link to Red Flags, No X-Rays or MRI scans indicated unless Red Flags are present](#)


Discussion about clinical red flag warning signs  **Please use the pencil icon to state if Red Flags are present
PLEASE REFER APPROPRIATELY AS PER RED FLAG GUIDANCE**


★ TEES Keele STarT Back - 9 item tool


TEES STarT Back - 9 item tool Score view cannot be shown without a patient

**Low score - verbal advice given, patient leaflet given
Medium/High score - refer to T&TP, second patient leaflet given**

Patient given advice  [Link to patient information leaflets >>](#) [Patient information leaflet](#)

 New Word referral using Back Pain and Radicular Pain Referral << [Link to referral form, If the patient's condition improves cancel referral](#)

Fitness for work statement issued 

Examination findings 

Please comment on history of current episode, relevant examination findings and the duration

Information | Print | Suspend | Ok | Cancel

Back Pain

Date ▾ Selection ...

No previous values

Show recordings from other templates
 Show empty recordings

The same codes as '1st and 2nd acute attendance' page

Acute Back and Radicular pain

1st acute attendance | 2nd attendance | Follow up | Red Flags | About

Red flags-important underlying pathology needs excluding:

- * H/O cancer
- * Recent unexplained weight loss
- * Progressive neurological symptoms, limb weakness
- * Bilateral leg sciatica
- * Positive Babinski (upgoing plantars)
- * Altered perinaeal sensation with reduced anal tone and squeeze
- * Recent change in bladder/bowel control and or sexual function
- * Fever/patient feeling systemically unwell
- * Prolonged steroid use
- * Unrelieved, continuous night pain
- * New onset back pain < 16 and >60
- * Immunocompromised- steroids, diabetes, biologics and other immunosuppressants

Red flags - Recommended Responses

- * Cauda equina -URGENT SAME DAY- GP to contact spinal surgeons JCUH, or if not contactable send to A+E
- * New or Progressive neurological deficit-URGENT SAME DAY- GP to contact spinal surgeons JCUH, or if not contactable send to A+E
- * Spinal infection- URGENT SAME DAY- GP to contact spinal surgeons JCUH, or if not contactable send to A+E
- * Suspected spinal tumour- Telephone referral to T&T, or GP to arrange URGENT MRI and once confirmed arrange 2ww referral to secondary care
- * Suspected osteoporotic fracture- GP to arrange X-Ray and manage pain relief in primary care (liaise with orthopaedics for advice if pain not controlled)
- * Inflammatory disorders- eg Ankylosing spondylitis, GP to arrange URGENT referral rheumatology
- * Limb weakness or progressive neurological deficit from suspected disc- GP URGENT referral TTP

If any Red flags are present but not recorded please record appropriately.

[1st acute attendance page](#) [2nd attendance page](#)

Information | Print | Suspend | Ok | Cancel

Back Pain

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TEES Keele STarT Back - 9 item tool

Page 1 About

The Keele STarT Back - 9 item tool

Ask the patient to think about the **last 2 weeks** and respond to the following questions:

- 1) The back pain has spread down your leg(s) at some point in the last 2 weeks
- 2) There has been pain in your shoulder or neck at some time in the last 2 weeks
- 3) You only walked short distances because of your back pain
- 4) In the last 2 weeks, you have dressed more slowly than usual because of your back pain
- 5) Its not really safe for a person with a condition like yours to be physically active
- 6) Worrying thoughts have been going through your mind a lot of the time
- 7) You feel that your back pain is terrible and its never going to get any better
- 8) In general you have not enjoyed all the things you used to enjoy
- 9) Overall, how bothersome has your back pain been in the last 2 weeks

STarT (Subgroups for Targeted Treatment) Back Screening Tool

>> Score 3 or less <<
StarT Back Screening Tool low risk

>> Score 3 or less from **questions 5-9** <<
StarT Back Screening Tool medium risk

>> Score 4 or more from **questions 5-9** <<
StarT Back Screening Tool high risk

N.B The Sub Score is calculated from questions 5-9

Discharge - Self Management with Patient Standardised literature

Still refer if there is strong clinical indication to do so

Refer to Triage and Treat Practitioner

Information Print Suspend Ok Cancel

STarT (Subgroups for Targeted Treatment) Back Screening Tool

Date Units

No previous w

Show recordings from other templates

Show empty recordings

Answers from the scored assessment automatically populates the total score (GP will need to calculate sub score)