Low Back Pain	Referral Guide:	Rheum
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Diagnosis/Definition:	·	· · · · · · · · · · · · · · · · · · ·
Low Back aching		
LOW Dack aching		
Initial Diagnosis and Management:		
Ongoing Management and Objectives:		
Indications for Specialty Core Bo	formal	
Indications for Specialty Care Referral:		
Best cared for in Neurosurgery or C	ortho spine unless an infla	ammatory condition such as Ankylosing Spondylitis is suspected
Test(s) to Prepare for Consult:	Test	(s) Consultant May Need To Do:
Test(s) to Prepare for Consult:	Test	(s) Consultant May Need To Do:
	Test	(s) Consultant May Need To Do:
Test(s) to Prepare for Consult: Sacro-Illiac Xrays	Test	(s) Consultant May Need To Do:
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Disclaimer: Adherence to these guidelines will not ensure successful treatment in every situation. Further, these guidelines should not be considered inclusive of all accepted methods of care or exclusive of other methods of care reasonably directed to obtaining the same results. The ultimate judgment regarding the appropriateness of any specific procedure, therapy, or referral must be made by the physician/provider in light of all circumstances presented by an individual patient.