Triage by the First Contact Healthcare Provider

Determine the appropriate management approach

**Medical Management**

Clinical Findings
- Red Flags
- Medical comorbidities precluding rehabilitation
- Leg pain with progressive neurologic deficits

**Rehabilitation Management**

Clinical Findings
- Medium to high psychosocial risk status
- Low psychosocial risk status with predominantly leg pain
- Minor or controlled medical comorbidities

**Self-Care Management**

Clinical Findings
- Low psychosocial risk status
- Predominantly axial LBP
- Minor or controlled medical comorbidities

Triage by the Rehabilitation Provider

Determine the appropriate rehabilitation approach

**Symptom Modulation**

Clinical Findings
- Disability: High
- Symptom status: Volatile
- Pain: High to Moderate

Treatments
- Directional preference exercises
- Manipulation/mobilization
- Traction
- Active rest

**Movement Control**

Clinical Findings
- Disability: Moderate
- Symptom status: Stable
- Pain: Moderate to Low

Treatments
- Sensorimotor exercises
- Stabilization exercises
- Flexibility exercises

**Functional Optimization**

Clinical Findings
- Disability: Low
- Symptom status: Controlled
- Pain: Low to Absent

Treatments
- Strength & conditioning exercises
- Work or sport specific tasks
- Aerobic exercises
- General fitness exercises

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1. The rehabilitation provider may also function as the primary contact provider.
2. Regardless of approach, patients presenting with a medium to high psychosocial risk profile require psychologically informed rehabilitation.
3. Rehabilitation treatments must be modified appropriately to account for a patient’s comorbid status.