### 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<sup>2</sup>

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 Provider1

Determine the appropriate rehabilitation approach

## Symptom Modulation<sup>2</sup>

#### **Clinical Findings**

Disability: High

Symptom status: Volatile

Pain: High to Moderate

#### Treatments<sup>3</sup>

Directional preference exercises

Manipulation/mobilization

Traction

Active rest

## Movement Control<sup>2</sup>

#### **Clinical Findings**

Disability: Moderate

Symptom status: Stable

Pain: Moderate to Low

#### Treatments<sup>3</sup>

Sensorimotor exercises

Stabilization exercises

Flexibility exercises

# Functional Optimization<sup>2</sup>

#### **Clinical Findings**

Disability: Low

Symptom status: Controlled

Pain: Low to Absent

#### Treatments<sup>3</sup>

Strength & conditioning exercises

Work or sport specific tasks

Aerobic exercises

General fitness exercises

<sup>3</sup> Rehabilitation treatment must be modified appropriately to account for a patient's comorbid status.



<sup>&</sup>lt;sup>1</sup> The rehabilitation provider may also function as the primary contact provider.

<sup>&</sup>lt;sup>2</sup> Regardless of approach, patients presenting with a medium to high psychosocial risk profile require psychologically informed rehabilitation.