Back and neck pain are extremely common. Up to 84% of adults are affected by back pain at some time during their life and 26% say they have had back pain in the last 3 months. 10% of adults have neck pain at any one time. 

Most patients have nonspecific pain, without an identifiable cause. Only a fraction of patients have a serious systemic etiology and the vast majority of back and neck pain self-resolves. However, some back and neck pain persists. Treating back and neck pain is very complex — due to high variability of patient’s signs and symptoms and low specificity of diagnostic tests — but critically important because of the high burden of this pain on our populations. Low back pain is the most common cause of disability in the United States and also around the world. And low back and neck pain have the highest health care spending of all measured conditions in the US, and one of the greatest increases in costs over the last decade. Helping patients with back pain and neck pain is a high priority at Sutter Health in order to improve clinical outcomes, improve the quality of life of our patients, and increase the affordability of health care.

Sutter has created this Back and Neck Pain Care Pathway for the diagnosis, treatment and support of patients with acute, subacute, chronic and surgical pain. This pathway is designed to ensure consistent use of best practice care by all members of the care team to improve the outcomes of our patients. Tracking core process and outcomes metrics will ensure the improvements in the clinical care of our patients over time. Please reference the back and neck pain pathway guidelines, medication tables and patient education materials for further information.

The key back pain, neck pain and surgical treatment algorithms are included on the second page for review.
The key back pain, neck pain and surgical treatment algorithms are included below for reference. Please see the full back and neck pain guidelines and medication tables for complete details and references to boxes, tables, and additional algorithms.

### Low Back Pain

1. History and Physical Exam: Assess Red and Yellow Flags Box 1 and 2
2. Yellow Flags with Neck – START tool Box 3
3. Radiologic sign with evidence of radiculopathy
4. Red Flags Negative and no early imaging Box 3

#### Subacute Low Back Pain (4-12 weeks)
- Persistent significant pain or functional impairment

#### Chronic Pain (≥ 12 weeks)
- Persistent significant pain or functional impairment

#### Radiographic testing
- If radiculopathy persists > 4 weeks
- Unexplained persistent neurologic deficit

### Acute Neck Pain

1. History and Physical Exam: Assess Red and Yellow Flags Box 1 and 3
2. Yellow Flags Positive or NAD IV Box 3 and Table 3
3. Radiologic sign with evidence of radiculopathy
4. Red Flags Negative and NAD III

#### Yellow Flags with Neck – BOX 3
- Persistent significant pain or functional impairment

#### Radiographic testing
- If radiculopathy persists > 4 weeks
- Unexplained persistent neurologic deficit

### Surgical Pain

1. History and Physical Exam: Assess Red and Yellow Flags Box 1, 2, 3 and Table 3
2. Red Flags Positive or NAD IV Box 3 and Table 3
3. Radiologic sign with evidence of radiculopathy
4. Red Flags Negative and NAD III

#### Yellow Flags with Neck – BOX 2
- Persistent significant pain or functional impairment

#### Radiographic testing
- If radiculopathy persists > 4 weeks
- Unexplained persistent neurologic deficit

---

**Notes:**
- Not at all (0), Slightly (1), Moderately (2), Very much (3), Extremely (4)
- Low Risk: Total score = 0
- Medium Risk: Total score = 1 or 2 and sub score = 1
- High Risk: Total score = 3 and sub score = 3

---

**References:**