



Making decisions with my healthcare professional: Back problems or sciatica in people aged 16 and over

VERSUS
ARTHRITIS

Thinking about a referral

Use this tool to prepare for appointments, during appointments, or both.

Sharing information about my condition

Name:
.....

I think that my back problems are due to: (Please write below)
.....
.....

Today, I hope that we can:
.....
.....

I would like some help with: (please circle what matters most to you)

Activity 	Family and friends 	Mobility 	Pain 	Sleep 	Mental wellbeing 	Work and finance 	Fatigue
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What is likely to happen with my back problems or sciatica?

Back problems and sciatica vary a lot among people. Most people can manage with simple treatments including exercise or medication.

About 5 out of every 10 people with back pain will get better in less than 6 months. Afterwards, 2 out of every 10 people will have mild back pain sometimes. But 3 out of every 10 people will have more severe problems that need more treatments.

About 6 out of every 10 people with sciatica will get better in less than 6 months. A few people get sciatica pain that is still severe after 4 to 6 weeks, and may need a referral for specialist care.

Understanding my options

Can we please talk about my options?

What can I do myself?



Being active



How I feel



Healthy weight



Community groups

What adjustments might help me?



House and home



At work



Getting around



Managing with money

What types of tests and treatments might help?



Physical therapies



Mental health



Medicines and other treatments



Tests and scans

General Questions:

What are the advantages and disadvantages of these options?

How much better will I feel, and when?

What practical things should I know?

Should I choose one option or try several?

Notes

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What should I do?

People who stay active or go to work with back problems recover faster and have less pain than people who rest.

Understanding my treatment options

What does the evidence say about back pain?

After a healthcare professional has diagnosed you with back problems, you can discuss these options with them to find out if they are right for you. If you would like to explore some alternatives before going ahead with the options below, please ask for *Back pain: primary and self care*.

Supervised exercise and manual (hands-on) therapies

If a home-based exercise programme does not help, people may get more help if a physiotherapist or other professional supports them. Some people may get help from combining exercise with manual therapies. Manual therapies on their own are not likely to help. Exercise may make pain worse at first, but this does not mean that the back is being damaged. Many people find that it helps to start with a small amount of activity and build up over time.

Psychological therapies

Low mood and worry can make pain worse and harder to manage. Some people may get help from talking therapies, such as cognitive behavioural therapy, in the first 4 months after they start. This should only be used as part of a treatment package that includes exercise.

Acupuncture

Acupuncture is not recommended for people with low back pain or sciatica. This is because there is no good evidence it helps.

Transcutaneous electrical nerve stimulation (TENS) Machines

TENS is not recommended for people with low back pain or sciatica. This is because there is no good evidence it helps.

Spinal injections or nerve blocking procedures

There is no good evidence that spinal injections will help people with low back pain without sciatica. Very few people with low back pain may get help from a procedure to block pain nerves. This procedure is called radiofrequency denervation. Some people with sciatica may get help from epidural steroid injections. There is a small risk of complications such as pain, infection, bleeding or bruising.

Spinal surgery

Spinal decompression surgery may be an option for some people with sciatica. There is a small risk of complications with surgery. People who are older or who have more health complications are more likely to have complications with surgery. Surgeries such as spinal fusions or disc replacement are not recommended for people with low back pain. This is because there is no good evidence they help.

Some people's back problems may be caused by conditions that need other kinds of treatment. Your healthcare professional will explain options recommended by the National Institute of Health and Care Excellence, or NICE. This will help you make a decision together about what is best for you.

Sharing decisions

Please complete this section together with your healthcare professional.

- I would like to make some decisions today
- I would like to talk to my family and/or friends before making a decision
- I would like to make another appointment
- I would like to have more information

We agreed that:



I will:

.....
.....
.....

My healthcare professional will:

.....
.....
.....

I should come back to see a healthcare professional if:



.....
.....
.....

If I have a problem or a concern, I should contact: (name and contact details)

.....

I can find more information:

1. [nhs.uk/conditions/back-pain/](https://www.nhs.uk/conditions/back-pain/)
2. [versusarthritis.org/back-pain](https://www.versusarthritis.org/back-pain/) or call our helpline on 0800 5200 520
3. [nice.org.uk/guidance/ng59/ifp/chapter/Low-back-pain-and-sciatica-the-care-you-should-expect](https://www.nice.org.uk/guidance/ng59/ifp/chapter/Low-back-pain-and-sciatica-the-care-you-should-expect)
4. [citizensadvice.org.uk](https://www.citizensadvice.org.uk) or 03444 111 444
5. [fitforwork.org](https://www.fitforwork.org)

Local services I can access include:

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This decision support tool was developed by Versus Arthritis with support from the Primary Care Centre Versus Arthritis at Keele University and funding from NHS England. For information on the evidence sources used, please contact content@versusarthritis.org