

# DIFFERENTIAL DIAGNOSIS OF ACUTE LOW BACK PAIN

Disease or condition	Patient age (years)	Location of pain	Quality of pain	Aggravating or relieving factors	Signs
Back strain	20 to 40	Low back, buttock, posterior thigh	Ache, spasm	Increased with activity or bending	Local tenderness, limited spinal motion
Acute disc herniation	30 to 50	Low back to lower leg	Sharp, shooting or burning pain, paresthesia in leg	Decreased with standing; increased with bending or sitting	Positive straight leg raise test, weakness, asymmetric reflexes
Osteoarthritis or spinal stenosis	>50	Low back to lower leg; often bilateral	Ache, shooting pain, "pins and needles" sensation	Increased with walking, especially up an incline; decreased with sitting	Mild decrease in extension of spine; may have weakness or asymmetric reflexes
Spondylolisthesis	Any age	Back, posterior thigh	Ache	Increased with activity or bending	Exaggeration of the lumbar curve, palpable "step off" (defect between spinous processes), tight hamstrings
Ankylosing spondylitis	15 to 40	Sacroiliac joints, lumbar spine	Ache	Morning stiffness	Decreased back motion, tenderness over sacroiliac joints
Infection	Any age	Lumbar spine, sacrum	Sharp pain, ache	Varies	Fever, percussive tenderness; may have neurologic abnormalities or decreased motion
Malignancy	>50	Affected bone(s)	Dull ache, throbbing pain; slowly progressive	Increased with recumbency or cough	May have localized tenderness, neurologic signs or fever

Source: Diagnosis and Management of Acute Low Back Pain. *Am Fam Physician* 2000;61:1779-86;1789-90. ©2000 by the American Academy of Family Physicians. Reprinted with Permission.



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