Appendix 2 (as supplied by the authors): How have management recommendations for acute low back pain changed in the past 10 years?

Increased focus on psychological management and prognostic screening. The 2016 United Kingdom guideline[1] recommends early combined psychological therapies (cognitive behavioural therapy and operant therapy) and physical therapies (massage, spinal manipulation, exercise) therapies for those at risk of poor outcomes. To identify high-risk patients primary care practitioners can use a prognostic screening tool. Validated examples include the Orebro Musculoskeletal Pain Questionnaire,[2] STarT Back Screening Tool,[3] and the PICKUP tool.[4]

Decreased focus on pain medicines. Paracetamol for acute low back pain is no longer recommended. The 2017 United States guideline[5] recommends providing non-pharmacologic management before offering pain medicines. That guideline also discourages the use of opioid analgesics for acute low back pain.

Widespread recognition of harms of unnecessary imaging. Choosing Wisely lists – lists developed by healthcare professional associations and their constituents which aim to reduce unnecessary tests and treatments – from Canada (https://choosingwiselycanada.org/spine/), the US (http://choosingwisely.org/clinician-lists/american-college-physicians-imaging-for-non-specific-low-back-pain/), the UK (http://choosingwisely.co.uk/i-am-a-clinician/recommendations/#1476656358304-3b84e1d4-043d) and Australia (http://choosingwisely.org.au/recommendations/ranzcr#1181) all discourage imaging of acute low back pain.

Reduced focus on the use of individual alerting features (red flags) to screen for serious pathology. Neither of the two recent guidelines endorses individual red flags.[1,5]

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Appendix to: Traeger A, Buchbinder R, Harris I, et al. Diagnosis and management of low-back pain in primary care. *CMAJ* 2017. doi: 10.1503/cmaj.170527.