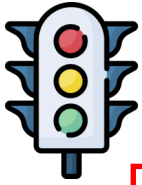


Focused examination



1. Patient History

- Assess level of concern for major structural or other pathologies. If required, refer to an appropriate healthcare provider.
- Identify and assess other conditions and co-morbidities. Manage using appropriate care pathways.
- Address prognostic factors that may delay recovery.

Major structural or other pathologies may be suspected with certain signs and symptoms (red flags) including:

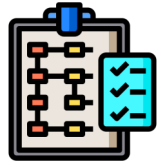
- Cancer, infection, fracture or inflammatory arthritis, and signs and symptoms suggestive of a cauda equine syndrome requiring urgent surgical consultation, including bowel or bladder dysfunction, saddle anesthesia, progressive bilateral lower extremity sensory or motor deficits

Examples of other conditions/co-morbidities:

- Physical conditions: neck pain, headache
- Psychological conditions: depression, anxiety
- Co-morbidities: diabetes, heart disease

Promote recovery by addressing prognostic factors that may delay recovery, including:

Symptoms of depression or anxiety, passive coping strategies, job dissatisfaction, high self-reported disability levels, disputed compensation claims, somatization



2. Physical Examination

- Assess levels of concern regarding major structural or other pathologies.
- Assess for neurological signs.
- Assess walking capacity using distance, time and/or steps.

3. Management

- Offer information on nature, management, and the course of lumbar spinal stenosis. See patient handouts for more information to provide to patients.
- Discuss effective interventions with the patient and, together, select a therapeutic intervention.

4. Reevaluation and discharge

- Reassess the patient at every visit to determine if: (1) additional care is necessary; (2) the condition is worsening; or (3) the patient has recovered.
- Monitor for any emerging factors that may delay recovery.

Incorporate one or more valid and reliable outcome measurements when assessing and monitoring patients

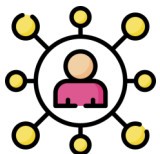
- [Zurich Claudication Questionnaire](#)
- [SF-12](#)

- [Oswestry Low Back Pain and Disability Questionnaire](#)
- [Pittsburgh Sleep Quality Index](#)

Visit our website for more [outcome measurements](#)

5. Referrals and collaboration

- Refer the patient to an appropriate healthcare provider for further evaluation at any time during their care if they develop worsening symptoms and new physical or psychological symptoms.



Management of lumbar spinal stenosis leading to neurological claudication with or without low back pain

Provide structured patient education (advice to stay active, reassurance, promote and facilitate return to work and normal activities, self-care advice) and any of the following therapeutic interventions*:

Consider multimodal care[†] including

- education and advice, manual therapy (combination of manipulation, mobilization and soft tissue therapy, as indicated) and home-based exercise; OR
- post-operative rehabilitation with cognitive behavioural therapy. Post-operative rehabilitation includes supervised exercise and/or educational materials encouraging activity 12 weeks after surgery. Exercises may include active spinal mobilization, strengthening of spinal deep muscles, stretching of lower limb and low back, functional exercise, walking, and ergonomic advice.

Consider serotonin-norepinephrine reuptake inhibitors (SNRIs) or tricyclic antidepressants (TCAs)

Consider needle acupuncture

Do not offer NSAIDs, Methylcobalamin, Paracetamol (acetaminophen), Calcitonin, opioids, muscle relaxants, Pregabalin, Gabapentin, epidural steroidal injections[‡]

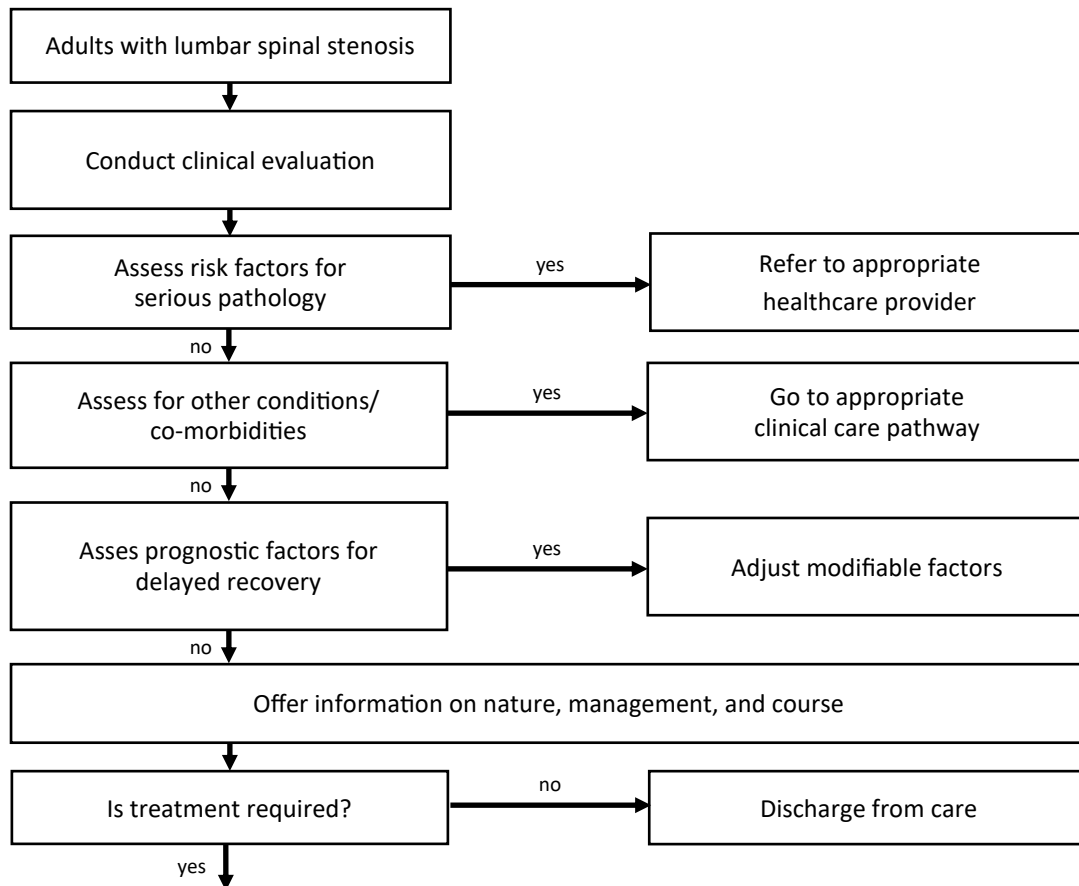
*All recommendations are conditional (weak) based on the GRADE assessment. Interventions are recommended if they were supported by high or moderate quality evidence.

[†]Multimodal care: treatment involving at least two distinct therapeutic modalities, provided by one or more health care disciplines.

[‡]Potential risk of harm exceeds the potential for benefit

[Bussières A, Cancelliere C, Ammendolia C, Comer CM, Zoubi FA, Châtillon C-E, et al. Non-surgical Interventions for Lumbar Spinal Stenosis Leading To Neurogenic Claudication: A Clinical Practice Guideline. J Pain. 2021. S1526-5900\(21\)00188-7.](#)

Care pathway for the management of lumbar spinal stenosis leading to neurological claudication with or without low back pain



Provide structured patient education (advice to stay active, reassurance, promote and facilitate return to work and normal activities, self-care advice) and any one of the following therapeutic interventions*:

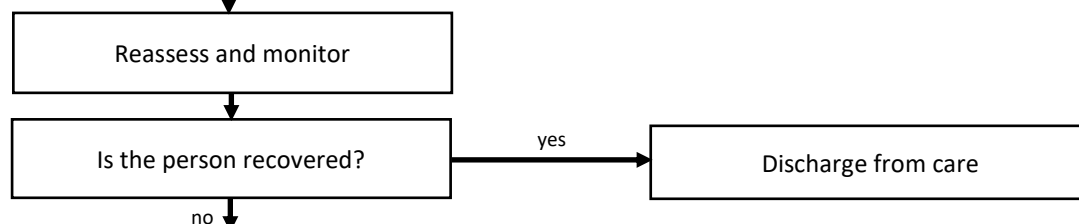
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Consider serotonin-norepinephrine reuptake inhibitors (SNRIs) or tricyclic antidepressants (TCAs)

Consider needle acupuncture

Do not offer NSAIDs, Methylcobalamin, Paracetamol (acetaminophen), Calcitonin, opioids, muscle relaxants, Pregabalin, Gabapentin, epidural steroidal injections



Incomplete recovery or major symptom change (new or worsening physical, mental or psychological symptoms): refer to appropriate healthcare provider

*Interventions are recommended if guidelines used terms such as 'recommended for consideration' (e.g., 'offer', 'consider'), 'strongly recommended', 'recommended without any conditions required', or 'should be used'. Recommendations from low-quality evidence are not listed.

[†]Multimodal care: treatment involving at least two distinct therapeutic modalities, provided by one or more health care disciplines.