

# An audit of clinical information in referral letters of patients with low back pain

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## Background

Low back pain (LBP) is a common condition and a large burden to the healthcare system. The causes of LBP can vary from specific spinal pathology to radicular syndromes and nonspecific LBP etc. While most LBP cases can be treated conservatively, some need specialist interventions. Comprehensive clinical information in referral letters can facilitate efficient patient triage to timely specialist review. We aim to have an audit of the clinical information of the LBP referral letters received by our family medicine musculoskeletal (FM-MSK) clinic.

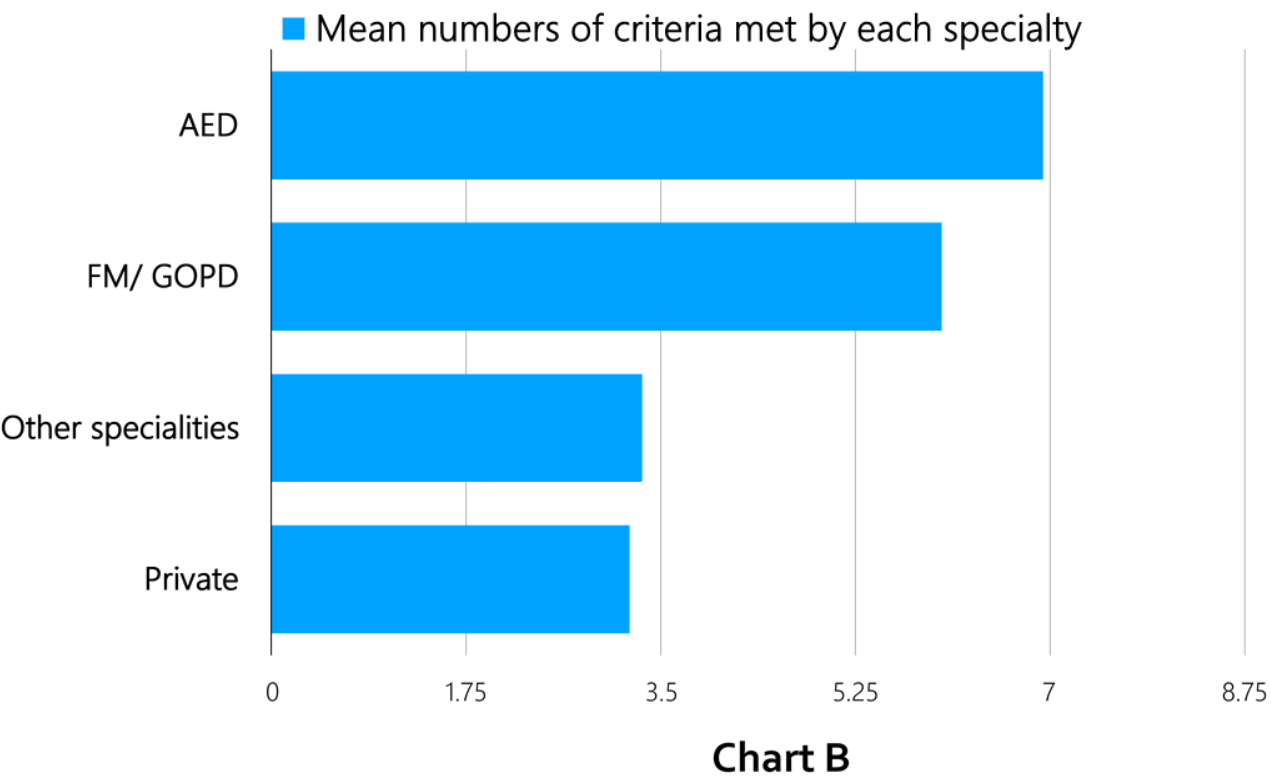
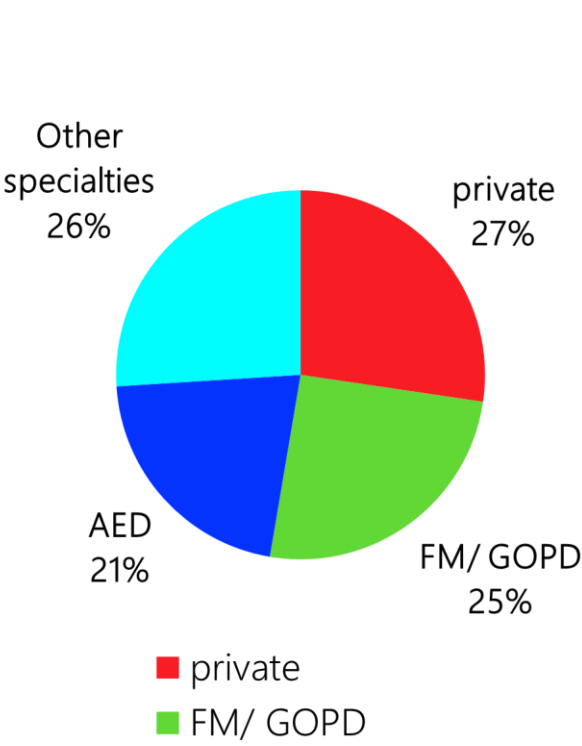
## Methods

Referral letters of LBP patients seen in the FM-MSK clinic were collected. Clinical information that was regarded as essential in referral letters for LBP was identified and set as audit criteria. A total of 14 criteria were identified (See table below), which included documentation of clinical history, physical examinations and imaging findings. A criterion was regarded as fulfilled if the referral letter mentioned about the clinical information specified in the criterion.

## Results

A total of 150 referral letters were reviewed from 22nd March to 30th April, 2021 (Chart A). The mean numbers of criteria met by each referral letter were  $4.74 \pm 2.9$ . Chart B shows the mean numbers of each specialty met. The 4 most common criteria included in the referral letters are: pain location (86.7%, 130), imaging findings (60%, 90), pain referred to legs (54%, 81), and pain duration (51.3%, 77). (See table below)

Chart A: Sources of the 150 referral letters



Referral essential data	Number of letters (%) identified
Total number of referral letters	150 (100%)
History	
Pain location	130 (86.7%)
Pain duration	77 (51.3%)
Pain referred to legs	81 (54%)
Weakness	53 (35.3%)
Leg sensation	58 (38.6%)
Bladder function	48 (32%)
Red flag	19 (12.67%)
Spine surgery	2 (1.33%)
History of injury	33 (22%)
Psychosocial risk factor	4 (2.67%)
Past medical history	26 (17.33%)
Physical examination	
MSK exam findings	55 (36.67%)
Neurological findings	37 (24.67%)
Imaging	
Imaging findings	90 (60%)

## Conclusions

This audit showed that majority of the LBP referral letters failed to provide adequate clinical information that was essential for patient triage. This implies that LBP referral letters without any guidance or key words might be an unreliable tool for triage of patients with LBP. Besides exploring measures to improve the details of referral information, we should also study ways to effectively triage patients with LBP.