Counsel the patient to try conservative therapy for 4 to 6 weeks:

- Make active, avoid bed rest, and avoid heating and bedding
- Try nonpharmacologic treatments (e.g., heat, massage, acupuncture, yoga, spinal manipulation)
- If NSAIDs are ineffective, consider nonbenzodiazepine skeletal muscle relaxants
- If NSAIDs are not effective, consider glucocorticoid injection
- If NSAIDs are contraindicated, consider nonsteroidal anti-inflammatory drugs or topical preparations

Consider referral for PT (although studies have not shown benefit from early PT)

Consider acetaminophen (although efficacy has not been demonstrated in clinical trials)

Consider a short trial of an NSAID (unless contraindicated)

Stay active, avoid bed rest, and avoid twisting and bending

If the pain does not improve in 4 to 6 weeks:

- Refer for PT
- Continue noninvasive nonpharmacologic treatments: exercise, multidisciplinary rehabilitation, acupuncture, cognitive behavioral therapy
- Consider switching a drug (e.g., opioid to nonopioid), or if a combination is used, consider switching one of the drugs
- Consider nonsteroidal anti-inflammatory drug or opioid
- Consider glucocorticoid injection

Consider referral for PT

Consider referral for imaging

If the pain does not improve after 12 weeks of conservative therapy:

- Refer for surgery
- If imaging is normal or shows only musculoskeletal pain, refer for consideration of glucocorticoid injection or laminectomy

If imaging shows any findings consistent with cauda equina syndrome or cord compression:

- Consider urgent consultation or imaging, especially if findings are consistent with cauda equina syndrome or cord compression.