

Case:

Melinda is a 45-year old office worker who re-presents to you with persistent lower back pain. She initially presented 3 weeks ago with acute onset severe pain after lifting a heavy box for which you recommended paracetamol. Her pain has improved but not resolved. Melinda's lower back pain is "aching" in nature and it is diffuse, it radiates into her left buttock. Sitting for long periods and housework exacerbate her pain. She is worried that her back pain will get worse if she does too much.

Melinda is not a good sleeper and does not eat well. Her excuse is stress and limitation of time that leads her to eat lots of canned food but she has no drug allergies. She often finds herself demotivated to take any sport activities on a regular basis in a nearby gym or joining walking club with her colleagues at work. She is a single mom, has 2 kids, and her mother recently passed away from a brain cancer. She is still recovering from her divorce and loss of an important family member. She does not have a large circle of friends and has started smoking regularly and heavy drinking during weekends.

On examination she has diffuse tenderness of her lower back. Recent full blood count, liver and renal function tests were unremarkable.

Questions:

1. How would you re-assess this condition? Use all tools for pain assessments that you may need.
2. What changes, if any, would you make to the current recommendations to her?
3. What non-drug recommendations-plans would you implement? Apply all recommendation you can think of that can help Melinda's situation.