

**Appendix 2 - Tools**  
**Figure S1. Overdiagnosis Leaflet**

**“Most people won't benefit from having a scan. It won't find the cause of the pain, and leads to harmful, ineffective treatment”**

Professor Ian Harris,  
Orthopaedic Surgeon

**Still unsure?**

When you talk to a doctor, ask:

1. Do I really need a scan?
2. What are the risks?
3. What happens if I don't have a scan?

  
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**Scan your options**

**— not your back**

**BACK SCANS CAN'T HEAL — THEY CAN HARM**

**What are my options?**

**Not everyone needs a scan**

Back scans include x-rays, CT and MRIs. 99% of people who see a doctor for low back pain do not need a scan. This is important to know, because unnecessary scans cause harm. This leaflet contains information about back scans and other options to help your back pain.

**Unusual back pain**  
 You may need a scan if you have

- a temperature or fever
- unusual changes going to the toilet
- unusual numbness around your bottom
- cancer
- recent infection or use of injecting drugs
- inability to move legs or feet

**Usual back pain**  
 The following symptoms **do not** require a back scan

- spasms
- severe back pain
- difficulty moving

**Why you should scan your options, not your back**

For every 100 people with usual low back pain who get a scan\*

<b>68</b>	Will get false alarms*
<b>11</b>	Will recover more slowly
<b>1</b>	Will have surgery they didn't need
<b>0</b>	Will be better off

\* A false alarm is a test result that seems serious (e.g. 'disc bulge') but is common in healthy people without back pain. Many people get a false alarm on their scan results. This can lead to unnecessary surgery and other treatments that don't help. If you have the usual signs of low back pain, doctors recommend avoiding back scans.

**Get back to better**

**Back pain improves on its own**

You can do things to help your back pain at home—even if your pain is very bad. Expert doctors recommend trying some of the options below to manage your pain in the short term. Doing these things could avoid a long wait at the doctor. If you don't have unusual signs (page 1), you don't have to make a decision about having a back scan right now.

-  Gentle movement
-  Use heat eg. hot water bottle or wheat pack
-  Don't rest for too long
-  Use pharmacy medication (if needed)
-  Give yourself time

Figure S2. Dialogue Sheet



Dear: \_\_\_\_\_

**Based on my review today** \_\_\_\_\_ (date)

I'm not referring you straight for imaging for your

\_\_\_\_\_ pain, because:

- I have checked you and imaging won't change the treatment that you need today
- Your symptoms should improve over the next \_\_\_\_\_ days/weeks
- Findings from imaging can often be unimportant or not significant and cause anxiety and lead to tests that won't help you

**What you can do:**

- Use over the counter medicines for pain relief \_\_\_\_\_ (list medicines)
- Heat/ice for pain relief (circle one)
- Gradually return to your normal activities
- Other \_\_\_\_\_

**If your pain persists I'd like to review you in \_\_\_\_\_ weeks**

but come back sooner if you are concerned or if the pain changes

I am happy with this plan:  Yes  No (patient to tick)

Signed: \_\_\_\_\_ (doctor)

Signed: \_\_\_\_\_ (patient)

Figure S3. Wait-and-see Note



**We have agreed to wait \_\_\_\_\_ weeks before having the test.**

If you have not improved by then, I suggest you have the test and make an appointment with me to discuss the results.

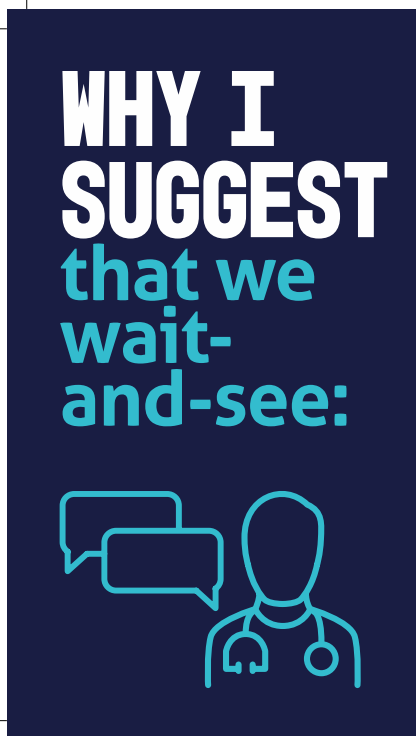
**Signed:** \_\_\_\_\_  
(doctor)

**I am happy with this plan**

Yes  No

**Signed:** \_\_\_\_\_  
(patient)

Why have I asked you to wait? See over for details.



- Musculoskeletal pain can improve rapidly. For example, around 50% of people who experience an episode of back pain recover within 2 weeks.
- There are harms associated with unnecessary imaging.
- I have assessed you and although I don't believe imaging is needed, I can see that you are still concerned.

**Contact me earlier if you experience any of the following:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_