1. Don’t do imaging for low back pain within the first six weeks unless red flags* are present.
   - Imaging of the lumbar spine before six weeks does not improve outcomes but does increase costs
   - Low back pain is the fifth most common reason for all physician visits

* Red flags include, but are not limited to, severe or progressive neurological deficits or when serious underlying conditions such as osteomyelitis are suspected.

Sources: AHCPR and Cochrane

2. Don’t routinely prescribe antibiotics for acute mild-to-moderate sinusitis unless symptoms (which must include purulent nasal secretions AND maxillary pain or facial or dental tenderness to percussion) last for 7 or more days OR symptoms worsen after initial clinical improvement.
   - Most maxillary sinusitis in the ambulatory setting is due to a viral infection that will resolve on its own
   - Despite consistent recommendations to the contrary, antibiotics are prescribed in over 80% of outpatient visits for acute sinusitis
   - Sinusitis accounts for 16 million office visits and $5.8 Billion in annual healthcare costs

   Source: CDC, Cochrane and Annals of Internal Medicine

3. Don’t use DEXA screening for osteoporosis in women under age 65 or men under 70 with no risk factors.*
   - Not cost effective in younger, low-risk patients, but cost effective in older patients

* Risk factors include, but are not limited to: fractures after age 50, prolonged exposure to corticosteroids, diet deficient in calcium or vitamin D, cigarette smoking, alcoholism, thin and small build.

Sources: NOF, UPSTF, AACE, ACPM

4. Don’t order annual ECGs or any other cardiac screening for asymptomatic, low-risk patients.
   - Little evidence that detection of coronary artery stenosis in asymptomatic patients at low risk for coronary heart disease improves health outcomes
   - False-positive tests are likely to lead to harm through unnecessary invasive procedures, over-treatment, and misdiagnosis
   - Potential harms of this routine annual screening exceed the potential benefit

Source: USPSTF

5. Don’t perform Pap smears under the age of 21 or in women status post hysterectomy for benign disease.
   - Most dysplasia in adolescents regresses spontaneously, therefore screening Pap smears done in this age group can lead to unnecessary anxiety, morbidity, and cost
   - Paps have low yield in women after hysterectomy (for benign disease), and there is poor evidence for improved outcomes

Sources: ACOG (for age), USPSTF (for hysterectomy)

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Abbreviations: ACOG (American College of Obstetrics & Gynecology), ACPM (American College of Preventive Medicine), AHCPR (Agency for Health Care Research and Quality), AACE (American Association of Clinical Endocrinology), CDC (Center for Disease Control and Prevention), DEXA (Dual Energy X-ray Absorptiometry), ECG (electrocardiogram), NOF (National Osteoporosis Foundation), USPSTF (U.S. Preventive Services Task Force)

The Top 5 Lists in Primary Care: Meeting the Responsibility of Professionalism. Arch Intern Med. 2011;171(15):1385-1390

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