RED FLAG ASSESSMENTS IN BACK PAIN PATIENTS

Mildly concerned (none of these should by themselves trigger diagnostic testing)	**Moderately Concerned**	**Very Concerned**	**Suspect**
History of osteoporosis	History of osteoporosis **w/** minor fall	Recent significant trauma **w/** or **w/o** osteoporosis and/or prolonged use of corticosteroids	Fracture
Prolonged use of corticosteroids	**Prolonged** use of corticosteroids w/ minor fall	Recent significant trauma **w/** or **w/o** osteoporosis **and/or** prolonged use of corticosteroids	Fracture
New or recent bowel incontinence or bladder retention	New or recent bowel incontinence **and** bladder retention	New or recent bowel incontinence **and/or** bladder retention **w/** widespread (>1 nerve root) or progressive motor loss	Cauda Equina Syndrome*
Perineal or saddle numbness/ paresthesia in isolation	Perineal or saddle numbness/ paresthesia **w/** LE pain	Perineal or saddle numbness/ paresthesia **w/** LE motor loss	Cauda Equina Syndrome*
History of cancer	History of cancer **w/** fever, chills, sweating and new pain	History of cancer **w/** new pain and unexplained weight loss	Cancer
Constitutional symptoms	Constitutional symptoms **w/** unrelenting pain	Constitutional symptoms **w/** unexplained weight loss	Cancer
Fever, chills, rigors, sweating	Fever, chills, rigors, sweating **w/** sudden UE or LE pain **or** neurologic deficit and new or progressively worsening pain	Fever, chills, rigors, sweating **w/** sudden UE or LE pain or neurologic deficit and new or progressively worsening pain	Infection * (e.g.) spinal epidural abscess
Severe radiating UE or LE pain	Severe radiating UE or LE pain w/ 4/5 motor loss	Severe radiating UE or LE pain w/ 3/5 or > motor loss	Radiculopathy w/ progressive motor loss
Intravenous drug use	Intravenous drug use **w/** fever, chills, rigors, sweating	Intravenous drug use **w/** fever, chills, rigors, sweating and UE or LE pain or neurologic deficit	Infection *
Recent infection	Recent infection **w/** fever, chills, rigors, sweating	Recent infection **w/** fever, chills, rigors, sweating **and** UE or LE pain or neurologic deficit	Infection *
Sudden onset severe back pain unprovoked	Sudden onset severe back pain unprovoked **w/** no reproduction on exam	Sudden onset severe back pain unprovoked **w/** no reproduction on exam **and** no position of relief on history	Aortic dissection *
Sudden onset severe back pain w/ use of anticoagulant and/or bleeding diathesis	Sudden onset severe back pain **w/** use of anticoagulant **and/or** bleeding diathesis and localized pain on percussion	Sudden onset severe back pain **w/** use of anticoagulant **and/or** bleeding diathesis and localized pain on percussion **and/or** neuro findings **and** history of trauma, neuraxial anesthesia or lumbar puncture	Spinal sub/epidural hematoma
No improvement after 1 month of quality care (first consider perpetuating factors)	No improvement after 1 month of quality care **w/** any of the above	No improvement after 1 month of quality care **w/** any of the above	Cancer
Age >50 or <20	Age >50 or <20 **w/** any of the above	Age >50 or <20 **w/** any of the above	Cancer or infection

* If very concerned, immediate investigation warranted

•A positive response may indicate a serious pathology; however, a negative response does not necessarily rule out a serious pathology. As always, case specific clinical judgement should be used.

•This document is meant as a guide and does not replace your clinical judgement

SPINE CARE PARTNERS