

RED, YELLOW FLAGS

Red Flags for Consideration when Pain Present

Summary

1. Red flags are clinical indicators of possible serious underlying conditions requiring further medical intervention. Red flags were designed for use in acute low back pain, but the underlying concept can be applied more broadly in the search for serious underlying pathology in any pain presentation.

Red Flags Possible fracture	Possible tumour or infection	Possible significant neurological deficit
<i>From history</i>		
<ul style="list-style-type: none">• Major trauma• Minor trauma in elderly or osteoporotic	<ul style="list-style-type: none">• Age >50 or <20 years• History of cancer• Constitutional symptoms (fever, chills, weight loss)• Recent bacterial infection• IV drug use• Immunosuppression• Pain worsening at night or when supine	<ul style="list-style-type: none">• Severe or progressive sensory alteration or weakness• Bladder or bowel dysfunction
<i>From physical examination</i>		
<ul style="list-style-type: none">• Evidence of neurological deficit (in legs or perineum in the case of low back pain)		

References

1. New Zealand Low back Pain Guide. Accident Rehabilitation and Compensation Insurance Corporation of New Zealand and the National Health Committee. Wellington 1997.
2. Low Back Pain: Rational use of opioids in chronic or recurrent non-malignant pain. NSW Therapeutic Assessment Group: Prescribing guidelines for primary care clinicians. Published 1998. Revised 2002.

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Yellow Flags

Yellow flags indicate psychosocial barriers to recovery. Identifying yellow flags in patients can be challenging. Yellow Flags indicate psychosocial barriers to recovery that may increase the risk of long-term disability and work loss. Identifying any Yellow Flags may help when improvement is delayed. Yellow Flags include:

Yellow Flag	Intervention
Belief that pain and activity are harmful	Educate and consider referral to active rehab
"Sickness behaviors" (like extended rest)	Educate and consider pain clinic referral
Low or negative moods, social withdrawal	Assess for depression and treat
Treatment beliefs do not fit best practice	Educate
Problems with claim and compensation	Connect with stakeholders and case manage
History of back pain, time-off, other claims	Follow-up regularly refer if recovering slowly
Problems at work, poor job satisfaction	Engage case management through disability Carrier
Heavy work, unsociable hours (shift work)	Follow-up regularly refer if recovering slowly
Overprotective family or lack of support	Educate patient and family

Psychosocial Yellow Flags: Helping Someone at Risk - Suggested steps to better early behavioral management of low back pain problems

- Be directive in scheduling regular reviews of progress. When conducting these reviews shift the focus from the symptom (pain) to function (level of activity). Instead of asking "How much do you hurt?" ask "What have you been doing?"
- Keep the individual active and at work if at all possible, even for a small part of the day. This will help to maintain work habits and work relationships.
- Acknowledge difficulties with activities of daily living, but avoid making the assumption that these indicate all activity or any work must be avoided.
- Help to maintain positive cooperation between the individual, an employer, the compensation system, and health professionals. Encourage collaboration wherever possible. Please refer to the template letter to employers – Return to Work as an example of collaboration.
- Make a concerted effort to communicate that having more time off work will reduce the likelihood of a successful return to work. At the 12-week point consider suggesting vocational redirection, permanent job changes.
- Be alert for the presence of individual beliefs that he or she should stay off work until treatment has provided a 'total cure'. Watch out for expectations of simple 'techno-fixes'.

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Yellow Flags cont'd

- Promote self-management and self-responsibility. Encourage the development of self-efficacy to return to work.
- Be prepared to ask for a second opinion, provided it does not result in a long and disabling delay. Use this option especially if it may help clarify that further diagnostic work is unnecessary.
- Avoid confusing the report of symptoms with the presence of emotional distress. Exclusive focus on symptom control is not likely to be successful if emotional distress is not dealt with.
- Avoid suggesting (even inadvertently) that the person from a regular job may be able to work at home, or in their own business because it will be under their own control. Self employment nearly always involves more hard work.
- Encourage people to recognize, from the earliest point, that pain can be controlled and managed so that a normal, active or working life can be maintained. Provide encouragement for all 'well' behaviors—including alternative ways of performing tasks, and focusing on transferable skills.

The information presented here is taken entirely, without any content modification from: Kendall, N A S, Linton, S J & Main, C J (1997). Guide to Assessing Psycho-social Yellow Flags in Acute Low Back Pain: Risk Factors for Long-Term Disability and Work Loss. Accident Compensation Corporation and the New Zealand Guidelines Group, Wellington, New Zealand. (Oct, 2004 Edition).