



Red Flags in LBP
(*physical risk factors*)

The presence of one or more indicate the need for emergent/urgent evaluation:

- Recent significant trauma, or milder trauma age >50
- Unexplained weight loss
- Unexplained fever for more than 48 hours
- Immunosuppression
- History of cancer
- IV drug use
- Prolonged use of oral steroids
- Unrelenting night pain
- Distal numbness or weakness of leg(s)
- Loss of bowel or bladder control (retention or incontinence)
- Progressive neurological deficit
- Patient requests same-day appointment

Yellow flags in LBP
(*psychosocial risk factors*)

The presence of one or more indicates increased risk of long-term disability and work loss:

- Belief that pain is harmful or disabling or expectation of increased pain with activity or work
- Reduced activity level with significant withdrawal from activities of daily living
- High intake of alcohol or other substances
- Compensation issues including lack of financial incentive to return to work
- Depression and/or anxiety
- Manual or shift workers

Imaging studies

Note: Negative straight leg raise rules out surgically significant disc herniation in 95% of cases.

Lumbar spine X ray

Generally not useful in the acute setting, but may be warranted with:

- Any red flag
- Progressive neuromotor deficit
- Suspected ankylosing spondylitis

MRI

Consider referral when:

- Red flags present suggesting infection or tumor even if plain X rays are negative
- Cauda equina syndrome (bilateral leg weakness, urinary retention, saddle anesthesia)
- Radiating pain (radiculopathy, sciatica) present after 6 weeks of conservative therapy

Standards of Care References

1. *Australian Faculty of Musculoskeletal Medicine for the National Musculoskeletal Medicine Initiative: Evidence-Based Clinical Guidelines for the Management of Acute Low Back Pain. November, 1999.*
2. *ICSI Guideline Work Group: Health Care Guideline: Adult Low Back Pain. Institute for Clinical Systems Improvement. September, 2003:1-63*
3. *Hilde G, Hagen, KB, Jamtvedt, G, et al: Advice to Stay Active as a Single Treatment for Low Back Pain and Sciatica (Cochrane Review). The Cochrane Library, 2003; 4.*