

Spinal Red Flags

Precautions	<p>Low back red flags have poor test specificity</p> <p>>80% patients with mechanical low back pain have at least one red flag</p> <p>Evaluate red flags in the context of the clinical presentation as a whole</p> <p>Keep a high index of suspicion in high risk patients or where more than one red flag is present</p>
Cancer	<p>Age >50yrs or <20yrs with NEW onset pain</p> <p>History of malignancy (however long ago)</p> <p>Pain worse at night or at rest (non-mechanical pain)</p> <p>Thoracic pain</p> <p>Unexplained weight loss >10kg in 6 months</p>
Fracture	<p>History of trauma</p> <p>Longstanding steroid use</p> <p>Osteoporosis</p> <p>Structural deformity</p>
Cauda Equina	<p>Saddle anaesthesia</p> <p>Reduced anal tone</p> <p>Urinary retention</p> <p>Bilateral leg pain</p> <p>Erectile dysfunction</p>
Cord Compression	<p>Back pain</p> <p>Leg weakness</p> <p>Limb numbness</p> <p>Ataxia</p> <p>Urinary retention (with overflow)</p> <p>Hyper-reflexia</p> <p>Extensor plantars</p> <p>Clonus</p>
Infection	<p>Fevers/Rigors</p> <p>General malaise</p> <p>Recent bacterial infection</p> <p>Immunocompromised</p> <p>Prior disc surgery or discography</p> <p>History i.v. drug misuse</p>

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