

## Red Flags- Low Back Pain

### Red Flags – low back pain

- Indicate possible serious pathology
- Indicate the need for further investigation and, possibly, specialist referral

#### Possible fracture

- \* Major trauma
- \* Minor trauma in elderly or osteoporotic patient

#### Possible tumour/infection

- \* Age < 20 or > 50 years
- \* History of cancer
- \* Constitutional symptoms (fever, chills, weight loss)
- \* Recent bacterial infection
- \* IV drug use
- \* Immunosuppression
- \* Pain worse at night or when supine

#### Possible significant neurological deficit

- \* Severe or progressive sensory alteration or weakness
- \* Bladder or bowel dysfunction
- \* On physical examination: evidence of neurological deficit (in legs or perineum in the case of low back pain)

**NB:** Presence of red flags in acute low back pain suggests the need for further investigation and possible specialist referral as part of overall strategy. If no red flags present, it is safe to reassure the patient and move ahead with a multimodal management approach.

**Reference:** 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. (Sourced 24/2/14) <http://www.nswtag.org.au/wp-content/uploads/2017/07/pain-guidance-july-2015.pdf>

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