



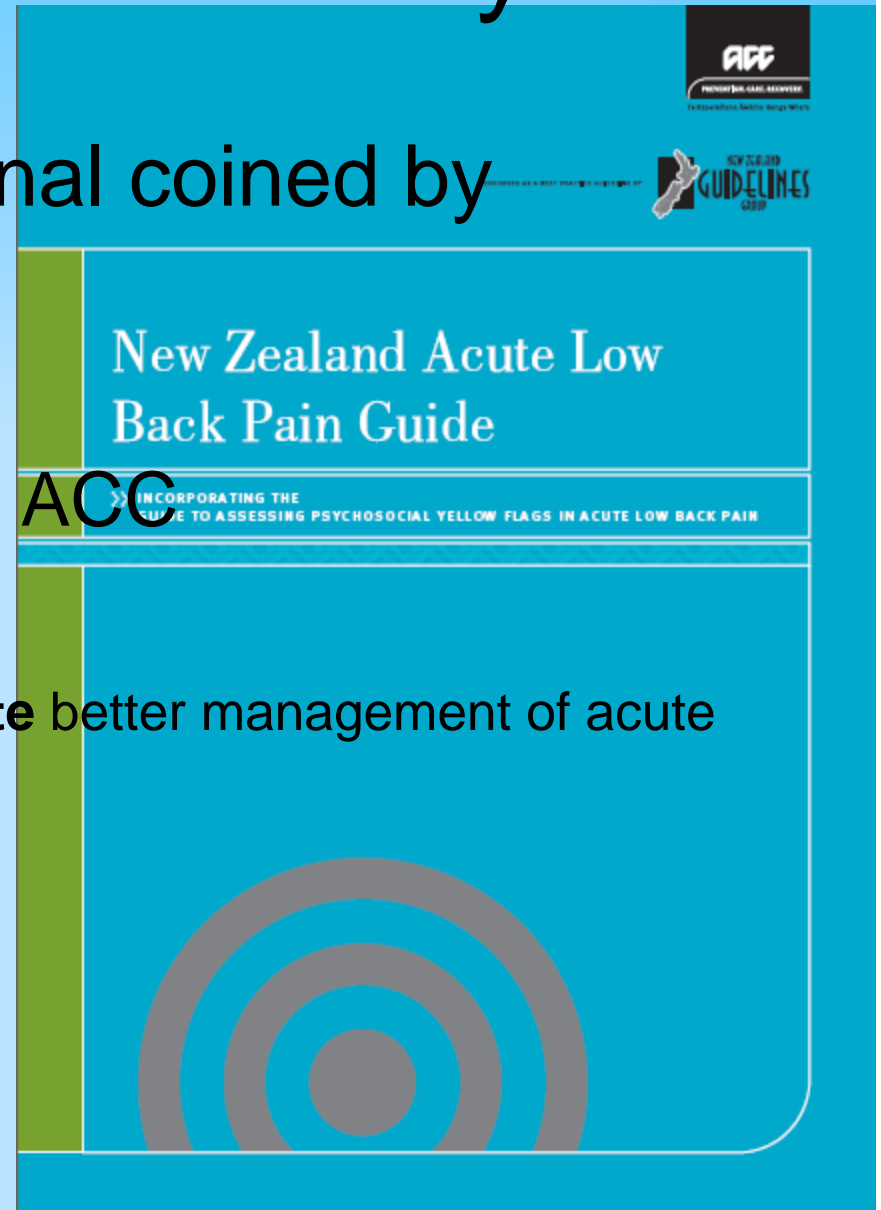
What to Do With Them!

Flags.. A Very Brief Overview

- Red Flags (Clinical Factors)
 - Serious pathology
 - Co-existing disease process
 - Poor outcome
- Yellow Flags (Psychosocial Risk Factors)
 - Beliefs about pain and injury
 - Psychologically distressed
 - Unhelpful coping strategies
- Blue Flags (Perceived features of work/social environment)
 - Lack of job satisfaction
 - Poor colleague support
 - Percieved time pressures
 - Unsupportive management style
- Black Flags (Actual features of work/social environment)
 - Employers rehabilitation policy deters measured reintegration
 - Duration of sickness/absence
- Orange Flags (Presence of psychiatric illness)
- Rainbow Flags

Flags... A Very Brief History

- Yellow flags were original coined by Kendal, Linton & Main
 - (published Jan '97)
 - NZ Guidelines Group & ACC
- “The Guide’s main goal is to **promote** better management of acute low back pain to **reduce** chronicity.”



Then Came BLUE, BLACK & ORANGE!

- Yellow flags were more recently sub divided into **Blue** & **Black** by Burton & Main ('98 – 2000)
- These cover the perceived patient risks and actual employment policy which can lead to long term pain and disability



Yellow

Flags

What's a Yellow Flag??

- Yellow Flags indicate psychosocial barriers to recovery that may increase the risk of long-term disability and work loss associated with low back pain.
- Identifying any Yellow Flags may prevent long term disability

- The presence of Yellow Flags does not mean that the patients pain is any less real
- Nor does it reduce the need for symptom control.
- The primary aim of our management is to
 - Control pain
 - Encourage a return to normal levels of activity as quickly as possible (Green Light)
 - Prevent chronic pain and disability

Who Is At Risk??

- An individual may be considered “**At Risk**” if they have a clinical presentation that includes one or more very strong indicators of risk,
- Or several less important factors that might be cumulative.

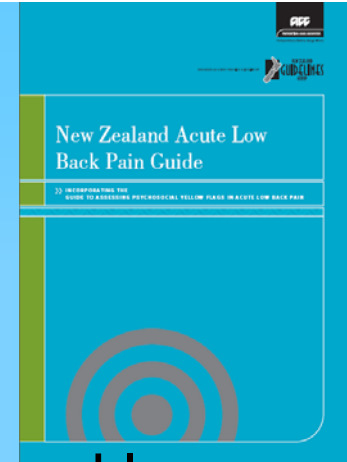
- History of numerous episodes
- Duration of symptoms before the first visit (> 1/52)
- Duration of daily pattern
- Severe pain intensity (>7 on a VAS/VRS)
- Anxiety (e.g., tense, uptight, irritable, fearful, difficulty in concentrating/relaxing)

- **Low mood/Depression** (e.g., down in the dumps, pessimistic, feelings of hopelessness)
- **Catastrophising**
- **Job dissatisfaction** (Blue Flag)
- **Sciatica (radiations)**
- **Locus of control** (e.g., ability to control (i.e., reduce/help) your pain)

- Expectation of passive treatment(s) rather than a belief that active participation will help.
- A belief that back pain is harmful or potentially severely disabling
- Anticipation of trouble sitting or standing at work six weeks into the future
- Activity intolerances/Fear avoidance

A Couple Of Definitions

- Acute Low Back Pain
 - Activity intolerance due to lower back or back and leg symptoms lasting less than 3 months.
- Recurrent Low Back Pain
 - Episodes of acute low back problems lasting less than 3 months but recurring after a period of time without low back symptoms sufficient to restrict activity or function.
- Chronic Low Back Pain
 - Activity intolerance due to lower back or back and leg symptoms lasting more than 3 months.



What to Do about "Yellow Flags"

- A patient with a high "yellow flags" score is either experiencing abnormal illness behaviour or is at risk for it.
- Diagnosis should be oriented toward avoiding "labelling" the patient with an injured back (i.e., ruptured disc) or degenerative condition, since coincidental structural pathology is so common.

- Treatment should reduce
 - Dependency on medication and other passive forms of treatment (including Osteopathy)
 - Encourage the development of self-treatment skills.
- It is important to realise that "yellow flags" are not patients' fault, but they suggest that management strategies need to be altered to maximise the likelihood of recovery.

- Re-education patients that normal activities can be resumed safely
- Inform the patient about simple activity modifications to reduce biomechanical strain – gradual exposure
- Patients should be advised to stay as active as possible; to gradually increase their physical activities; that it is safe to do so as long as the pain is not peripheralising
- Hurt does not necessarily equal harm

- Make an objective review of progress to date and a comprehensive evaluation of the presenting problem, emphasising the early identification of barriers to progress that have so far gone unnoticed.
- Develop a comprehensive management plan including:
 - Integration of all components of the evaluation into the decision-making process
 - Outline of expected milestones with time frames
 - Incorporation of strategies for dealing with any barriers that are identified
 - Options for continued lack of progress.

- In certain cases, specialist referral for counselling should be considered
- Surgical success rates in otherwise properly selected individuals are much lower in the presence of "yellow flags."

BLUE FLAGS

- These refer to psychosocial Workplace Factors which have been observed to interact with pain behavior such as:
 - threat of job loss,
 - job dissatisfaction,
 - workplace conflict,
 - relationship with the employer,
 - level of perceived support at work,
 - job change,
 - suitability of duties,
 - perceived work capacity,
 - career goals,
 - perception of who is responsible for injury,
 - pre injury disciplinary/productivity issues,
 - perceived justice or entitlement.

BLACK FLAGS

- These factors are not a matter of perception and affect all workers in a workplace or occupation equally.
 - Policy concerning conditions of employment, sickness and working conditions
 - Fitness for required task
 - litigation/disputation and work contact
 - Disability Law

Orange Flags

- Coined by Main, Phillips & Watson, 2004
- **Yellow flags** should be thought of as aspects of *normal* psychological processes
- **Orange flags** are abnormal psychological processes that indicate psychiatric disease...Refer not safe to treat!!!

Red Flags

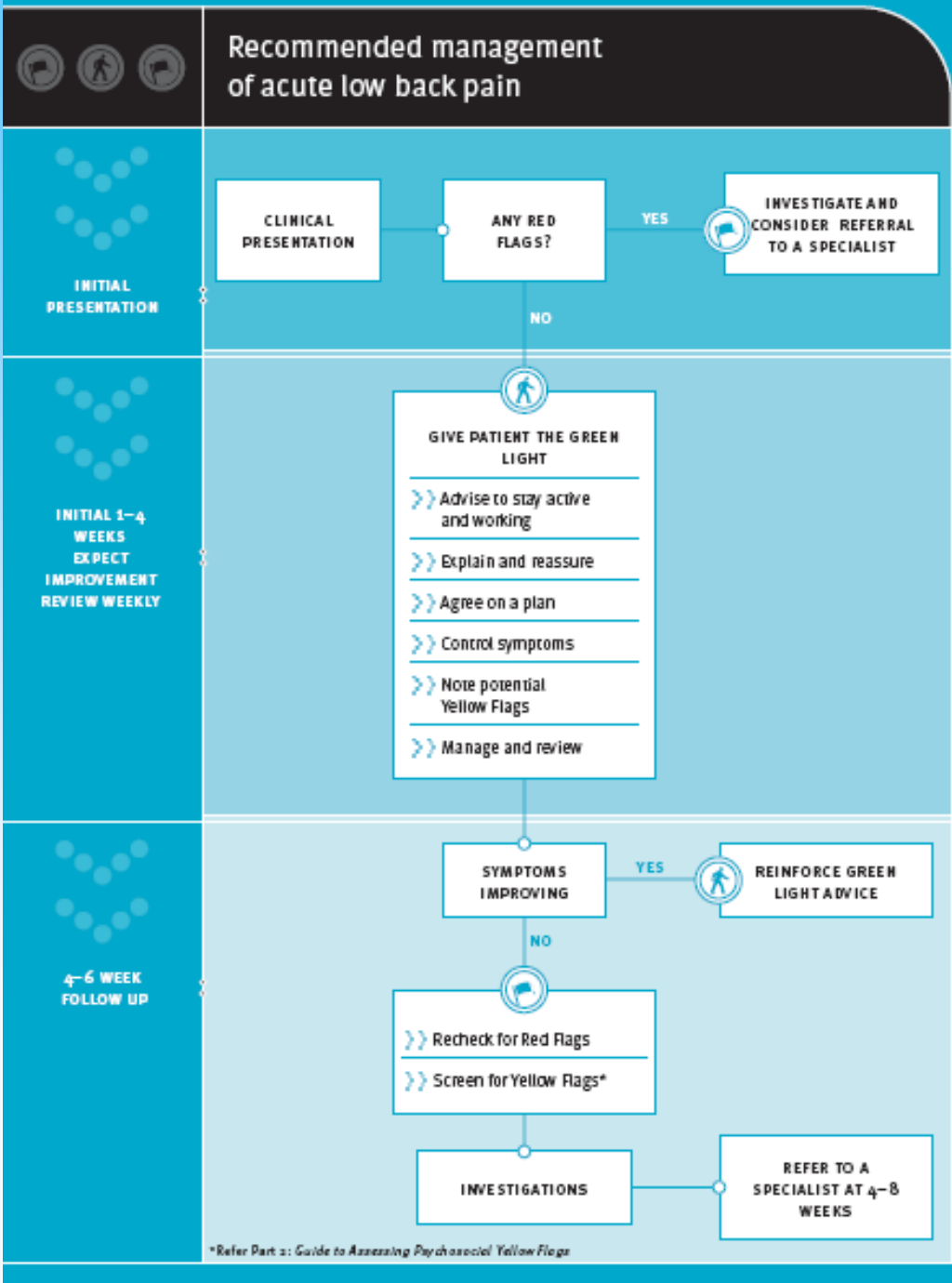
Red Flags are possible indicators of serious spinal pathology:

- Thoracic pain
- Fever and unexplained weight loss
- Bladder or bowel dysfunction
- History of carcinoma
- Ill health or presence of other medical illness
- Progressive neurological deficit

- **Features of cauda equina, filum terminale & conus medullaris syndrome** (bowel/bladder disturbance, bilateral neurological symptoms and signs, saddle anaesthesia) - urgent referral!!!! (<http://www.emedicine.com/neuro/topic667.htm>)
- Significant trauma
- History of cancer
- Intravenous drug use
- Steroid use
- Severe, unremitting night-time pain

- Pain that gets worse when patient is lying down
- Disturbed gait, saddle anaesthesia
- Age of onset <20 years or >55 years
- Unresponsive to medication/treatment
- No alleviating factors

Appendices



- Disease

- An objective biological event involving the disruption of specific body structures or organ systems due to anatomical, pathological or physiological changes

- Illness

- A subjective experience or self-attribution that a disease is present, creating physical discomfort, behavioral limitations and psychosocial distress (Turk & Monarch 2002)

Chronic Low Back Pain Research

- 12 months after initial consultation for LBP the majority of patients have **not** recovered?
- Even though patients have stopped seeking care, this does not mean they are asymptomatic or fully functional.
- It is better to advise patients that LBP tends to recur, rather than build up expectations that it can be "fixed" or cured.
- Reassurance about the safety of reactivation and warnings about the dangers of deconditioning are recommended.
- Source: Croft PR, Macfarlane GJ, Papageorgiou AC, Thomas E, Silman AJ. Outcome of low back pain in general practice: a prospective study. *BMJ* 1998;316:1356-1359.

Reassurance and Reactivation Are Key to Recovery!

- Being too careful was emphasised as the worst form of self-treatment.
- Patients were instructed to take regular, brisk walks.
- Remaining in one rest position, lying, sitting or standing, was discouraged.
- Light stretching was recommended for acute "flare-ups" rather than rest.
- Patients were informed that anticipation of pain can increase muscle tension and perpetuate the pain.

Source: Indahl A, Haldorsen EH, Holm S, Reikeras O, Hursin H. Five-year follow-up study of a controlled clinical trial using light mobilisation and an informative approach to low back pain.

Spine 1998;23:2625-2630.