### ALGORHYTHM FOR NECK AND BACK INJURIES

#### **INITIAL INJURY RED FLAGS** • Medical evaluation with clear diagnosis • Infection usually associated with drug/alcohol abuse • Tumor or history of cancer • Evidence-based testing: imaging if indicated • Trauma or fracture concern Assess for Red Flags • Progressive neurological deficit Reassure and initiate conservative treatment • Bowel or bladder dysfunction Osteoporosis or chronic steriod use ACUTE STAGE (1 - 2 WEEKS) • Treatment including medications, physical therapy, Injured worker improved and chiropractic, home-exercise program • Monitor for Red Flags returned to work. • Reassure and continue conservative treatment Refer to Specialists - PMR, Orthopedics, Neurosurgeon, **ACUTE STAGE (2 – 6 WEEKS)** Psychology, Neurology • Evaluate progress and continue conservative care • 70% get better • Monitor for Yellow Flags • appropriate claims management **CHRONIC PHASE (12 WEEKS +)** • Evaluate progress with objective measures • Active functional restoration program SUBACUTE PHASE (6-12 WEEKS) · Address psychosocial and employer issues • Evaluate progress – continue conservative treatment • Re-enforce function and positive lifestyle • Consider diagnostic studies: x-ray, MRI, labs, EMGs behaviors. · Consider additional evidence-based treatments like injection procedures or alternative therapy. About 10% become chronic • 90% get better

# Yellow Flag Findings in the Medical History and Examination

### **Belief Systems**

- Fear avoidance behavior (avoidance of activities caused by fear of increased pain)
- Expectation of increased pain with return to work or normal activity
- Catastrophizing (excessive focus on pain and feeling of helplessness to control pain)
- · Passive attitude to rehabilitation

#### **Affective Factors**

- Poor work history or unsupportive work environment
- · Poor adherence to exercise
- · Withdrawal from activities of daily living
- History of substance abuse
- Depression/Anxiety
- Disinterest in social activity
- History of physical or sexual abuse

#### **Comorbidities**

- Impaired sleep because of pain
- History of other disabling injuries or conditions

Gaunt A, Herring SA, O'Connor F. Caring for Patients Who Have Acute and Subacute Low Back Pain. CME Bulliten from American Family Physicians, volume 7/number 2, 2008.

## Psychosocial Factors Associated with an Increased Likelihood of Developing Chronic Back Pain or disability

- Disputed compensation claims
- Fear avoidance (exaggerated pain or fear that activity will cause permanent damage)
- Job dissatisfaction
- Pending or past litigation related to the back pain
- Psychological distress and depression
- Reliance on passive treatments rather than active patient participation
- Somatization
- Legal Representation
- Education level

Nguyen TH and Randolph DC. Nonspecific Low Back Pain and Return to Work. Am Fam Physician 2007;76:1497-1502, 1504.

### PERFORMANCE APGAR

Measurement of the Sincerity of Effort an Individual Puts Forth

		Scoring Options			Score up to
		0	1	2	2 points
A Acceptance (chose best test or average)	If this just does not get any better what will you do?	I can't live like this	I am going to have some problems	I can live with it	A=
	Are you satisfied with your job?	Not satisfied	Partially satisfied	Satisfied	
Pain (chose best test or average)	Pain drawing	Non-physiologic	Some of it physiologic	Physiologic	P=
	Pain behavior score AMA Guides table 18.5	Exaggerated or non-physiologic	Mixed or ambiguous	Appropriate and confirm clinical findings	
G Gut intuition (chose best test or average)	Credibility Tool (see table 2)	Non credible	Partially credible	Credible	G=
	Intuition or effort	Poor effort	Partial effort	Excellent effort	
	Duration	Much longer than expected	Longer than expected	As expected	
A Acting (chose best test or average)	Consistency with distractions	Poor consistency	Partial consistency	Excellent consistency	A=
	Waddell signs	More than 2 Waddell signs	2 Waddell signs	0 to 1 Waddell sign	
R Reimbursement	Compensation / Litigation	Someone else liable WC, PI, Disability Application, Attorney	Someone else liable WC, PI, Disability Application	No one liable	R=
		representing			
	Pain (chose best test or average)  Pain (chose best test or average)  Gut intuition (chose best test or average)  Acting (chose best test or average)	(chose best test or average)better what will you do?Pain (chose best test or average)Pain drawingPain (chose best test or average)Pain behavior score AMA Guides table 18.5Gut intuition (chose best test or average)Credibility Tool (see table 2)Intuition or effortDurationActing (chose best test or average)Consistency with distractions Waddell signs	Acceptance (chose best test or average)  Pain behavior score AMA Guides table 18.5  Gut intuition (chose best test or average)  Credibility Tool (see table 2)  Intuition or effort  Duration  Acting (chose best test or average)  Acting (chose best test or average)  Acting (chose best test or average)  Consistency with distractions  Compensation / Litigation  Reimbursement  Compensation / Litigation  Credibility Tool (see table 2)  Intuition or effort  Duration  Much longer than expected  Poor consistency  Waddell signs  Reimbursement  Compensation / Litigation  Someone else liable WC, PI, Disability Application, Attorney	Acceptance (chose best test or average)    Pain (chose best test or average)	Acceptance (chose best test or average)  Pain (chose best test or average)  Pain behavior score AMA Guides table 18.5  Gut intuition (chose best test or average)  Gut or average)  Gut intuition (chose best test or average)  Acting (chose best test or average)  Acting (chose best test or average)  Reimbursement  Reimbursement  Acceptance (chose best test or average)  If this just does not get any better what will you do?  Are you satisfied with your job?  Non-physiologic  Pain drawing  Non-physiologic  Exaggerated or non-physiologic  Partially satisfied  Appropriate and confirm clinical findings  Appropriate and confirm ambiguous  Appropriate and confirm clinical findings  Partially credible  Credi

Total Performance APGAR Score =

(Add A,P,G,A,R sections for a maximum of 10)

College A, Holmes E, Soo Hoo ER, et al. Motivation determination (sincerity of effort). The Performance APGAR model. Disability Medicine. 2001; 1(2):5-18.