Academy of PHYSICAL MEDICINE

Lowering The Red Flag

Webinar - Barry Jacobs, 18th June 2014

Summary Notes

Introduction

BBC report of an elderly man, Hx LBP insidious onset
Weight and appetite loss
Diagnosis of possible appendicitis, but discharge with PK and other meds
Subsequently diagnosed with spinal fracture and Ca, died 6/52 after 1st presentation
Ombudsman found that (lack of) diagnosis/treatment had not affected outcome, but "Red Flags" had been overlooked

- In A&E, LBP regarded as either very serious (expensive) or mechanical/routine
- Diagnosticians in dilemma – what suffices to trigger expensive examination?
- Red Flags become a "binary issue" – no context

Osteopathic CPD

Previous requirement seemed to indicate the need to "learn to think"
Does CPD make hypotheses better, or the osteopath better at forming them?

Extended scope practitioners

Physios previously not allowed to make diagnoses
Now allowed to triage as first contact practitioners
Some physios lacked skill in systems examination, but clinical reasoning sound
Their concerns: safety, accuracy of diagnosis, possibility of omissions
Felt the need for a standard protocol, which gave rise to "Red Flags"
Led to "Pattern Recognition" approach
Complaint "First contact practitioner doesn't mean differential diagnostician"

Case histories discussed (attached)

Think about context not Red Flags
Appreciate the patient's "normal"
Interpret pattern failure
Intelligent conjecture

Imagination is more important than knowledge – Einstein

Process

Altered function implies altered structure
Structural integrity is the starting point
Identify tissues causing symptoms

Diagnostic algorithm illustrated (attached)

The Process

Transparency and consensus in interpretation
Evidence-based physiology
Where is it? What is it (pathology)? Why is it (context)?

Back pain in the under-20s is a red flag of dubious significance – needs context

Hiett, Chan, Hourigan; International Musculoskeletal Medicine 2014 Vol 36, No 121

Use of red flags in primary care: need to consider likelihood of serious disorder

Underwood; Arthritis & Rheumatism Vol 60, No 10, October 2009, pp 2855-2857

Inadequate evidence for formulaic use of red flags as a screening tool in LBP
Mnemonics may be useful prompts to guide clinical reasoning

Underwood, Buchbinder; BMJ 2013; 347:f7432 doi: 10.1136/bmj.f7432 (Published 12 Dec 2013)

When a tissue manifests signs and symptoms:

Use extensive knowledge and imagination
Understand the oatient's idiosyncratic world
Implicate, prioritise and srutinise

The argument should be:

Transparent and compelling
Able to withstand rigorous examination
Be changeable at the drop of a clinical hat

Show your workings out:

The power is in the process
The diagnosis is not key

Formulaic use of red flags = unthinking audit

Osteopaths have earned their "Legitimate Clinical Privilege"

Case Histories

Case History 1:

- 41 year old male property developer
- Pain in left low back with radiation to calf
- Symptoms aggravated by walking over the last year
- Gradual onset
- "Occasional trouble with the old how's your father"
- 'Significant' cigarette smoking from 18 years of age
- Familial Hyperlipidaemia
- Nil else

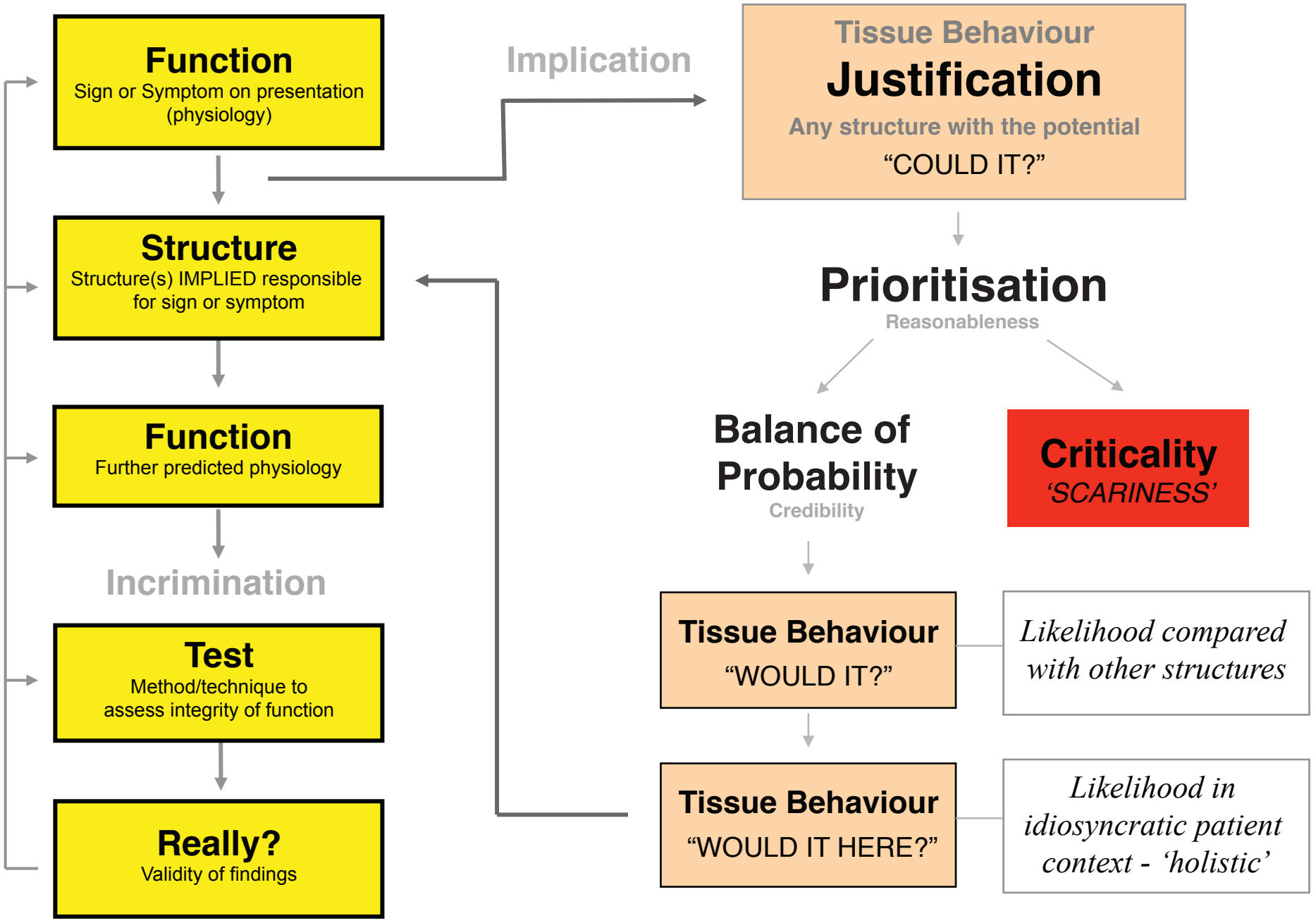
Case History 2:

- 10 year old school boy
- Intermittent severe pain in left cervical spine, shoulder
- Non-specific radiation to L face
- Symptoms aggravated by cervical rotation L > R
- 10 day traumatic onset
- Same day plain film NAD
- Intermittent nausea, dizziness and blurred vision last 24 hours
- Familial hysteria
- Nil else

Case History 3:

- 73 year old retired male
- Plays a little jazz guitar
- Finalising treatment for musculo-ligamentous strain being treated L side-lying (no tricks)
- Light-headed and slightly nauseated on sitting up
- Symptoms persist for greater than a minute - Pallid and a little clammy in appearance
- Accompanied by spontaneous onset L shoulder pain which…
- Eventually migrates to arm
- Continues for > 5 minutes
- BP 170/60
- Admits GP referred him to A&E for similar symptoms 2/12
- NIL Else

Diagnostic Algorithm



Derived from:
Jacobs B, Butler L, Implication to Incrimination: An algorithm intended to represent the critical stages of deduction in which diagnostic hypotheses are derived from clinical presentation; Ost Today,Jan & March Eds (2005) pp8