

Red Flag	Potential diagnosis	Action
Elderly patient (Age >65)	Cancer, fractures, spinal stenosis, AAA more frequent	Consider imaging
Pain persists after 6 weeks despite appropriate treatment	Non-mechanical causes, mechanical causes that may benefit from surgical intervention	Imaging (CT/MRI) and/or referral to spine services
Trauma Prolonged corticosteroids use	Fracture	Imaging (XR for younger patients may be sufficient, but CT may be more appropriate for elderly patients)
Systemic symptoms (fever, chills, night sweats, malaise, unexplained weight loss of > 10lbs over 3 months) Pain that is worse at night or awakes patient from sleep Vertebral tenderness	Cancer, infection	Imaging (CT/MRI)
IVDU, immunocompromised, recent bacterial infection, recent genitourinary or GI procedures (transient bacteremia)	Infection such as osteomyelitis, epidural abscess, discitis.	Imaging (CT/MRI)
Symptoms and signs of cauda equina syndrome (bowel incontinence, urinary retention/overflow incontinence, saddle anesthesia, abnormal neurological exam suggestive of bilateral involvement)	Large midline disc protrusion, cancer, mass effect from other causes such as epidural abscess or hematoma.	Imaging (MRI is the most sensitive, however, CT is usually performed initially)
Pseudoclaudication, neurological symptoms	Spinal stenosis	Imaging and/or referral to spine services if symptoms severe
History of cancer	Metastasis	Imaging (CT)
Anticoagulation	Retroperitoneal hematoma, epidural hematoma	Consider imaging particularly with supratherapeutic coagulation profile and/or trauma.