

# SPINAL RED FLAGS FOR GENERAL PRACTITIONERS

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This resource contains some of the key spinal red flags. It is not an exhaustive list - a case by case decision is advised as red flags may lack diagnostic accuracy (Henschke et al. 2013).

## Some general spinal red flags: TUNA FISH

- |                                       |                                   |
|---------------------------------------|-----------------------------------|
| <b>T = Trauma</b> history             | <b>F = Fever</b>                  |
| <b>U = Unexplained</b> weight loss    | <b>I = Inflammatory</b> features  |
| <b>N = Neuro</b> (progressive or new) | <b>S = Substance</b> abuse (IVDU) |
| <b>A = Age</b> <20 or >50             | <b>H = History</b> of cancer      |

## SPINAL METS

If the patient has a past or current cancer diagnosis plus symptoms in the box below, contact MSCC coordinator within 24 hours

### Box 1 Pain characteristics suggesting spinal metastases:

- Severe unremitting back pain
- Progressive back pain
- Mechanical pain (aggravated by standing, sitting or moving)
- Back pain aggravated by straining (for example, coughing, sneezing or bowel movements)
- Night-time back pain disturbing sleep
- Localised tenderness
- Claudication (muscle pain or cramping in the legs when walking or exercising)

<https://www.nice.org.uk/guidance/ng234>

## MSCC

If the patient has a past or current cancer diagnosis plus symptoms in the box below, contact MSCC coordinator immediately

### Box 1 Symptoms or signs of spinal cord compression:

- Bladder or bowel dysfunction
- Gait disturbance or difficulty walking
- Limb weakness
- Neurological signs of spinal cord or cauda equina compression
- Numbness, paraesthesia or sensory loss
- Radicular pain

<https://www.nice.org.uk/guidance/ng234>

## SPINAL FRACTURE

### Risk factors for vertebral fracture:

<https://pubmed.ncbi.nlm.nih.gov/18177783/>

- Age > 50
- Female gender
- Major trauma
- Pain & tenderness
- Distracting pain
- Known osteoporosis or risk factors for osteoporosis

For guidance on managing suspected osteoporotic, traumatic and pathological spinal fractures please see the London Spinal Fracture Pathway:

<https://www.kch.nhs.uk/document/spinal-fracture-pathway-template-london/>

## MYELOMA

### Symptom or finding:

- **Bone pain** – usually presents as unexplained pain, generalised or localised
- **Back pain** – persistent or severe/atypical
- **Generally unwell** – fatigue, weight loss, suspicion of underlying cancer
- **Recurrent infections**
- **Spontaneous fractures** including osteoporotic vertebral fractures
- **Breathlessness** – unexplained
- **Raised Calcium**
- **Renal impairment**
- **Anaemia**
- **Raised ESR**

<https://academy.myeloma.org.uk/resources/gp-myeloma-diagnostic-tool/>

## CAUDA EQUINA

### Cauda equina red flags:

- **unilateral or bilateral radicular pain**
- **bladder disturbance**
- **bowel disturbance**
- **saddle anaesthesia/paraesthesia**
- **sexual disturbance**
- **new motor weakness**

For guidance on managing suspected cauda equina compression please see GIRFT pathway:

[National Suspected Cauda Equina Pathway October 2023 version 3 \(gettingitrightfirsttime.co.uk\)](#)

If symptom onset or progression < 2 weeks, consider ED, if > 2 weeks consider urgent MSK referral + safety net.

## MYELOPATHY

### Myelopathy red flags:

- **poor balance**
- **clumsiness**
- **neck stiffness**
- **reduced grip strength**
- **bilateral hand numbness**
- **fatigue**
- **neck pain**
- **reduced dexterity**
- **bilateral hand paraesthesia**

If onset within hours/days --> ED  
If within recent weeks/months --> urgent MSK  
If within several months or years --> routine MSK

<https://pubmed.ncbi.nlm.nih.gov/37903098/>

## OTHER SPINAL RED FLAG RESOURCES

**Axial Spondyloarthritis resources:** <https://www.actonaxialspa.com/hcp-toolkit/>

**Spinal infection early red flags:** <https://doi.org/10.1186/s12891-019-2949-6>

**iFOMPT spinal red flags review 2020:** <https://www.jospt.org/doi/epdf/10.2519/jospt.2020.9971>