**Red flags – Lower Back**

**Potentially serious conditions causing back pain are uncommon but may present with the following red flags:**

* **Cauda equina syndrome**
  + Sudden-onset referred leg pain in both legs, or pain that starts in one and spreads to the other at the same time
  + severe or progressive neurological deficit such as major weakness of knee extension, ankle eversion, or foot dorsiflexion.
  + Changes to bowel or bladder
  + Recent-onset erectile dysfunction or sexual dysfunction.
  + Numbness or pins and needles in the genitals and anal area
  + Gait disturbance or difficulty walking.
* **Spinal fracture**
  + Sudden onset of severe central spinal pain which is not relieved by lying down.
  + A history of major trauma (such as a road traffic collision or fall from a height), minor trauma in people with osteoporosis.
  + Structural deformity of the spine (such as a step from one vertebra to an adjacent vertebra).
  + Point tenderness over a vertebral body.
  + Older age.
  + Major trauma at any age (such as a road traffic collision or fall from a height, prolonged corticosteroid use, people aged over 70 or history of osteoporosis with minor trauma or even just strenuous lifting
  + Contusion or abrasion.
  + There may be point tenderness over a vertebral body.
* **Cancer**
  + Age 50 years or over or under 18
  + Gradual onset of symptoms or progressive pain.
  + Severe unremitting lumbar pain; thoracic (middle third of back) back pain; night spinal pain preventing sleep; spinal pain aggravated by straining (for example coughing, sneezing, or defaecation).
  + Claudication (muscle pain or cramping in the legs when walking or exercising).
  + Localised spinal tenderness.
  + Mechanical pain (aggravated by standing, sitting or moving).
  + No symptomatic improvement after 4–6 weeks of physiotherapy
  + Unexplained weight loss.
  + Claudication (muscle pain or cramping in legs when walking or exercising).
  + Past history of cancer (breast, lung, prostate, renal, and gastric cancer are more likely to metastasize to the spine).
* **Infection (such as discitis, vertebral osteomyelitis, spinal or epidural abscess)**
  + Fever; systemically unwell.
  + Recent infection.
  + Diabetes mellitus.
  + History of intravenous drug use.
  + HIV infection, use of immunosuppressant drugs, or other cause of immunocompromise.
  + Pain at rest.