

Common Medical Red Flags

We will address Common Medical Red Flags in order to provide safe practice within our scope. Red flags are signs and symptoms that indicate the possible or probable presence of serious medical conditions that can cause irreversible disability or untimely death unless managed properly. Knowing these Red Flags can help you decide to consult other healthcare practitioners so suspected “red flag conditions” can be ruled in or out and treated appropriately. Most criticism of yoga therapy is around missing signals of serious conditions, or not considering the signals as serious and proposing practicing that in themselves are harmful for that person with that condition or are at the very least ineffective.

Here are some ways a yoga therapist might miss a Red Flag:

- Wrongly accepting the patient’s self-diagnosis as definitive.
- Mistakenly treating symptoms without understanding they reflect a serious underlying medical condition.
- Mistaken assumptions that red flags have already been picked up by other health care providers.
- Mistaken assumptions about abnormal reactions to medical care and failure to understand the normal course of recovery.

Proper referral typically results in increased respect for yoga therapist for recognizing the serious illness. Referred patients typically continue with greater confidence.

Not all red flags have equal diagnostic power. Some are highly diagnostic (i.e., highly indicative), others less so, but still we must assume a serious condition is present until proven otherwise.

An example of a highly diagnostic red flag is neck pain followed by numbness in one arm and hand. By far the most likely explanation for neck pain with arm numbness is a compression of one or more spinal nerves in the neck, a serious condition that can lead to lasting pain and disability. Other conditions that might cause neck pain with associated arm numbness are rare, making this red flag highly diagnostic.

An example of a less diagnostic red flag is one-sided ankle swelling, which can be caused by several relatively common conditions, like skin infections. Even though other causes may be likely, one-sided ankle swelling can also be caused by a calf vein deep venous thrombosis (DVT), a serious condition that can turn rapidly fatal if a clot breaks loose and travels to the lung in the form of a pulmonary embolism (PE).

Recognizing and acting on red flags signs and symptoms as soon as possible is far better than waiting until the condition has progressed to serious consequences. Our approach is to assume a condition is present until proven otherwise. This is based on the possible consequences of missing the condition. Our actions are to stabilize and refer.

Here are the Red Flags addressed in our text, *An Acupuncturist’s Guide to Medical Red Flags and Referrals*, by David Anzaldúa, M.D. We are using this text because it is excellent and because no one has yet written one for yoga therapy—perhaps one of you will do so! 😊

ALTERED MENTAL FUNCTION

GENERAL RED FLAGS

- **Progressively decreasing mental function at any age (p.11)**
A general red flag for degeneration and death of brain neurons from a variety of possible causes. May use MMSE (Mini Mental Health Status Exam (p. 12) (www.medicine.uiowa.edu/igec/tools/cognitive/MMSE.pdf)
- **Chronic or repeated dizziness occurring other than when standing up (vertigo vs. dizziness)**

Possible causes:

- a. Decreased perfusion of blood to the brain from arrhythmia or heart weakness
Signs: Abnormal pulses bradycardia (very slow) or tachycardia (very fast) at rest, ankle swelling, dizziness
- b. Normal perfusion, but decreased oxygen to the brain
Signs: pallor at face and nail beds, dizziness, lung sounds, bronchitis or pneumonia
- c. Decreased glucose in blood
Signs: stress reactions like sweating, rapid heart rate, tremors, hypervigilance.
- d. Toxins in the blood
Signs: dizziness
- e. Seizures
Signs: tonic/clonic (body becomes rigid/ uncontrolled jerking), stereotypic movements (ex. hand shaking, body rocking, etc.), general spacing out.
- f. Intracranial masses
Signs: headache, dizziness, neurological signs related to location...

With all general red flags, notice severity. Decide the urgency and take action:

- Call 911
- Drive client to ED/ER
- Have them drive themselves to ER
- Call emergency contact, they drive client to Urgent Care
- Client drives self to Urgent Care
- Call PCP and tell nurse about their patient, ask what to do
- Direct client to call PCP right away
- Direct client to call PCP and make an appointment in near future.

SPECIFIC RED FLAG

- **Increasing confusion in an elderly person days, weeks, or months after minor head trauma (p. 13)**
 1. **Condition assumed present until proven otherwise**
Chronic subdural hematoma (collection of bleeding under the skull between the dura mater and the brain tissue usually from trauma)
 2. **Possible consequences of missing the condition**
Mental deterioration, coma and/or death
 3. **Stabilization, referral and management**

No steps to take. If confusion is rapidly progressing, and no shortness of breath, heart rate is stable, no chest pain, transport to hospital Emergency Department (ED), if cardiopulmonary concern, call 911. Or just call 911.

- **Severe dizziness immediately after standing up**
 1. **Condition assumed present until proven otherwise**

Severe orthostatic hypotension (sudden drop in blood pressure due to level change)
 2. **Possible consequences of missing the condition**

Fainting (syncope) and falling, espec. in elderly, causing fracture and possible death
 3. **Stabilization, referral and management**

Remind to rise slowly. Refer to primary care physician (PCP) to adjust meds or do workup regarding cause.
- **Dizziness and slow heartbeat (less than 60 bpm) that does not increase with activity in elderly person**
 1. **Condition assumed present until proven otherwise**

Sick sinus syndrome (SSS), SA node dysfunction
 2. **Possible consequences of missing the condition**

Debility, falling, and possible death
 3. **Stabilization, referral and management**

No physical exertion, if not presenting with shortness of breath, refer to PCP in a timely way. If shortness of breath, chest pain, falling blood pressure, call 911.
- **Adult or child with inattention and/or hyperactivity severely interfering with daily functioning**
 1. **Condition assumed present until proven otherwise**

Attention deficit hyperactivity disorder (ADHD)
 2. **Possible consequences of missing the condition**

+risk of bipolar, conduct disorder, and others educational familiar and social issues
 3. **Stabilization, referral and management**

No steps to take, refer to PCP.
- **Sudden unconsciousness followed by severe drowsiness in a previously healthy adult**
 1. **Condition assumed present until proven otherwise**

Seizure
 2. **Possible consequences of missing the condition**

Disability and possible death if untreated
 3. **Stabilization, referral and management**

None if recovered, refer to PCP, if not, urgent care center or ED.
- **Sudden leg weakness and possible unconsciousness in elderly person when turning head**
 1. **Condition assumed present until proven otherwise**

“Drop attack” from vertebrobasilar artery insufficiency (VBI)
 2. **Possible consequences of missing the condition**

Falling with possible injury or death, increased stroke risk
 3. **Stabilization, referral and management**

Avoid extreme neck rotation and neck rotation and extension, dehydration, extreme exertion. Refer in timely way to PCP.

- **Loud snoring, gasping during sleep and excessive daytime sleepiness**
 1. **Condition assumed present until proven otherwise**
Sleep apnea (significant cessation of breathing during sleep)
 2. **Possible consequences of missing the condition**
Sudden death due to narcoleptic accident, +risk of heart disease, poor concentration
 3. **Stabilization, referral and management**
No steps to take. Refer to PCP, timely if operates heavy machinery, drives as occupation.
- **Excessive daytime drowsiness and sudden falling asleep in daytime without warning**
 1. **Condition assumed present until proven otherwise**
Narcolepsy
 2. **Possible consequences of missing the condition**
Disability or death from falling asleep at the wrong time
 3. **Stabilization, referral and management**
Avoid situation that would be detrimental if feel asleep during, refer to PCP.

ANIMAL BITES

SPECIFIC RED FLAG

- **Cat bites**
 1. **Condition assumed present until proven otherwise**
Serious infection of tendon and/or bone
 2. **Possible consequences of missing the condition**
Tendon infection with possible rupture and/or permanent injury and lifelong bone infection
 3. **Stabilization, referral and management**
No steps to take, refer to PCP on semi-urgent basis.

BLEEDING FROM AN ORIFICE

Any bleeding can be a serious sign.

SPECIFIC RED FLAGS

- **Cough with bloody sputum in a patient without obvious respiratory infection**
 1. **Condition assumed present until proven otherwise**
Lung cancer
 2. **Possible consequences of missing the condition**
Death
 3. **Stabilization, referral and management**
No steps to take, refer to PCP on semi-urgent basis.
- **Bloody urine**
 1. **Condition assumed present until proven otherwise**
Urinary tract cancer (usually bladder)
 2. **Possible consequences of missing the condition**
Disability and death
 3. **Stabilization, referral and management**
No steps, refer to PCP in a timely way.

- **Vaginal bleeding years after last mensus**
 1. **Condition assumed present until proven otherwise**
Uterine cancer
 2. **Possible consequences of missing the condition**
Disability and death
 3. **Stabilization, referral and management**
No steps to take. Refer to PCP in timely way.

BREAST PROBLEMS

SPECIFIC RED FLAG

- **New nipple retraction and/or fixed breast lump in a male or female**
 1. **Condition assumed present until proven otherwise**
Breast cancer
 2. **Possible consequences of missing the condition**
Metastasis and death
 3. **Stabilization, referral and management**
No steps, refer to PCP on a semi-urgent basis.

BREATHING PROBLEMS

Hypoxia – low tissue oxygenation (5 sec finger press), low blood and tissue oxidation. All are serious.

GENERAL RED FLAG

Possible Causes:

- a. Lung conditions
 - 1) Chronic obstructive pulmonary disease (COPD) loss of alveoli
 - 2) Congestive heart failure (CHF) backup of fluid in alveoli – cellular respiration (both cause low O₂ in blood – and subsequent tissues)
- b. Decrease in red blood cells or hemoglobin in them
- c. Circulation failure due to heart failure
- d. Blockage in arteries
- e. Negative effects of combinations of above (1,2,3, 4)

Signs: decreased exercise tolerance, confusion, fatigue, minor shin color changes toward paleness/ashenness

- **Blueness of lips and nail beds (cyanosis)**
Especially seen early onset in smokers

SPECIFIC RED FLAGS

- **Sudden shortness of breath (SOB)**
 1. **Condition assumed present until proven otherwise**
Paroxymal nocturnal dyspnea (PND) from CHF awakens when pooled blood from lower returns to heart. Stand for 10-30 minutes to resolve.
 2. **Possible consequences of missing the condition**
Diability and death
 3. **Stabilization, referral and management**

Caution against exercise, salt in diet, take meds (espec heart). Patient is uncomfortable, seems anxious, sweating, pallor, go to ED. Bluesness call 911. If these are absent, call PCP, urgent care.

LATER: CHILDREN'S PROBLEMS

SPECIFIC RED FLAGS

- Unexplained trauma
- Cross eyes
- Deficient language
- Sore throat, high fever
- Elbow pain

CONSTIPATION

SPECIFIC RED FLAGS

- **New onset constipation and unexplained weight loss in a person over 40**
 1. **Condition assumed present until proven otherwise**
Carcinoma (skin cell tissue) of the colon and rectum
 2. **Possible consequences of missing the condition**
Debilitation and death from metastatic colon cancer
 3. **Stabilization, referral and management**
No steps to take. Refer to PCP.

DIARRHEA

GENERAL RED FLAG

Diarrhea occurring with 3 -5 loose stools daily over months to years.

Parasitic or infectious origin. Food allergy. If losing weight rapidly, seems unstable go to PCP or gastroenterologist depending on insurance and referral.

SPECIFIC RED FLAGS

- **Acute bloody diarrhea**
 1. **Condition assumed present until proven otherwise**
Serious enteritis (inflammation of intestine), gastroenteritis if vomiting present also
 - a. Acute infectious enteritis from virus, bacteria, parasites
 - b. Inflammatory autoimmune bowel disease such as ulcerative colitis or Crohn's disease.
 2. **Possible consequences of missing the condition**
Disability or death due to dehydration and electrolyte imbalance (imbalance of sodium, chloride, magnesium, potassium, calcium commonly caused by loss of body fluids through prolonged vomiting, diarrhea, sweating or high fever.)
 3. **Stabilization, referral and management**
Drink small amounts of clear fluid and no food until seen by PCP. Semi-urgent PCP referral.

LATER: FATIGUE

LATER: FEVER

LATER: HEARING AND BALANCE PROBLEMS

Specific Red Flags

4. Loss of hearing and balance

LATER: INDIGESTION AND NAUSEA

Specific Red Flags

5. Indigestion after a meal

LATER: MENSTRUAL PROBLEMS

Specific Red Flags

6. Amenorrhea, anorexia and athleticism

PAIN

GENERAL RED FLAG

There are many possible disorders in many anatomical regions (and part of many other red flags).

- **Pain that steadily increases in severity over weeks-to-months**
 - a. Ongoing irreversible tissue damage
 - b. Could indicate cancer, nerve damage, post-surgery pain syndrome, inadequate blood supply to tissues (ischemia)
- **Pain that steadily increases then turns numb**
 - a. Could indicate total sensory nerve destruction (ex. carpal tunnel or spinal radiculopathy – nerve root pain/injury) leading to irreversible loss of strength and function
- **Worsening of stable chronic recurring pain**
 - a. Could indicate new tissue necrosis (cell death) or injury (e. worsening headache)
- **Persistently inflamed joint**
 - a. Could cause permanent joint or soft tissue damage
 - b. Could indicate RA, lupus arthritis and systemic lupus arthritis, bacterial infections, that also could cause permanent joint or soft tissue damage
- **Acute joint pain**
 - a. Could be post-surgical or otherwise, and could cause permanent joint or soft tissue damage
- **Progressive non-inflammatory joint pain (w/o abdominal joint motion or swelling)**
 - a. Could indicate serious joint deterioration (traumatic and degenerative “wear and tear”)
- **Progressive unremitting bone pain**
 - a. Sign of bone cancer
- **Pain and immediate swelling in joint after trauma**

- a. Major tears of ligaments and tendons
- **Chronic pain becomes normal experience versus gradual decrease of pain over time through healing (Chronic recurring pain syndrome)**

SPECIFIC RED FLAGS

ABDOMINAL PAIN

With this as a general red flag abdominal rigidity can indicate lining irritation due to blood or pus. Seek urgent care or call 911.

- **Upper abdominal (midepigastic) pain and vomiting blood**
 1. **Condition assumed present until proven otherwise**
Upper GI hemorrhage from inner lining of stomach and/or esophagus
 2. **Possible consequences of missing the condition**
Possible death from bleeding
 3. **Stabilization, referral and management**
In semi-stable patient, refer to PCP, otherwise to urgent care, or if vomit blood 911.
- **Daily heartburn for many years**
 1. **Condition assumed present until proven otherwise**
Chronic esophagitis
 2. **Possible consequences of missing the condition**
Debilitation /Barrett's esophagus (pre-cancer) or cancer of esophagus, disability or death.
 3. **Stabilization, referral and management**
Avoid conditions causing reflux. Stomach antacids over-counter to reduce acidity okay. Refer to PCP, discuss heartburn issues with patient.
- **Severe abdominal pain (better with leaning forward) with nausea and vomiting**
 1. **Condition assumed present until proven otherwise**
Acute pancreatitis (inflammation of pancreas)
 2. **Possible consequences of missing the condition**
Debilitation and death
 3. **Stabilization, referral and management**
No steps to take. No alcohol. Acute to ED, 911 if cardiopulmonary signs are present (irreg. HB, falling BP)
- **Mid-abdominal pain followed by vomiting then pain moving to right lower abdomen**
 1. **Condition assumed present until proven otherwise**
Acute appendicitis
 2. **Possible consequences of missing the condition**
Infection, general infection, sepsis (overactive immune system) and death.
 3. **Stabilization, referral and management**
Acute to ED. 911 911 if cardiopulmonary signs are present (irreg. HB, falling BP).
- **Sudden lessening of appendicitis symptoms followed by later worsening of pain and fever**
 1. **Condition assumed present until proven otherwise**
"Honeymoon" from decreased pressure, then peritonitis (inflammation of abdo wall)
 2. **Possible consequences of missing the condition**

Sepsis, shock, death

3. Stabilization, referral and management

No steps to take. Sent to ED or 911.

• **Mid to lower abdominal colicky pain, vomiting, constipation, abdominal distension**

1. Condition assumed present until proven otherwise

Bowel obstruction

2. Possible consequences of missing the condition

Death

3. Stabilization, referral and management

No food. To ED. Call 911 if cardiopulmonary signs are present (irreg. HB, falling BP).

BACK PAIN

• **Low back pain with progressive leg numbness, tingling, and weakness**

1. Condition assumed present until proven otherwise

Compression neuropathy from pressure on lumbar nerve roots (radiculopathy)

2. Possible consequences of missing the condition

Permanent numbness, weakness and loss of function of lower extremity, espec feet

3. Stabilization, referral and management

4 Grades:

Grade 1. Mild pain intermittent paresthesia (tingling, burning, prickling, numb, etc) in buttock, hip leg. No sensory motor reflex impairment in lower. No referral necessary.

Grade 2. Moderate pain constant paresthesia, sensory loss in lower areas. Refer to PCP.

Grade 3. Very painful with paresthesia constant. Refer on semi-urgent basis to PCP.

Grade 4. Severe pain and or numbness, in ability to move some muscles, muscle atrophy in lower. Semi-urgent PCP or specialist.

• **Back pain with insidious onset and progressive, unintentional weight loss**

1. Condition assumed present until proven otherwise

Cancer of the spine

2. Possible consequences of missing the condition

Disability and death

3. Stabilization, referral and management

No steps to take. Refer on semi-urgent basis to PCP.

• **Back pain, progressive bilateral leg weakness and erectile dysfunction in a man**

1. Condition assumed present until proven otherwise

“Cauda equina syndrome (canal narrowing, pressure to sacral nerves)

2. Possible consequences of missing the condition

Permanent weakness in lower, incontinence, impotence

3. Stabilization, referral and management

No steps save to avoid trauma and longtime standing. Refer to PCP.

• **Severe, localized midline back pain with spinal tenderness to percussion**

1. Condition assumed present until proven otherwise

Vertebral compression fracture with possible underlying osteoporosis or tumor

2. Possible consequences of missing the condition

Extreme pain and disability, possible death with complications

3. Stabilization, referral and management

Bed rest. Refer to PCP, if pain severe, to ED.

CHEST PAIN

• **Chest pressure coming on reliably with physical exertion**

1. Condition assumed present until proven otherwise

Angina pectoralis – ischemic (deficient blood supply) myocardial pain to coronary artery disease

2. Possible consequences of missing the condition

Disability and death (MI)

3. Stabilization, referral and management

No exercise of fear. Calm attitude is important! Send to ED. Patient should not drive. With SOB, FALLING BP, current pain, call 911.

• **Sharp chest pain and SOB with unilateral or bilateral asymmetric ankle swelling**

1. Condition assumed present until proven otherwise

Pulmonary embolism (PE) blood clot lodged in lung

2. Possible consequences of missing the condition

Sudden death

3. Stabilization, referral and management

No stabilizing steps. Call 911.

• **Sudden, spontaneous, sharp unilateral chest pain, and shortness of breath**

1. Condition assumed present until proven otherwise

Pneumothorax (an abnormal collection of air in the pleural space between the lung and chest wall)

2. Possible consequences of missing the condition

Sever can be life threatening

3. Stabilization, referral and management

No stabilizing steps except to keep patient at rest. Semi-urgent to PCP unless distressed, then ED.

EAR PAIN

• **Earache, ear drainage, fever, severe tenderness of mastoid process**

1. Condition assumed present until proven otherwise

Acute mastoiditis = bacterial infection of mastoid process, complication of otiti media = middle ear infection.

2. Possible consequences of missing the condition

Infection spreading to other tissues – hearing loss, balance problems

3. Stabilization, referral and management

No steps to take. Refer on semi-urgent basis to PCP.

ELBOW PAIN

- **Persistent elbow pain and stiffness after a fall on an outstretched hand**
 1. **Condition assumed present until proven otherwise**
Fracture of radial head of elbow
 2. **Possible consequences of missing the condition**
Permanent stiffness deformity, arthritis, nerve damage
 3. **Stabilization, referral and management**
Arm sling until seen by PCP on semi-urgent basis.
- **Elbow swelling and pain with diminished radial pulse and/or hand numbness after fall**
 1. **Condition assumed present until proven otherwise**
Supracondylar fracture of the humerus
 1. **Possible consequences of missing the condition**
Permanent neurological impairment of the hand, ischemic necrosis
 2. **Stabilization, referral and management**
Ice, no compression, urgent to ED.

FACIAL PAIN

- **Facial pain over sinuses, fever, purulent drainage from nose continuously for more than 3 months or recurrent over 6 months.**
 1. **Condition assumed present until proven otherwise**
Chronic bacterial sinusitis – infection of air filled spaces behind forehead, cheeks and eyes
 2. **Possible consequences of missing the condition**
Abscess formation leading to possible vision damage, osteomyelitis of facial bones, infection of brain and/or possible death
 3. **Stabilization, referral and management**
Promote sinus drainage. Refer to PCP (urgency with severity).

FOOT AND TOE PAIN

- **Bunion deformity (hallux valgus) of great toe displacing adjacent toes**
 1. **Conditioned assumed present until proven otherwise**
Serious hallux valgus deformity with subluxation of adjacent joints
 2. **Possible consequences of missing the condition**
Chronic pain, disability, irreversible cartilage, bone and soft tissue degeneration toe joints
 3. **Stabilization, referral and management**
No steps to take. Discourage use of shoes that deform natural foot. Refer to PCP.

HEAD PAIN (HEADACHE)

- **Headache, eye pain, blurry or haloed vision, nausea, vomiting**
 1. **Conditioned assumed present until proven otherwise**
Acute closed-angle glaucoma
 2. **Possible consequences of missing the condition**
Total loss of vision
 3. **Stabilization, referral and management**

No steps to take. Refer on semi-urgent basis to PCP or ophthalmologist.

- **Sudden, cataclysmic headache in a middle-aged hypertensive patient**
 1. **Conditioned assumed present until proven otherwise**
Nontraumatic subarachnoid hemorrhage (NTSAH) – a bleed between arachnoid membrane and pia mater surrounding brain
 2. **Possible consequences of missing the condition**
Paralysis and/or sudden death
 3. **Stabilization, referral and management**
Call 911.

HIP AND THIGH PAIN

- **Atraumatic, progressive, intermittent hip pain on movement and decreased hip ROM**
 1. **Conditioned assumed present until proven otherwise**
Avascular necrosis of the hip
 2. **Possible consequences of missing the condition**
Disabling osteoarthritis of hip
 3. **Stabilization, referral and management**
No steps to take save to avoid activities that hurt. PCP or orthopedic surgeon to rule out.

KNEE PAIN

- **Back pain with insidious onset and progressive, unintentional weight loss**
 1. **Conditioned assumed present until proven otherwise**
Cancer of the spine
 2. **Possible consequences of missing the condition**
Disability and death
 3. **Stabilization, referral and management**
No steps to take save to avoid activities that hurt. PCP or orthopedic surgeon to rule out.
- **Hip, knee, groin pain with limp in obese adolescent with or without trauma with decreased hip ROM on exam.**
 1. **Conditioned assumed present until proven otherwise**
Slipped capital femoral epiphysis (SCFE) due to weakness of growth plate
 2. **Possible consequences of missing the condition**
Severe hip arthritis and loss of hip function
 3. **Stabilization, referral and management**
Refer to PCP or orthopedist.
- **Knee trauma with pain and immediate severe swelling of the knee**
 1. **Conditioned assumed present until proven otherwise**
Internal derangement of the knee = ACL, PCL, and/or medial or lateral menisci tearing
 2. **Possible consequences of missing the condition**
Permanent pain and disability of the knee
 3. **Stabilization, referral and management**

Ice elevation, crutches, Refer to PCP or orthopedist.

LOWER LEG PAIN

- **Posterior calf pain reliably occurring after walking a specific distance**
 1. **Conditioned assumed present until proven otherwise**

Intermittent claudication (impairment in walking) from peripheral artery disease (PAD)
 2. **Possible consequences of missing the condition**

Loss of limb (%15) sudden disability or death from MI. (severe arteriosclerotic disease)
 3. **Stabilization, referral and management**

Advise against maximal exertion until eval. for arteriosclerotic disease. Refer timely to PCP.
- **Late teen to early adult with focal, persistent shin pain after increasing running distance**
 1. **Conditioned assumed present until proven otherwise**

Stress fracture of tibia
 2. **Possible consequences of missing the condition**

Complete fracture of tibia
 3. **Stabilization, referral and management**

Avoid exercise until evaluated. Refer to PCP or sports medicine doctor.

NECK PAIN

- **Neck pain with tingling, numbness or pain radiating down one arm**
 1. **Conditioned assumed present until proven otherwise**

Cancer Cervical root radiculopathy (compression of major spinal nerve as it exits through the neuroforamina of the spine.)
 2. **Possible consequences of missing the condition**

Permanent neuromuscular deficit in arm or hand.
 3. **Stabilization, referral and management**

Avoid bending neck or weight loading head. If patient has adequate movement of arms and strength, timely referral to PCP is okay. If more involvement more urgency to PCP. If paresthesia, semi-urgent referral needed.
- **Neck pain and progressive sensory changes and weakness in both arms and legs**
 1. **Conditioned assumed present until proven otherwise**

Spinal cord injury – many stages and degrees of injury are possible.
 2. **Possible consequences of missing the condition**

Possible loss of function of limbs, bowels and bladder and paralysis.
 3. **Stabilization, referral and management**

Avoid situations where a fall or other trauma could occur until seen. Timely consult with PCP, urgent if condition deteriorates.

SHOULDER PAIN

- **Shoulder pain and progressive inability to abduct the arm due to shoulder stiffness**

1. **Conditioned assumed present until proven otherwise**
C Adhesive capsulitis (AC) or “frozen shoulder”
2. **Possible consequences of missing the condition**
Longtime disability and pain, possibly lifetime
3. **Stabilization, referral and management**
No steps to take. Do gentle ROM movements. Refer on to PCP.

SORE THROAT

- **Severe sore throat, high fever, drooling and difficulty swallowing in an adult**
 1. **Conditioned assumed present until proven otherwise**
Peritonsillar abscess
 2. **Possible consequences of missing the condition**
Extreme illness, possibly sepsis and death
 3. **Stabilization, referral and management**
Refer on semi-urgent basis to PCP or ENT physician.

URINARY PAIN

- **Pain on urination (dysuria) with high fever, chills, frequent urination, pain in back and malaise**
 1. **Conditioned assumed present until proven otherwise**
Kidney infection
 2. **Possible consequences of missing the condition**
Kidney scarring, failure, abscess, sepsis, possible death
 3. **Stabilization, referral and management**
Drink water until consult is made. Urgent care.

WRIST PAIN

- **Chronic tenderness in anatomic snuff box; pain of wrist after fall on outstretched hand**
 1. **Conditioned assumed present until proven otherwise**
Occult fracture of scaphoid bone of the wrist
 2. **Possible consequences of missing the condition**
High risk of malunion, delayed union, non-union (non-healing), necrosis and dysfunction and pain possibly permanent
 3. **Stabilization, referral and management**
Avoid potential trauma to hand and wrist and wear brace until seen. Urgent care or PCP.

LATER: PSYCHOLOGICAL PROBLEMS

Specific Red Flags

- Anxiety
- Delusions
- Depression
- Substance abuse

LATER: PULSE ABNORMALITIES IN GENERAL

Specific Red Flags

- Fast pulse
- Irregular pulse

LATER: SENSORY AND MOTOR PROBLEMS

Specific Red Flags

- Numbness and weakness

LATER: SKIN PROBLEMS, LUMPS AND BUMPS

Specific Red Flags

- Change in dark skin lesions
- Lymphoma
- Testicular cancer

LATER: SWELLING

Specific Red Flags

- Ankles
- Arm, with axillary pain
- Lips, with itching

LATER: VISION PROBLEMS

Specific Red Flags

- Loss of vision in one eye
- Double vision following blunt trauma
- Blurry vision

LATER: WEIGHT FLUCTUATIONS

Specific Red Flags

- Weight gain
- Weight loss