Clinical Assessment of Psychosocial Yellow Flags

The information presented here is taken entirely, without any content modification from: Kendall, N A S, Linton, S J & Main, C J (1997). Guide to Assessing Psycho-social Yellow Flags in Acute Low Back Pain: Risk Factors for Long-Term Disability and Work Loss. Accident Compensation Corporation and the New Zealand Guidelines Group, Wellington, New Zealand. (Oct, 2004 Edition).

These headings (Attitudes and Beliefs about Back Pain, Behaviors, Compensation Issues, Diagnosis and Treatment, Emotions, Family and Work) have been used for convenience in an attempt to make the job easier. They are presented in alphabetical order since it is not possible to neatly rank their importance. However, within which category the factors are listed with the most important at the top of the list.

Attitudes and Beliefs about Back Pain

- Belief that pain is harmful or disabling resulting in fear-avoidance behavior, eg, the development of guarding and fear of movement
- Belief that all pain must be abolished before attempting to return to work or normal activity
- Expectation of increased pain with activity or work, lack of ability to predict capability
- Catastrophising, thinking the worst, misinterpreting bodily symptoms
- Belief that pain is uncontrollable
- Passive attitude to rehabilitation

Behaviours

- Use of extended rest, disproportionate 'downtime'
- Reduced activity level with significant withdrawal from activities of daily living
- Irregular participation or poor compliance with physical exercise, tendency for activities to be in a 'boom-bust' cycle
- Avoidance of normal activity and progressive substitution of lifestyle away from productive activity
- Report of extremely high intensity of pain, eg, above 10, on a 0-10 Visual Analogue Scale
- Excessive reliance on use of aids or appliances
- Sleep quality reduced since onset of back pain
- High intake of alcohol or other substances (possibly as self-medication), with an increase since onset of back pain
- Smoking

Compensation Issues

- Lack of financial incentive to return to work
- Delay in accessing income support and treatment cost, disputes over eligibility
- History of claim/s due to injury or other pain problem
- History of extended time off work due to injury or other pain problem (eg, more than 12 weeks)

- History of previous back pain, with a previous claim/s and time off work
- Previous experience of ineffective case management (eg, absence of interest, perception of being treated punitively)

Diagnosis and Treatment

- Health professional sanctioning disability, not providing interventions that will improve function
- Experience of conflicting diagnosis or explanations for back pain, resulting in confusion
- Diagnostic language leading to catastrophising and fear (eg, fear of ending up in a wheelchair)
- Dramatization of back pain by health professional producing dependency of treatments, and continuation of passive treatment
- Number of times visited health professional in last year (excluding the present episode of back pain)
- Expectation of a 'techno-fix', eg, requests to treat as if body were a machine
- Lack of satisfaction with previous treatment for back pain
- Advice to withdraw from job

Emotions

- Fear increased pain with activity or work
- Depression (especially long-term low mood), loss of sense of enjoyment
- More irritable than usual
- Anxiety about and heightened awareness of body sensations (includes sympathetic nervous system arousal)
- Feeling under stress and unable to maintain sense of control
- Presence of social anxiety or disinterest in social activity
- Feeling useless and not needed

Family

- Over-protective partner/spouse, emphasizing fear of harm or encouraging catastrophising (usually well-intentioned)
- Solicitous behavior from spouse (eg, taking over tasks)
- Socially punitive responses from spouse (eg, ignoring, expressing frustration)
- Extent to which family members support any attempt to return to work
- Lack of support person to talk about problems

Work

- History of manual work, notably from the following occupational groups:
  - Fishing, forestry and farming workers
  - Construction, including carpenters and builders
  - Nurses
  - Truck drivers
  - Labourers
- Work history, including patterns of frequent job changes, experiencing stress at work, job dissatisfaction, poor relationships with peers or supervisors, lack of vocational direction
- Belief that work is harmful; that it will do damage or be dangerous
- Unsupportive or unhappy current work environment
- Low educational background, low socioeconomic status
- Job involves significant bio-mechanical demands, such as lifting, manual handling heavy items, extended sitting, extended standing, driving, vibration, maintenance of constrained or sustained postures, inflexible work schedule preventing appropriate breaks
- Job involves shift work or working unsociable hours
- Minimal availability of selected duties and graduated return to work pathways, with unsatisfactory implementation of these
- Negative experience of workplace management of back pain (eg, absence of a reporting system, discouragement to report, punitive response from supervisors and managers)
- Absence of interest from employer

Remember the key question to bear in mind while conducting these clinical assessments is
"What can be done to help this person experience less distress and disability?"