ALGORHYTHM FOR NECK AND BACK INJURIES

INITIAL INJURY
- Medical evaluation with clear diagnosis
- Evidence-based testing: imaging if indicated
- Assess for Red Flags
- Reassure and initiate conservative treatment

RED FLAGS
- Infection usually associated with drug/alcohol abuse
- Tumor or history of cancer
- Trauma or fracture concern
- Progressive neurological deficit
- Bowel or bladder dysfunction
- Osteoporosis or chronic steroid use

ACUTE STAGE (1 – 2 WEEKS)
- Treatment including medications, physical therapy, chiropractic, home-exercise program
- Monitor for Red Flags
- Reassure and continue conservative treatment

Injured worker improved and returned to work.

ACUTE STAGE (2 – 6 WEEKS)
- Evaluate progress and continue conservative care
- 70% get better
- Monitor for Yellow Flags
- appropriate claims management

Refer to Specialists - PMR, Orthopedics, Neurosurgeon, Psychology, Neurology

SUBACUTE PHASE (6 – 12 WEEKS)
- Evaluate progress – continue conservative treatment
- Consider diagnostic studies: x-ray, MRI, labs, EMGs
- Consider additional evidence-based treatments like injection procedures or alternative therapy.
- 90% get better

CHRONIC PHASE (12 WEEKS +)
- Evaluate progress with objective measures
- Active functional restoration program
- Address psychosocial and employer issues
- Re-enforce function and positive lifestyle behaviors.

About 10% become chronic
Yellow Flag Findings in the Medical History and Examination

Belief Systems
- Fear avoidance behavior (avoidance of activities caused by fear of increased pain)
- Expectation of increased pain with return to work or normal activity
- Catastrophizing (excessive focus on pain and feeling of helplessness to control pain)
- Passive attitude to rehabilitation

Affective Factors
- Poor work history or unsupportive work environment
- Poor adherence to exercise
- Withdrawal from activities of daily living
- History of substance abuse
- Depression/Anxiety
- Disinterest in social activity
- History of physical or sexual abuse

Comorbidities
- Impaired sleep because of pain
- History of other disabling injuries or conditions

Psychosocial Factors Associated with an Increased Likelihood of Developing Chronic Back Pain or disability

- Disputed compensation claims
- Fear avoidance (exaggerated pain or fear that activity will cause permanent damage)
- Job dissatisfaction
- Pending or past litigation related to the back pain
- Psychological distress and depression
- Reliance on passive treatments rather than active patient participation
- Somatization
- Legal Representation
- Education level

**PERFORMANCE APGAR**

**Measurement of the Sincerity of Effort an Individual Puts Forth**

<table>
<thead>
<tr>
<th>A</th>
<th>Acceptance (chose best test or average)</th>
<th>Scoring Options</th>
<th>Score up to 2 points</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If this just does not get any better what will you do?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>I can’t live like this</td>
<td>I am going to have some problems</td>
<td>I can live with it</td>
</tr>
<tr>
<td></td>
<td>Are you satisfied with your job?</td>
<td>Not satisfied</td>
<td>Partially satisfied</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>P</th>
<th>Pain (chose best test or average)</th>
<th>Pain drawing</th>
<th>Non-physiologic</th>
<th>Some of it physiologic</th>
<th>Physiologic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pain behavior score</td>
<td>Exaggerated or non-physiologic</td>
<td>Mixed or ambiguous</td>
<td>Appropriate and confirm clinical findings</td>
<td></td>
</tr>
<tr>
<td></td>
<td>AMA Guides table 18.5</td>
<td>(see table 2)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>G</th>
<th>Gut intuition (chose best test or average)</th>
<th>Credibility Tool</th>
<th>Non credible</th>
<th>Partially credible</th>
<th>Credible</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Intuition or effort</td>
<td>Poor effort</td>
<td>Partial effort</td>
<td>Excellent effort</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Duration</td>
<td>Much longer than expected</td>
<td>Longer than expected</td>
<td>As expected</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A</th>
<th>Acting (chose best test or average)</th>
<th>Consistency with distractions</th>
<th>Poor consistency</th>
<th>Partial consistency</th>
<th>Excellent consistency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Waddell signs</td>
<td>More than 2 Waddell signs</td>
<td>2 Waddell signs</td>
<td>0 to 1 Waddell sign</td>
<td></td>
</tr>
</tbody>
</table>

| R | Reimbursement | Compensation / Litigation | Someone else liable WC, PI, Disability Application, Attorney representing | Someone else liable WC, PI, Disability Application | No one liable |

*Total Performance APGAR Score =* (Add A,P,G,A,R sections for a maximum of 10)

---