

**Sutton Musculoskeletal referral framework**

**Red flags/contraindications**

**Red flags**

Refer to:

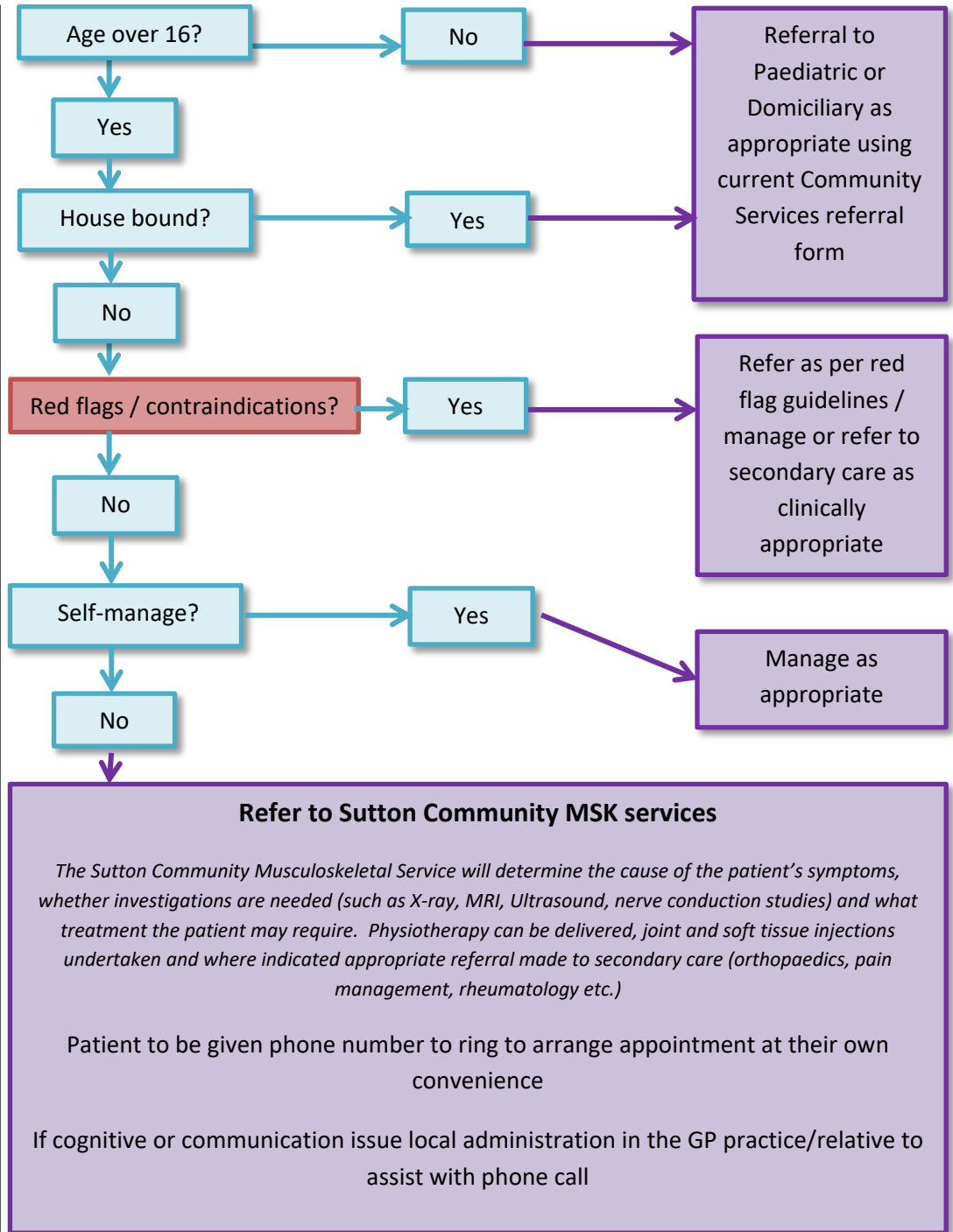
*Clinical guidelines for management of MSK red flags in the community*

Regarding recognition and management of:

- Cauda equina syndrome
- Major spinal related neurological deficit
- Myelopathy
- Spinal infection
- Active or suspected cancer
- Acute trauma
- Suspected spinal insufficiency
- Septic arthritis
- Rheumatoid / inflammatory arthritis
- Abdominal aortic aneurysm
- Deep vein thrombosis
- Diabetic foot

**Contraindications**

- Non musculoskeletal pain
- Patient taking opioid analgesics with dose equivalence of 100mg or more morphine daily (see Table 1 column a)
- Active / suspected rheumatologic disease (see table 1 column b)
- Active / suspected neurological disease
- Active / suspected vascular disease
- Fracture management
- Suspicious lumps and bumps



**Table 1**

Specific guidance for referral regarding to secondary care **pain management** or **rheumatology**

a - refer to <b>Pain management</b>	b - refer to <b>directly to rheumatology</b>
<ul style="list-style-type: none"> <li>• Non – musculoskeletal related persistent pain</li> <li>• Any patient taking opioid analgesics with a dose equivalence 100mg or more morphine daily</li> </ul>	<ul style="list-style-type: none"> <li>• Inflammatory arthritis</li> <li>• Crystal arthropathy refractory to treatment or with significant comorbidity;</li> <li>• Connective tissue disease:</li> <li>• Vasculitis</li> <li>• Metabolic bone disorder including complex osteoporosis;</li> <li>• Polymyalgia rheumatica refractory to treatment or with significant comorbidity</li> </ul>