Gifford L S 2005 Editorial: Now for Pink Flags! PPA News 22: 3-4

# Editorial 1:

## Now for Pink Flags!

Why is it we know far more about how things go wrong, i.e. pathology, than we know about how things go right, i.e. healing, recovery and how pain goes away?

In pain science for example, we know a great deal about inflammation and how peripheral nociceptors become sensitised and we also know a great deal about how the afferent nociceptive barrage causes central changes.

We know about pathology of tissues, for example how they degenerate and fall apart, but most of us would be hard pressed to say a great deal about how the tissues/body copes, adapts and is still able to manage and get on its way following injury or as it ages.

Ask any group of physiotherapists, or Drs and Consultants for that matter, how long the various stages of healing go on, how they overlap and how strong the tissues are at the various stages, for skin, for ligament, for tendon, for disc, for muscle, for nerve.... and I wager, you won't get a confident answer from any of them. The medical model of pathology causing disability prevails – and with it the notion that if we know how it happens we can intervene to prevent it. (And intervene – with some profit making intervention too! – see editorial 2)

Shame on us! Here we all are, dealing with recovery day in and day out – and we don't know enough about how we heal and adapt, how the body controls central sensitivity or peripheral inflammation, how the nervous system monitors and controls inflammation and healing, how pain mechanisms are dampened down, how discs degenerate, adapt and cope, how joints adapt to ageing, how muscles, tendons and ligaments adapt and change to activity and inactivity.... how the way we think and feel might influence the process....how it all happens, how long it takes and so on.

Surely, if we knew more about how we naturally recover and the best conditions for recovery, and how the body copes with adverse conditions, we would be able to intervene more positively alongside these natural processes? Yes, I know, we do, but it could be much better, and I would argue that most of the time our attention is given to the bad, not the good, to what's wrong and not what's right. This focus of a 'bad' bias applies to the biopsychosocial model and CBT approaches just as much as it does to the more traditional approaches as far as I can see. Take yellow flags (psychosocial predictors of a BAD outcome), blue flags and black flags (work related psychosocial predictors of a BAD outcome) – they're all negatives predicting negativity in a world that seems to thrive on criticism, blame, litigation and vengeance. Agreed, we need to know the bad to get to the good, but if you get too much bad you get negative, you lose hope, you fulfil your own prophecy.... 'This patient has a high yellow flag score... what's the point of trying.... Next patient please....'

In our practice Philippa and I have been emphasising the positive more and more – we check for the bad (red flags), reassure the patient, and then (or in parallel), look for the good. In a moment of simple, almost childish inspiration 'the good' can now be called 'PINK FLAGS!' Here I'd like to thank

the participants on the Cardiff 'Graded Exposure' course, December 1st/2nd 2005, who i put the 'positive flag' notion to – suggesting either pink or green for the colour. I would like to acknowledge Richard Rudling-Smith, one of the participants, who had also been thinking this way for some time and confirmed that although green is for go, Pink is fun, happy and sort of rhymes with positive!

So, here we are: the new 'PINK FLAGS – ABCDEFW initiative' – the 'positive' flags that predict you are going to do well – the ones that lift optimism, the ones that we should find, whittle-out and talk about more with our patients..... and I would predict that they are the ones that promote healing, recovery and pain cessation too.

It's easy, take the yellow flags and paint them PINK....If they come in yellow with the patient – work out how to make them shift to pink. Good rehabilitation, good management, good explanation, reaching targets, helping the pain, better pain management, keeping going etc etc.... here's an example for the 'A' in the ABCDEFW –

**Pink flag 'A': Attitudes and Beliefs**

- Low fear, low concern about pain
- Belief that to keep going at work and normal activities helps recovery
- Expectation that being active will eventually lead to quicker recovery even though exacerbations may occur
- Believing that you're going to get better and that you will get back to all previous activities.
- Belief that pain is quite manageable and controllable.
- Desire to be involved in one's own recovery and not reliant on medical management – that one's own biology will do the job far better in the end and that there is no such thing as a magic fix.
- Belief that pain does not mean harm.

Why not be far more explicit here with patients?

During physical examination – try saying to the patient when you start looking at standard movements, something like this – 'What we are going to do now is look at some movements of your back/neck/shoulder....,  When you do the movements I am interested in any responses from you about what happens, but, I want you to tell me just as much about any movements that feel good/OK, as those that may feel bad – I am just as interested in the **positives** as the negatives!

Put this book on your Christmas wish list:

*Seligman, Martin 2002 Authentic Happiness.  Using the new positive psychology to realize your potential for deep fulfilment.  Nicholas Brealey Publishing, London.*

Just a thought!

Louis Gifford.