COMMON PRESENTATION. UNEXPECTED PATTERN.

Recognising rare serious pathology in rural private-practice physiotherapy | Scan the whole pattern - do not diagnose from one red flag

1 BEGIN WITH THE COMMON PRESENTATION	2 DOES THE WHOLE PATTERN FIT?	3 CHOOSE THE URGENCY	4 COMMUNICATE + CLOSE THE LOOP
Complete the usual subjective and objective assessment.	Consider trajectory, function, distribution, systemic features and risk context.	Immediate escalation | Prompt medical assessment | Monitor + safety-net	Describe findings, uncertainty and urgency. Document and safety-net.

FIVE PRESENTATION-SPECIFIC PATHWAYS

LOW BACK PAIN
Multiple myeloma

Notice the mismatch
Progressive pain + systemic or haematological clues

Immediate escalation
Acute neurological compromise or severe systemic deterioration

Otherwise: prompt medical assessment when the concerning cluster is present; communicate observable findings and safety-net.

NECK PAIN
Degenerative cervical myelopathy

Notice the mismatch
Hand dysfunction + gait or multi-limb change

Immediate escalation
Rapid neurological deterioration or acute autonomic change

Otherwise: prompt medical assessment when the concerning cluster is present; communicate observable findings and safety-net.

SHOULDER PAIN
Polymyalgia rheumatica

Notice the mismatch
Bilateral stiffness + hip, functional or systemic change

Immediate escalation
Visual or cranial ischaemic symptoms (possible GCA)

Otherwise: prompt medical assessment when the concerning cluster is present; communicate observable findings and safety-net.

HIP PAIN
Avascular necrosis

Notice the mismatch
Progressive deep hip pain + meaningful risk context

Immediate escalation
Acute trauma, inability to weight bear or severe systemic illness

Otherwise: prompt medical assessment when the concerning cluster is present; communicate observable findings and safety-net.

CALF PAIN
Popliteal artery entrapment syndrome

Notice the mismatch
Reproducible exertional symptoms + distal vascular change

Immediate escalation
Persistent acute limb-ischaemia features

Otherwise: prompt medical assessment when the concerning cluster is present; communicate observable findings and safety-net.

Clinical guardrails
Use combinations and trajectory. No single sign confirms or excludes pathology. Stay within physiotherapy scope and follow local emergency and referral pathways.

Evidence base
Five 15-item evidence matrices; nine verified sources per pathway; claim-level interpretation, limitations and confidence retained in the project workbook. Evidence reviewed August 2026.

Open the interactive resource
Scan or visit the public website.