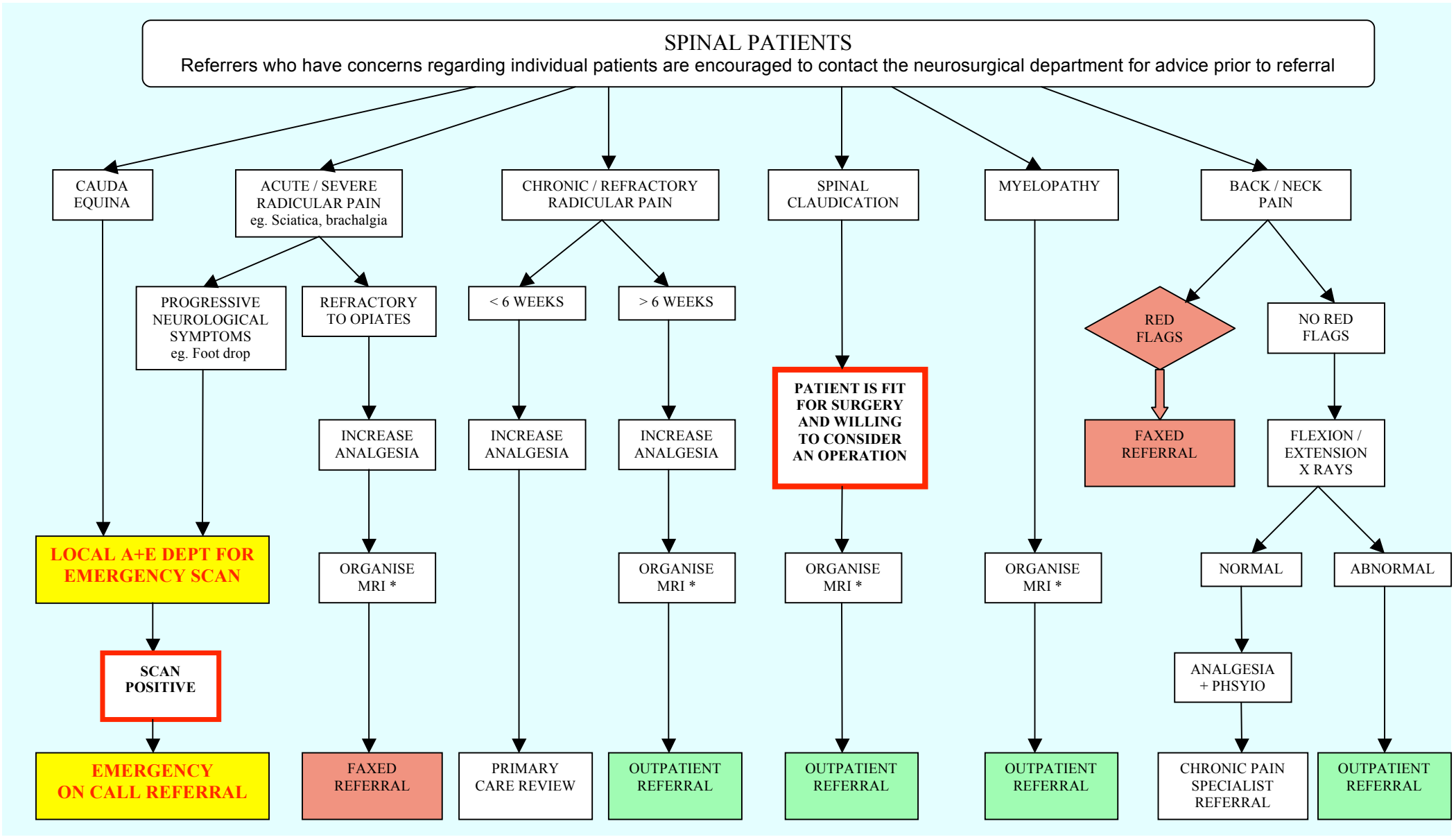

*Arrange an MRI scan of the relevant spinal area to be available by the time of appointment (or if not possible, give in the referral letter sufficient information for such an investigation to be pre-ordered, e.g., pattern of pain radiation, any contraindications to MRI such as pacemaker). If scans have been performed prior to first out patient appointment, the images (preferably on CD) should accompany the referral letter. Note that if a patient has had previous spinal surgery and an MRI is requested, the details of the surgery should be provided on the request, and in particular the request should be marked as requiring contrast/gadolinium.

NOTES ON SPINAL REFERRALS

RED FLAGS

- Presentation younger than age 20
- Onset of symptoms following violent trauma (e.g. RTA; fall from a height)
- Thoracic pain
- Past medical history of carcinoma
- Patients who are using systemic steroids
- History of HIV and/or drug abuse
- Patients who are systemically unwell
- Patients with unexplained weight loss
- Persistent severe restriction of lumbar flexion
- Patients with inflammatory disorders such as ankylosing spondylitis

SPINAL CLAUDICATION

Radiating leg pain, paraesthesia or numbness coming on with walking and distance-limiting.

Pain progression is normally from buttocks to the periphery.

Relief is gained by rest and bending forwards.

Neurological symptoms (paraesthesia, numbness and/or muscular weakness) also resolve with rest.

Peripheral pulses are normal.

CAUDA EQUINA SYNDROME

- Bilateral radiating leg pain
- Sphincter disturbance
- Reduced perianal sensation
- Perineal numbness
- Progressive motor weakness affecting more than one nerve root and/or gait disturbances

Referral must include the findings from perineal examination

MYELOPATHY (cord compression)

Symptoms include numb, clumsy hands; jumping, stiff legs; falls, poor balance and urinary frequency.

Examine for long tract signs (also known as upper motor neuron or pyramidal signs)

Signs to look for include: hyper-reflexia, Babinski, clonus, crossed-adductor reflexes, Hoffman's, and loss of fine finger movements.

RECOMMENDED ANALGESIC REGIME

Prescribe a trial of gabapentin if radicular symptoms and/or trial of amitryptilene 25mg ~ 6pm daily for sleep disturbing vertebral pain, in addition to standard analgesics (i.e., compound analgesic and strong anti-inflammatory such as diclofenac 50mg TDS). Tell patients about Transcutaneous Electrical Nerve Stimulation