bristolspineclinic

T: 0117 9059 888 | F: 0117 9059 887 | E: INFO@BRISTOLSPINECLINIC.CO.UK

WHO TO REFER

Most degenerative conditions of the spine respond to conservative measures including modification of activities, analgesia, and physical therapy. When conservative measures fail or there is a progression of neurological symptoms, it may be necessary to refer for specialist spinal evaluation and management. The section below outlines the general referral criteria for some of the more commonly seen spinal conditions.

CERVICAL SPONDYLOPATHY OR DISC PROLAPSE

- Intolerable or persistent (>4 – 6 weeks) Brachialgia.
- Upper or lower limb myotomal weakness.
- Cervical Myelopathy: Brisk reflexes, limb hypertonia, impaired fine hand dexterity, ankle clonus, imbalance and walking difficulties, urinary frequency and urgency.
- Intolerable side effects from strong analgesia.

LUMBAR DISC PROLAPSE

- Persistent (>4–6 weeks) or intolerable Sciatica (L5, S1) or Femoralgia (L1–4).
- Leg or ankle weakness.
- Ineffectiveness or intolerable side effects from strong analgesia.
- Suspected Cauda Equina Syndrome requires emergency referral to local spinal unit.

LUMBAR SPINAL STENOSIS

The natural history of lumbar spinal stenosis is usually that of fluctuating symptoms on a background trend of gradual deterioration over 6 to 18 months. The indications for referral to a spinal specialist for further assessment and surgical intervention are:

- Failure of conservative management and reduced walking distance due to progressive neurogenic claudication.
- Progressive neurogenic leg pain, weakness or imbalance upon standing.
- Bowel or bladder dysfunction.

RED FLAGS

When assessing a patient with spinal or limb pain, it is important to look for the presence of Red Flags, which may indicate serious underlying spinal pathology. If a serious condition is suspected, an urgent or emergency referral to your local spinal unit, via your GP, may be necessary.