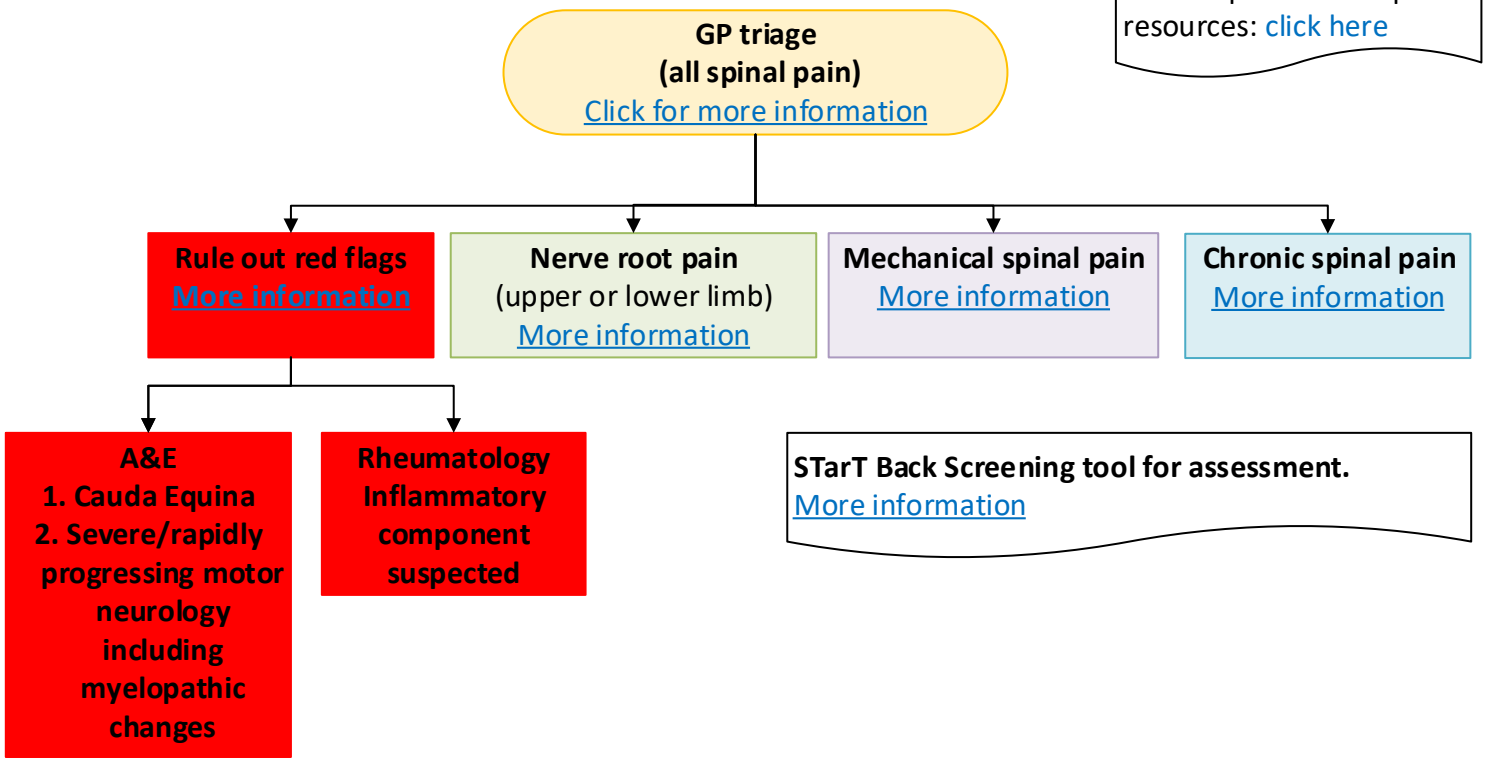
City and Hackney MSK Spinal Pathway

For comprehensive spinal resources: click here



STarT Back Screening tool for assessment.
More information

GP Primary role

- Exclude serious pathology - need for emergency admission/urgent investigations. Reassure patients you have done this. See Red flag sections
- Give safe and adequate analgesia - be prepared to review this
- Give good information - see the CCG web information
- Screen for Yellow flags - fear of movement, catastrophising, emotional or work issues, STaRT back questionnaire good tool for this

When do I need to examine patients?

- As a general rule, it's a good idea to 'at least look at the back' and to get the patient to do some basic movements - it gives the patient confidence that you have looked at them properly (this adds weight to your advice - the key aspect)
- You avoid missing obvious deformities
- Helps give a feel for how fearful they are of moving
- If they have symptoms of sciatica you need to exclude signs of neurological compromise
- ***A quick exam can be*** - get patient to squat down and stand up, and walk on heels/ and tip toes (if can do all myotomes intact), normal sensation to touch over medial and lateral thigh, calf and foot (covers all dermatomes L2-S1)
- If suspicious of problem them more detailed testing necessary

What difference does it make if the patient has Sciatica?

The initial treatment is really the same as above. However patients should be warned to watch out for signs of cauda equina. It also helps to inform your advice, and may dictate how soon you review them/refer them. It is likely they will suffer more pain and disability. You may consider earlier referral to the Locomotor Service.

Yellow flags

Obstacles that can be classed as yellow flags include many aspects of thoughts, feelings and behaviours. Some common examples include:

1. Catastrophising
2. Finding painful experiences unbearable, reporting extreme pain disproportionate to the condition
3. Having unhelpful beliefs about pain and work – for instance, 'if I go back to work my pain will get worse'
4. Becoming preoccupied with health/ over-anxious/ distressed and low in mood
5. Fear avoidance and fear of re-injury
6. Uncertainty about what the future holds
7. Expecting other people or interventions to solve the problems (being passive in the process) and serial visits to various practitioners for help with no improvement.

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RED FLAGS information provided by Sheffield Back Pain

What are they?

Features, signs and symptoms in a patient with back pain which indicate serious spinal pathology.

Features

- Previous history malignancy (however long ago)
- Age 16< or >50 with NEW onset pain
- Weight loss (unexplained)
- Previous longstanding steroid use
- Recent serious illness
- Recent significant infection

Symptoms

- Thoracic pain
- Non-mechanical pain (worse at rest)
- Fever/rigors
- General malaise
- Urinary retention

Signs

- Saddle anaesthesia
- Reduced anal tone
- Hip or knee weakness
- Generalised neurological deficit
- Urinary retention
- Progressive spinal deformity

How to identify

- High index of suspicion
- Majority of information in history
- Simple inspection of back with movement
- Simple neurological examination
- Heel/toe walk/ squat

When to investigate red flags. Urgent when red flags present

To include:

- Myeloma screen
- CRP, FBC, U+E, Ca2+
- Plain x-ray - particularly osteoporosis/ infection
- Consider MRI

Cord compression - Signs and symptoms

- Back pain
- Leg weakness
- Limb numbness
- Ataxia
- Urinary retention (with overflow)
- Hyper-reflexia
- Extensor plantars

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Cauda Equina

Cauda equina syndrome is compression of the central tube of nerves below the lower end of the spinal cord (usually L1) including compression of the nerves to the bladder and bowel. This is an emergency because the nerves to the bladder and bowel are very sensitive and once compressed and producing symptoms, permanent damage may result if they are not decompressed urgently. The long term results for bladder and bowel function are worse if the nerves are decompressed more than 48 hours after the onset of bladder and bowel symptoms.

Signs and symptoms

- Bilateral leg pain
- Back pain
- Urinary retention
- Perianal sensory loss
- Erectile dysfunction
- Reduced anal tone

Cord compression

Signs and symptoms

- Back pain
- Leg weakness
- Limb numbness
- Ataxia
- Urinary retention (with overflow)
- Hyper-reflexia
- Extensor plantars

Spinal emergencies

- Apart from cauda equina other spinal emergencies include trauma, tumour and infection. For fractures, early management involves maintaining spinal alignment to prevent damage/further damage to the spinal cord.
- Whilst spinal infection and tumours are obviously spinal 'urgencies' and suspicion should prompt an urgent referral, they are only considered emergencies when there is evidence of spinal cord compression. Presentation will usually be with progressively worsening back pain and early lower limb +/- upper limb neurological symptoms. Patients will usually complain of altered sensation in the lower limbs, subjective weakness, possibly ataxia, possibly sciatica and mild bladder symptoms. These early symptoms are likely to progress to more marked weakness which is often only detectable on clinical testing when the patient is no longer able to walk.
- Early clinical signs of spinal cord compression include: positive Romberg's sign (patient becomes very unsteady when they close their eyes), ankle clonus, brisk reflexes, extensor plantar reflexes. The treatment of these patients involves urgent assessment and where possible, decompression of the spinal cord and stabilisation of the spine with instrumentation. If this surgery is done when the patient is unable to walk, only 33% will walk a month later, hence the need for early symptom detection and urgent referral if spinal cord compression is suspected.

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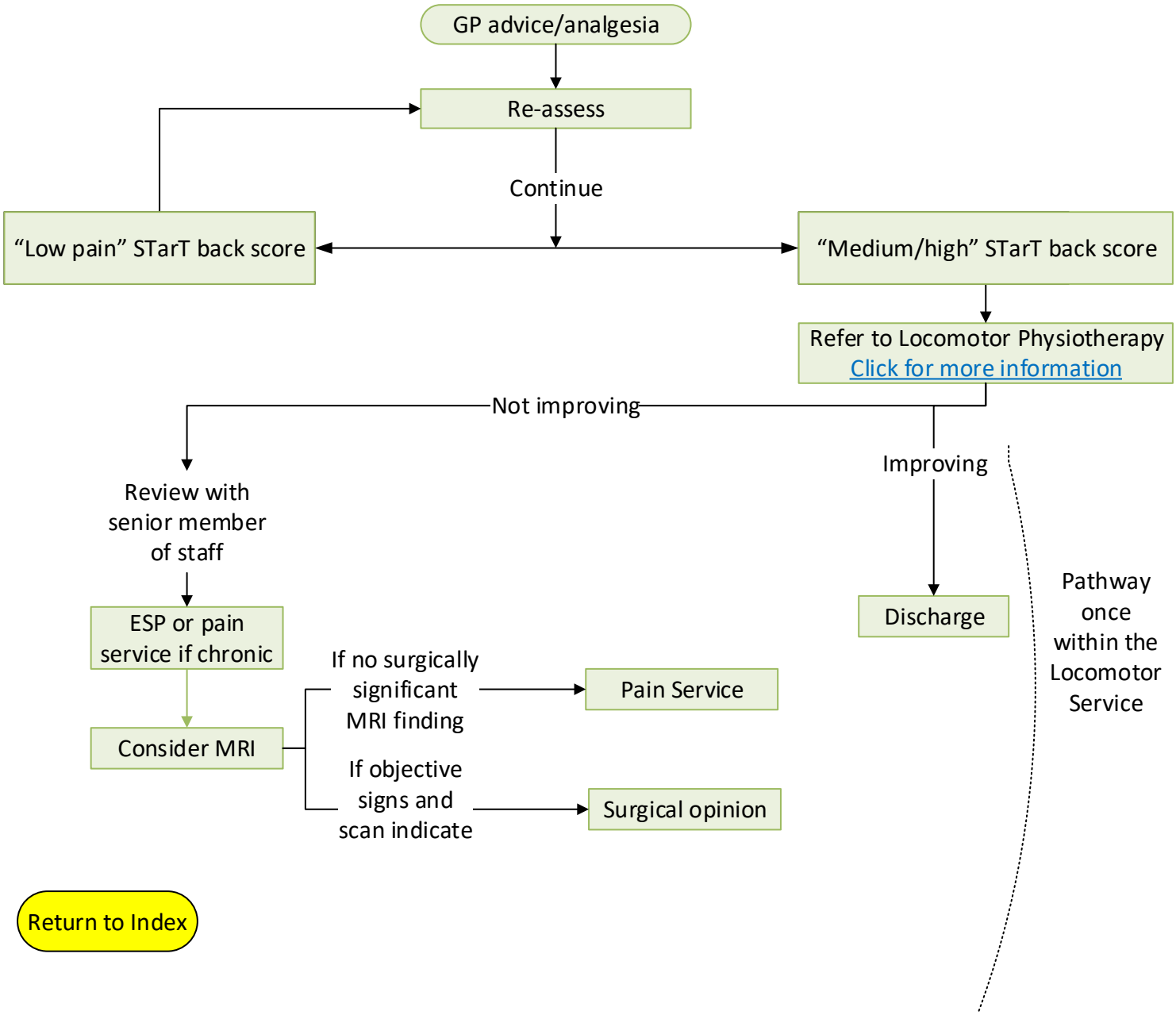
Nerve root pain



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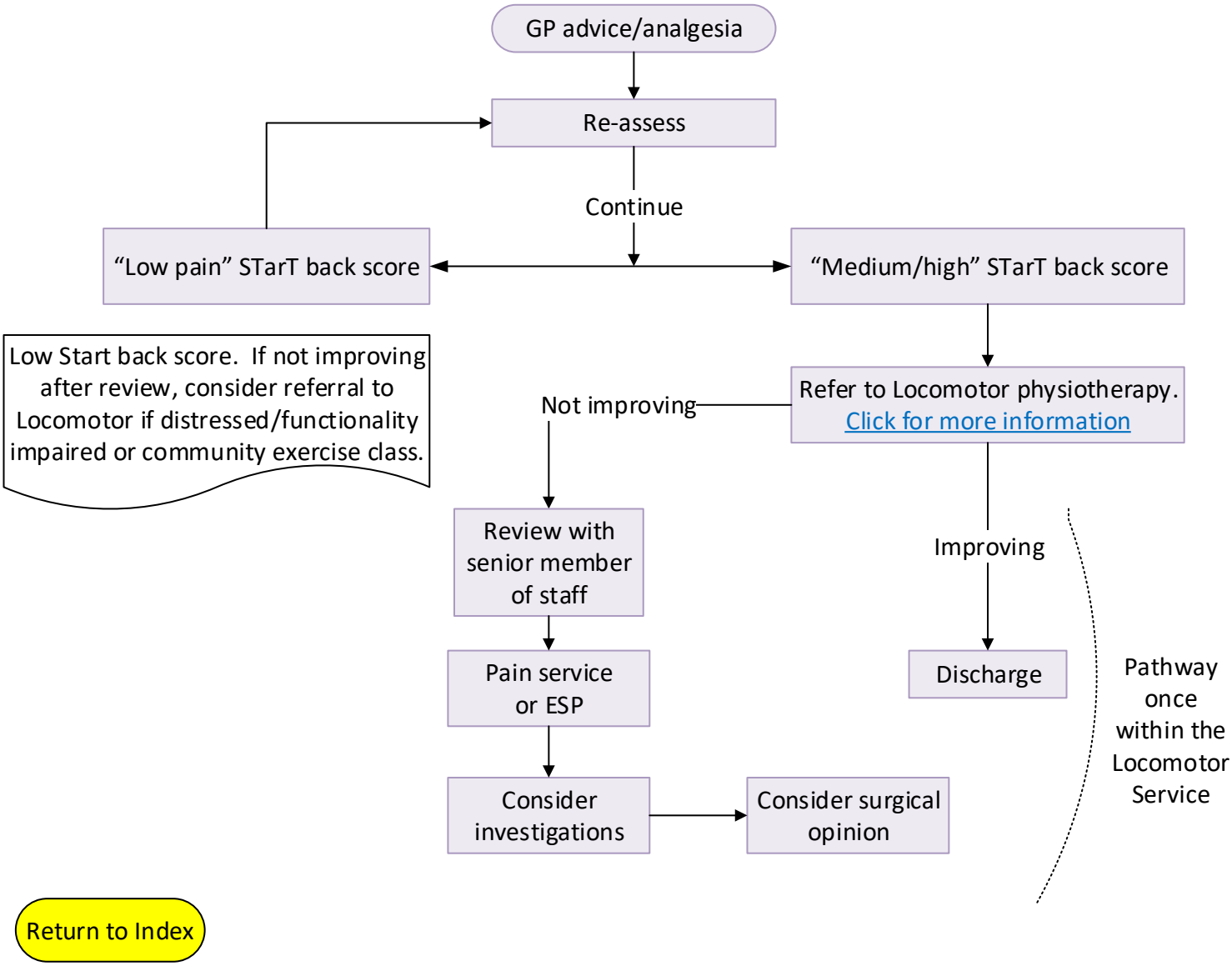
Mechanical spinal pain



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Chronic spinal pain

Persisting pain (with little response to physiotherapy) and psychosocial risk factors

Refer to Locomotor Service
Referral information

Pain Service Screening and introductory session
Referral information

MDT
OT's, psychologists, pain nurse, physio, consultant

Community resources:
Local psychological services
Social prescribing
ACRT

One to One management:
Group sessions
Pain management programme

Interventions:
Spinal injections
Medicines management

Pathway once within the Locomotor Service

Locomotor pain service pathway detail

Chronic pain internet resources

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Locomotor Physiotherapy referrals

Routine physiotherapy appointments are on e-RS , please use Locomotor Physiotherapy RQX - City and Hackney, which is indirectly bookable

Process for booking a referral into Locomotor Physiotherapy:

- Give the patient an appointment request form with UBRN number
- Please attach the patient referral in the normal way
- Advise the patient to phone CAS after 5 working days (Tel: 0207 683 4676). Only one phone call will be required to book an appointment

Note

- Urgent referrals should be attached and sent to locomotor@nhs.net. There will be no change to the referrals process for the pain service and ESPs.
- Transport for the first appointment will need to be organised by referrer.
- For queries please contact Hilda Walsh, Head of Locomotor Service, Tel: 0207 683 4378 or Elizabeth Slee, Kate Dean, Deputy Heads, Tel: 020 7683 4553).

Locomotor ESP referrals

Routine ESP appointments are on e-RS , please use: Extended Scope (ESP) Assessment Service- St Leonards-RQX20, which is indirectly bookable

Process for booking a referral into ESP assessment:

- Give the patient an appointment request form with UBRN number
- Please attach the patient referral in the normal way
- Advise the patient to phone CAS after to activate the referral
- Patient then phones back after 5 working days (Tel: 0207 683 4676)

Note

- Urgent referrals should be attached and sent to locomotor@nhs.net. There will be no change to the referrals process for the pain service and ESPs.
- Transport for the first appointment will need to be organised by referrer.
- For queries please contact Hilda Walsh, Head of Locomotor Service, Tel: 0207 683 4378 or Elizabeth Slee, Kate Dean, Deputy Heads, Tel: 020 7683 4553).

Locomotor Pain Service referrals

Routine Pain service appointments are on e-RS, please use: Locomotor Pain Service - St Leonards - RQX20, which is indirectly bookable.

Process for booking a referral into an information session/assessment:

- Give the patient an appointment request form with UBRN number.
- Please attach the patient referral in the normal way.
- Advise the patient to phone CAS after to activate the referral.
- Patient then phones back after 5 working days (Tel: 0207 683 4676).
- **Note:** Transport for the first appointment will need to be organised by referrer.
- For queries please contact Pain service lead clinicians: Dr Melanie Rendall, Clinical Psychologist (Tel: 0207 683 2678), Dr Anna Ferguson, Clinical Psychologist (Tel: 0207 683 2678), Stephanie Poulton, Lead Pain Specialist Physiotherapist (Tel: 0207 683 2678) or Elizabeth Slee, Deputy Head, Locomotor service (Tel: 0207 683 4553), Hilda Walsh, Head of Locomotor Service (Tel: 0207 683 4378).

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Locomotor service self help guides internet resources: click here

Medical Education

NICE CKS Assessment of Back pain (without radiculopathy): click here
NICE CKS Sciatica (lumbar radiculopathy) diagnosis: click here
Video of medical examination – Sheffield: click here
Cauda equinae syndrome video from the Chartered Society of Physiotherapy: click here

Patient information Acute and Chronic LBP

Physio advice on managing back pain: click here
10 things you need to know about your back - The Chartered Society of Physiotherapy: click here
Lorimer Moseley, why do things hurt? Ted Talk: click here
Peter O'Sullivan, back pain – separating fact from fiction: click here
Exercise video and PDF for Low back pain: click here

Persistent Pain Information

Video on rethinking persistent pain: click here
Locomotor service video of pain service introductory session: click here
Understanding pain in less than 5 minutes: click here
Pain – is it all in your mind? - Professor Lorimer Moseley: click here
Kieran O'Sullivan, immune function and pain: click here
Benefits of Exercise in general 23½ hours: click here

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Authors: Nikhil Katiyar (GP Clinical Lead), Elizabeth Slee (Deputy Head of Locomotor), Hilda Walsh (Head of Locomotor Service) July 2019
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