



Spinal Disorders

- Degenerative changes or trauma.
- Axial back pain is not a localizing symptom of nerve compression but rather suggestive of inflammation / degeneration of the vertebrae, discs or facets.
- Radicular pain in the limbs is more suggestive of neural compromise and therefore of greater surgical relevance.

Information Required

- Presence of Red flags
- Document exact distribution of limb pain including parasthesia/numbness
- Document focal neurology
- Past history
- Previous treatment – surgical/injections

Investigations Required

- X-rays AP & lateral view
- CT spine / MRI if available
- FBE/ELU /ESR/CRP if infection is suspected

Fax Referrals to

- Neurosurgery Clinic Fax: 8204 4059

Red Flags

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| <ul style="list-style-type: none"> ❗ Fall From height ❗ History of malignancy ❗ Midthoracic pain ❗ Absent or reduced anal tone ❗ Saddle anaesthesia | <ul style="list-style-type: none"> ❗ Incontinence – urinary or faecal ❗ IV drug use /HIV ❗ Immunosuppressants ❗ Fever, infective indicators ❗ Radiculopathy, radiating limb pain |
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Suggested GP Management

Consider the causes

- Complete functional assessment
- Patient Education/ exercise /activity
- Preliminary investigations
- Patient reassurance
- Analgesia (refer to National prescribing guidelines)
- Short term muscle relaxant
- Physiotherapy /hydrotherapy
- TENS therapy

If no Neurological red flags and investigations are normal a period of **observation over 6 weeks is acceptable.**

Refer to FMC Neurosurgery Registrar if red flags present 8204 5511

Clinical Resources

- National prescribing service for recommended staging of analgesia <http://www.nps.org.au/>
- Neurosurgical Society of Australasia www.nsa.org.au

Patient Information

- www.neurosurgery.com.au

General Information to assist with referrals and the and Referral templates for FMC and RGH are available to download from the SALHN Outpatient Services website www.sahealth.sa.gov.au/SALHNoutpatients

Version	Date from	Date to	Amendment
1	Oct 2014	Oct 2016	Original