Spinal Pathway

Pennine MSK
part of vita health group

Patient presents at Primary Care with LBP +/- radicular nerve root pain

Conduct thorough subjective and objective examination, including full neurological examination and document findings

Pathway excludes patients presenting with red flags:

Unwell/fever/night sweats/weight loss, immunosuppression e.g. IVDU, steroid use, history of Ca, HIV, chemotherapy

Suspected CES follow CES pathway

Non-mechanical pain follow Rheumatology pathway

No signs of nerve root compression

Explain findings to patient and expected timeframes (weeks to months) and use of START BACK stratification tool

Low Risk: Reassurance, advice to stay active, early managed return to work and appropriate use of fit note, simple analgesia, provide patient information for education and exercises, shared decision making. Consider MECC referrals

Medium Risk (and low risk non responders): As per low risk, but also offer additional physiotherapy referral. Consider MECC

High Risk: Offer as per high and low risk, but also offer Referral to psychologically informed physiotherapy. Consider MECC

If symptoms still persistent >3/12 despite above, consider referral to secondary care service

Signs of nerve root compression

Subacute-chronic/ stable signs of nerve root compression r/f to MSK CATs

Acute/ rapid onset myotomal weakness (e.g. foot drop) r/f to ED

Refer into MSK CATs clinic

Patient with radicular pain with: signs of compression/ no compression, but not responding to conservative management. Consider imaging if indicated – MRI is gold standard for spine.

Signs of compression/ NR irritation

<6/12 Hx

If main symptom is weakness offer referral for surgical opinion/ conservative Mx

If main symptom is pain offer referral for epidural/ surgical opinion/ conservative Mx

>6/12

If main symptom is pain offer surgical opinion/ conservative Mx

Weakness main symptom >6/12 surgery unlikely to help. Offer Conservative Management ? pain services if appropriate

No signs of compression/ NR irritation

No signs of NR compression on Ax

Conservative Management ? pain services if appropriate

Signs of NR compression on Ax

Consider peripheral neuropathy: NCS/EMG

If the course of management is unclear or patient is on the periphery of the time frames- consider r/f to the monthly **Spinal MDT**