Spine Pathway (V14) 03.06.2019

SELF-CARE AND SELF-MANAGEMENT

Integrated MSK Service Website: https://sussexmskpartnershipcentral.co.uk/

OUTCOME MEASURES

- MSK-HQ
- STarT Back Tool

Part V

Spine pain related to pregnancy

Scoliosis

Congenital scoliosis at birth

Early onset scoliosis (0-10)

Adolescent idiopathic scoliosis (10-18)

Degenerative scoliosis
Worsening of pre-existing scoliosis due to degeneration

Neuromuscular scoliosis

Diffuse Idiopathic Skeletal Hyperostosis (DISH)

Rib Pain Costochondritis
Pain at the sternochondral and costochondral joints AKA Tietze syndrome

CAD – Cervical Arterial Dysfunction

Cervicogenic headache

Meralgia paraesthetica

Referral reason / Patient presentation	Spine pain related to pregnancy
Primary Care Management	**Management (including condition-specific self-care options):** Rule out any other cause of pain e.g. Foetus position/ kidney involvement Ensure Midwives have reviewed the pain area If unable to manage in primary care, advice self-referral to **Women's Health Physiotherapy**
Thresholds for Primary Care to initiate a referral	**Refer to Women's Health Physiotherapy** and access through Sussex MSK
Management Pathway for the Integrated MSK Service	**N/A**
Thresholds for referral for Intervention Offer patient choice of provider	**N/A**
Management pathway for Specialist In-patient care	**N/A**

Referral reason / Patient presentation	SCOLIOSIS
Referral reason / Patient presentation	**SCOLIOSIS** **Congenital scoliosis at birth**
Primary Care Management	**History, Examination and Assessment** **See link:** https://www.sauk.org.uk/downloads/17-congenital-scoliosis-25.04.16.pdf **Diagnostic** None **Refer to Secondary Care**
Thresholds for Primary Care to initiate a referral	**N/A**
Management Pathway for the Integrated MSK Service	**N/A**
Thresholds for referral for Intervention Offer patient choice of provider	**N/A**
Management pathway for Specialist In-patient care	**N/A**

Referral reason / Patient presentation	Early onset scoliosis (0-10)
Primary Care Management	**History, Examination and Assessment** **See link:** https://www.sauk.org.uk/downloads/17-early-onset-scoliosis.pdf **Diagnostic** None **Refer to Secondary Care**
Thresholds for Primary Care to initiate a referral	**N/A**
Management Pathway for the Integrated MSK Service	**N/A**
Thresholds for referral for Intervention Offer patient choice of provider	**N/A**
Management pathway for Specialist In-patient care	**N/A**

Referral reason / Patient presentation	Adolescent idiopathic scoliosis (10-18)
Primary Care Management	**History, Examination and Assessment** Forward bend test can help to check whether a child has scoliosis **See link for further details:** https://www.sauk.org.uk/downloads/adolescent-idiopathic-scoliosis17.pdf **Diagnostic** None **Refer to Secondary Care**
Thresholds for Primary Care to initiate a referral	**N/A**
Management Pathway for the Integrated MSK Service	**N/A**
Thresholds for referral for Intervention Offer patient choice of provider	**N/A**
Management pathway for Specialist In-patient care	**N/A**

Referral reason / Patient presentation	**Degenerative scoliosis** **Worsening of pre-existing scoliosis due to degeneration**
Primary Care Management	**History, Examination and Assessment** **See link:** https://www.sauk.org.uk/downloads/17-degenerative-scoliosis.pdf **Diagnostic** None
Thresholds for Primary Care to initiate a referral	**Refer to secondary care if:** If your primary reason for referral is for evaluation and management of existing or developing scoliosis Known scoliosis with worsening deformity and/or worsening symptoms **Refer to Advanced Practitioner if:** Scoliosis is thought to be contributing to the presenting or current symptoms (e.g. radiculopathy or back pain – see other guidelines) and for exclusion of other possible contributing pathology without worsening deformity **Refer to physiotherapy if:** Mild localised pain in the thoracic or lumbar spine that correlates with a mechanical presentation without worsening deformity **See leaflet:** **https://www.sauk.org.uk/downloads/managing-adult-scoliosis-with-physiotherapy---sauk-archive.pdf**
Management Pathway for the Integrated MSK Service	**History, Examination and Assessment** **Diagnostics** As per spinal pain or radiculopathy differentiation **Management:** Physiotherapy if worsening symptoms without worsening deformity
Thresholds for referral for Intervention Offer patient choice of provider	**Refer to secondary care if:** Known scoliosis with worsening deformity and/or worsening symptoms
Management pathway for Specialist In-patient care	**Surgery as appropriate**

Referral reason / Patient presentation	**Neuromuscular scoliosis** Neuromuscular scoliosis is curvature of the spine, which occurs because of a neurological or muscular condition
Primary Care Management	**History, Examination and Assessment** **See link:** https://www.sauk.org.uk/downloads/17-neuromuscular-scoliosis.pdf **Diagnostic** None **Refer to Secondary Care**
Thresholds for Primary Care to initiate a referral	**N/A**
Management Pathway for the Integrated MSK Service	**N/A**
Thresholds for referral for Intervention Offer patient choice of provider	**N/A**
Management pathway for Specialist In-patient care	**N/A**

Referral reason / Patient presentation	**Diffuse Idiopathic Skeletal Hyperostosis (DISH)** Usually diagnosis is secondary to investigations for skeletal pain and does not have a unique presentation.
Primary Care Management	May present similar to osteoarthritis/degenerative joint pathology with axial spine stiffness and pain. It is identified as a systemic non-inflammatory disease characterised by ossification of the entheses See link to article https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4023007/ In spinal presentations shows ossification of the anterolateral aspect of the thoracic spine. Can affect peripheral locations as well. Management as for mechanical degenerative pain – this is not an inflammatory pathology
Thresholds for Primary Care to initiate a referral	**Refer to Physiotherapy if:** Certain of diagnosis and would like guidance and support on symptom/activity management **Refer to Advanced Practitioner (ICATS) if:** Uncertainty of differentiation from spondyloarthropathy or additional pathology and needs further imaging
Management Pathway for the Integrated MSK Service	May need rheumatology review if uncertainty of diagnosis or additional pathology If no evidence of inflammatory features then does not need Rheumatology review
Thresholds for referral for Intervention Offer patient choice of provider	**N/A**
Management pathway for Specialist In-patient care	**N/A**

Referral reason / Patient presentation	**Rib Pain Costochondritis** **Pain at the sternochondral and costochondral joints AKA Tietze syndrome**
Primary Care Management	Mild to severe localized pain and tenderness in the ribs This is a clinical diagnosis through clinical examination, patient story and area of symptoms Exclude other causes such as: cardiac, systemic features and rheumatologically inflammatory conditions / sinister pathology **Treatment** consists of relative rest, avoidance of strenuous activity, and pain medications such as nonsteroidal anti-inflammatory drugs (NSAIDs) and or normal analgesia **Do not refer to physiotherapy**
Thresholds for Primary Care to initiate a referral	**Refer to Advanced Practitioner (ICATS) if:** Unsuccessful conservative treatment **Do not refer to physiotherapy**
Management Pathway for the Integrated MSK Service	**Refer to pain service for possible injection:** Local corticosteroid or lidocaine injections directly into the affected area may be beneficial for people who don't respond to pain relievers
Thresholds for referral for Intervention Offer patient choice of provider	**N/A**
Management pathway for Specialist In-patient care	**N/A**

Referral reason / Patient presentation	**CAD – Cervical Arterial Dysfunction** Sudden onset of new severe unilateral neck / jaw / face pain or sub occipital pain With possible cranial nerve symptoms and/or known vascular risks (carotid and vertebral artery disease)
Primary Care Management	This is rare event however If you suspect vertebral or internal carotid artery dissection, these are the features to look out for: **Most commonly presenting feature is headache followed by:** - Neck pain - Dizziness and unsteadiness / ataxia **Other presenting features could be:** - Ptosis, facial palsy - Visual disturbance - Paraesthesia (face) - Paraesthesia (UL) - Paraesthesia (LL) *Headache = unlike any other Check BP – and seek urgent medical advice Risk factors (not exhaustive): hypertension, recent trauma, history of connective tissue disease (Marfan's/EDS) and family history of CAD
Thresholds for Primary Care to initiate a referral	Only if stroke is suspected
Management Pathway for the Integrated MSK Service	**N/A**
Thresholds for referral for Intervention Offer patient choice of provider	As per stroke management
Management pathway for Specialist In-patient care	As per stroke management

Referral reason / Patient presentation	**Cervicogenic headache** Needs subsection of dizziness and BPPV should be referred to ENT and not physio/ICATS
Primary Care Management	See Pain Pathway
Thresholds for Primary Care to initiate a referral	**N/A**
Management Pathway for the Integrated MSK Service	**N/A**
Thresholds for referral for Intervention Offer patient choice of provider	**N/A**
Management pathway for Specialist In-patient care	**N/A**

Referral reason / Patient presentation	**Meralgia paraesthetica** Meralgia paraesthetica is a neurological condition that causes pain in the outer thigh. It is caused by compression of the lateral cutaneous nerve
Primary Care Management	Cause is not known Common symptoms are burning pain or numbness in the upper thigh, on the outer side. Nerve is trapped or compressed for example due to pressure from tight garments or belts More common in men than in women. Risk factors include obesity, pregnancy and ascites **Management:** - Self-limiting condition - May resolve itself - May need lifestyle changes / modifications - Visual disturbance Please note: NCS studies or imaging is not indicated
Thresholds for Primary Care to initiate a referral	**Differential diagnosis – is this radiculopathy?** **Refer if unsure of diagnosis**
Management Pathway for the Integrated MSK Service	**See radiculopathy pathway**
Thresholds for referral for Intervention Offer patient choice of provider	**N/A**
Management pathway for Specialist In-patient care	**N/A**

Spine Pathway group 4th December 2013

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