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

Cervical radiculopathy
Radicular arm pain

Referral reason / Patient presentation	**Cervical radiculopathy** **Radicular arm pain** Make distinction between nerve and somatic referred pain
Primary Care Management	**Please note:** Many patients will get better within 6-12 weeks. Try to manage them in primary care. **Assessment:** • History • Examination and Assessment • Assess for myotomal weakness, absent reflexes and loss of sensation • Nerve root tension / signs (SLR, PKB) • Perform a bio-psychosocial assessment **Diagnostics / Imaging:** - **<u>None indicated</u>** **Management (including condition-specific self-care options):** **If no significant motor loss (MRC grade 4 or above) consider:** - Reassure patient - Patient information / exercise sheet - Advise patient to keep mobile / activity modification **Pharmacology management according to NICE guideline CG173** - <u>Key principles of care:</u> When agreeing a treatment plan with the person, take into account their concerns and expectations, and discuss: - the severity of the pain, and its impact on lifestyle, daily activities (including sleep disturbance) and participation - the underlying cause of the pain and whether this condition has deteriorated - why a particular pharmacological treatment is being offered - the benefits and possible adverse effects of pharmacological treatments, taking into account any physical or psychological problems, and concurrent medications - the importance of dosage titration and the titration process, providing the person with individualised information and advice - coping strategies for pain and for possible adverse effects of treatment - Non-pharmacological treatments, for example, physical and psychological therapies (which may be offered through a rehabilitation service) and surgery (which may be offered through specialist services). - For more information about involving people in decisions and supporting adherence, see Medicines adherence (NICE clinical guideline 76). - <u>Treatment:</u> - Offer a choice of amitriptyline, duloxetine, gabapentin or pregabalin as initial treatment for neuropathic pain (except trigeminal neuralgia). - If the initial treatment is not effective or is not tolerated, offer one of the remaining 3 drugs, and consider switching again if the second and third drugs tried are also not effective or not tolerated. - Consider tramadol only if acute rescue therapy is needed (but not for long term use) Refer to Physiotherapy

Thresholds for Primary Care to initiate a referral *See Documents – Pages 8-9* *1. Advice and Guidance Process*	**Please note:** some motor and/or sensory loss can be managed within primary care **If significant functional impairment or severe unremitting and uncontrolled pain, consider urgent referral to Physiotherapy or contact MSK service for clinical advice.** **Refer to Advanced Practitioner (ICATS) URGENT only if:** 1. **Major myotomal weakness** 2. **MRC grade scale for muscle strength drops to 3/5 or below** 3. **Loss of multi-segmental sensation** **Refer to Advanced Practitioner (ICATS) routinely if** • Persistent pain • Unresponsive to previous conservative management for the current episode **Refer to General Physiotherapy for all other** **Note: if you are concerned please follow Advice and Guidance process to contact the MSK Service** **Email:** **Brighton.mskpartnership@nhs.net**
Management Pathway for the Integrated MSK Service	**1 Patient information** **2 Assessment:** - History - Examination - Perform a bio-psychosocial assessment - Working / differential diagnosis **3 Diagnostics:** - MRI or NCS as appropriate if pain / loss of movement / loss of function **4 Management:** • Self management including patient education, advice, signposting, support from GP re medication • Analgesia modification • Review MRI scan or NCS report • Consider referral to General Physiotherapist (option to self-refer) • Consider referral to pain clinic referral which could include direct listing for a pain procedure • Consider referral to tertiary pain clinic (e.g. spinal cord stimulator) • Consider surgery as relevant • Patient needs and wants surgery, is fit for surgery and is appropriate surgical candidate, fitness for surgery, pre-operative assessment, and discharge planning undertaken - refer to spinal/ Neurosurgery (depending on local arrangements) *See Documents – Pages 8-9* *2. Consent – Posterior Cervical Surgery* *3. Consent – Anterior Cervical Surgery* *4. Risks of Spinal Surgery* **4 Outcome tools** • MSK-HQ **Risks and benefits of transforaminal epidural injection** *See Documents – Pages 8-9* *5. Cervical Transforaminal Epidural Injections*

Thresholds for referral for Intervention Offer patient choice of provider	- Persistent pain which is not adequately controlled / resolved - Unresponsive to previous conservative management for the current episode - Progressive neurological deficit - Uncertainty regarding appropriate treatment i.e. injection and/or surgery - Complex presentation - Major myotomal weakness Offer patient choice of provider if patient needs and wants surgery, is fit for surgery and is appropriate surgical candidate.
Management pathway for Specialist In-patient care	**Surgery as appropriate** **Spinal decompression surgery** *See Documents - Pages 8-9* *2. Consent – Posterior Cervical Surgery* *3. Consent – Anterior Cervical Surgery* *4. Risks of Spinal Surgery* *6. Cervical Spine Surgery*

Documents	*1. Advice and Guidance Process* Advice and Guidance process.pdf *2. Consent – Posterior Cervical Surgery* Consent-posterior-cervical-surgery.pdf *3. Consent – Anterior Cervical Surgery* Consent-anterior-cervical-surgery.pdf *4. Risks of Spinal Surgery* Risks of spinal surgery_final.docx *5. Cervical Transforaminal Epidural Injections* Cervical Transforaminal Epidur *6. Cervical Spine Surgery* Cervical-spine-surgery.pdf

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