

# BEST EVENT - MSK SERVICE

Spinal Problems

Pathologies and Pathways

# Objectives

- Clinical Update
  - Assessment Tips
  - Pathways information - what to send where?
  - Investigations
- 
- FCP vs MSK

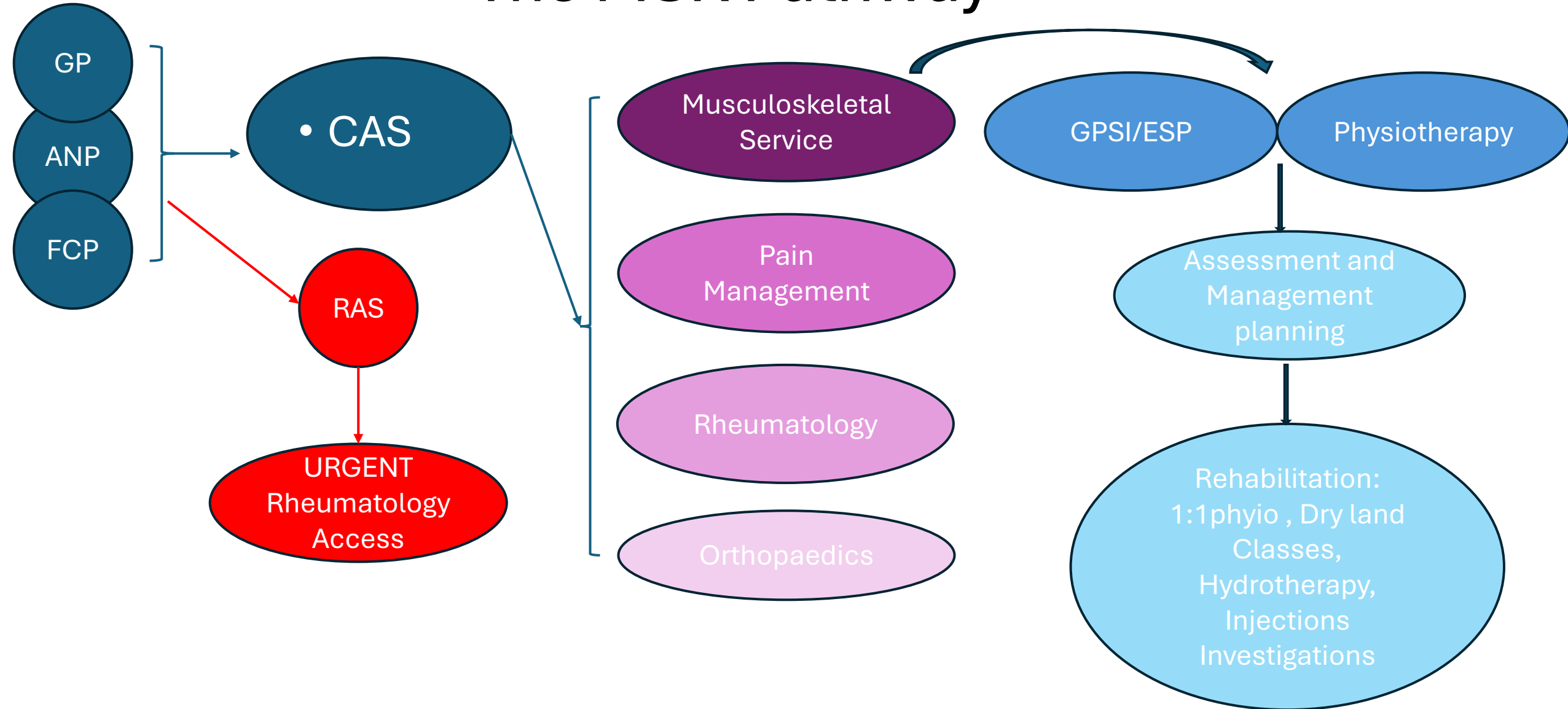
# Plan

- Split into 5-6 groups
- Scenario based discussion. Opportunity to look at clinical tests, pathways and referral information
- Interactive quiz

# The MSK Pathway

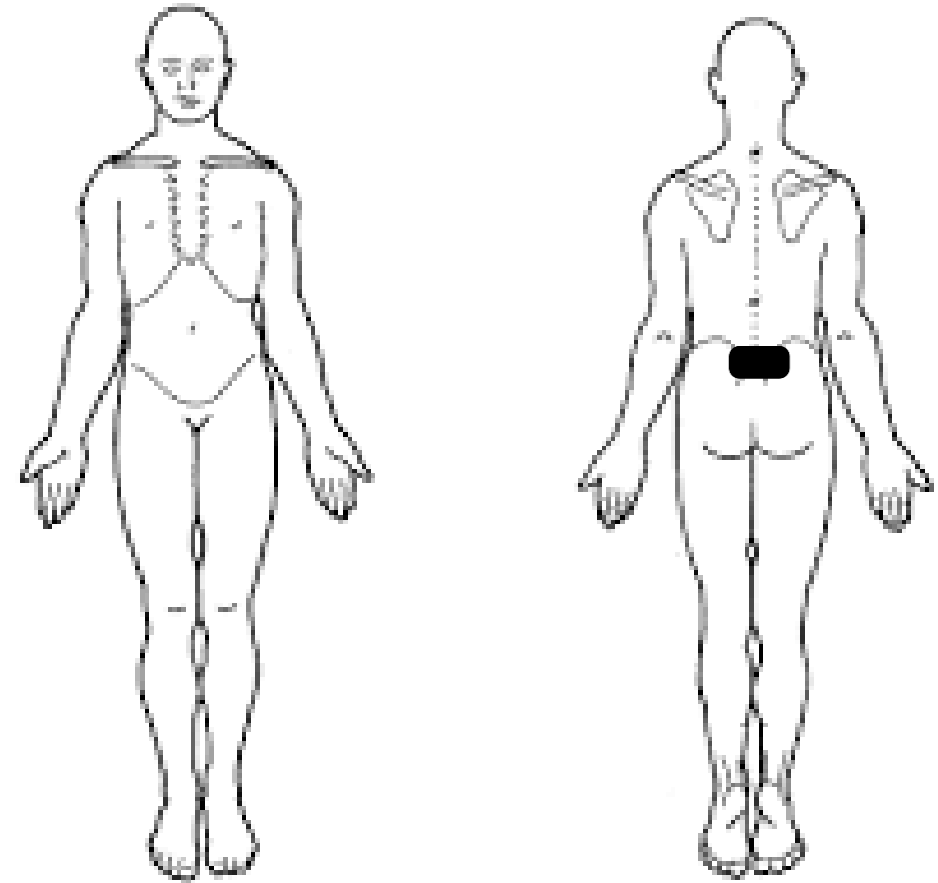
- The MSK pathway and the MSK service are not the same thing
- Patients do get choice however only within what is visible on eRS
- Conservative management is always local - cannot utilise neighbouring services such as Sheffield and Rotherham

# The MSK Pathway



# Pain Patterns

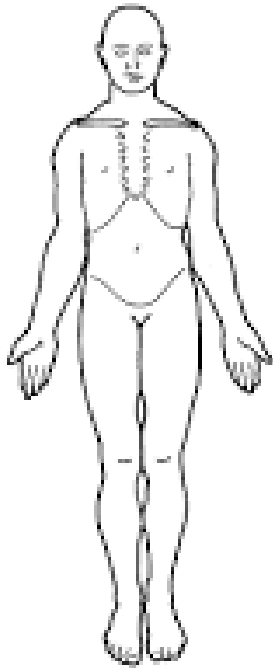
Body Charts are useful to demonstrate pain patterns that are common and are representative of MSK issues.



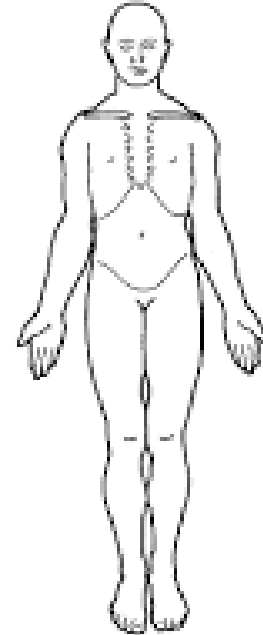
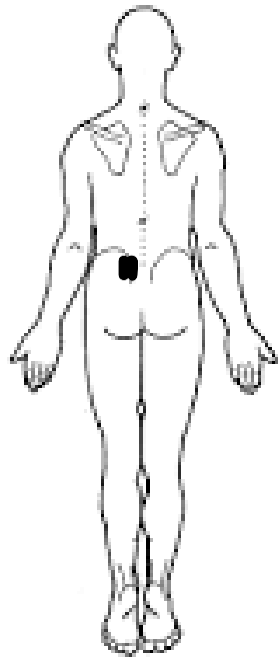
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Lumbar Disc -annular

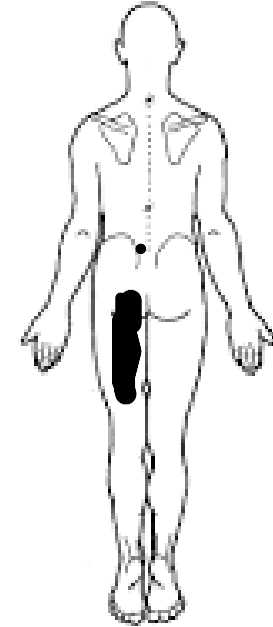
# Pain Patterns



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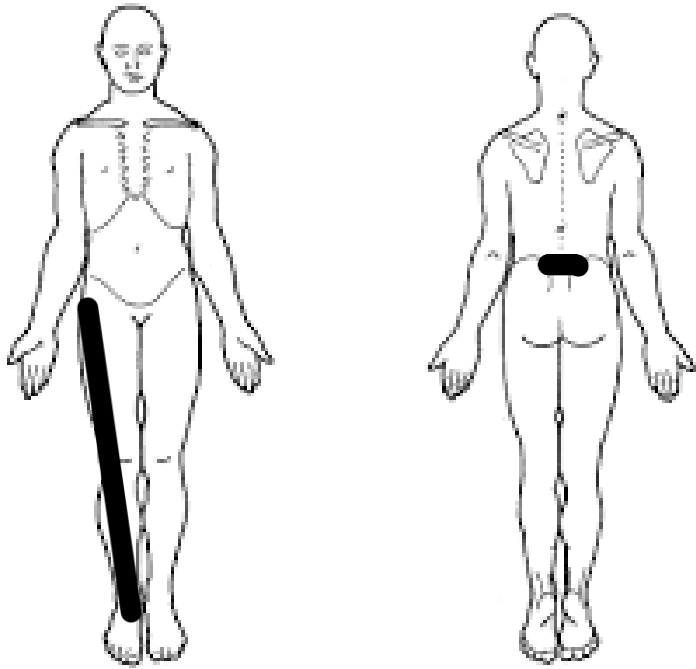


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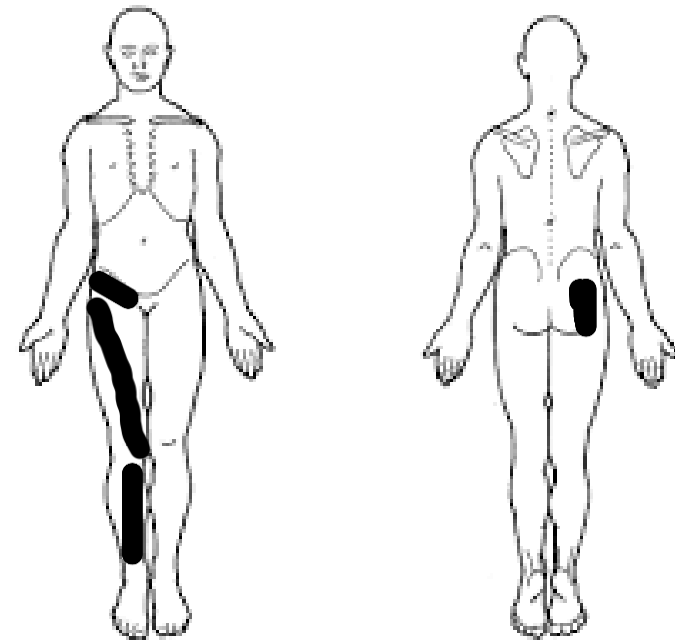


Lumbar Facet Joint- somatic

# Pain Patterns



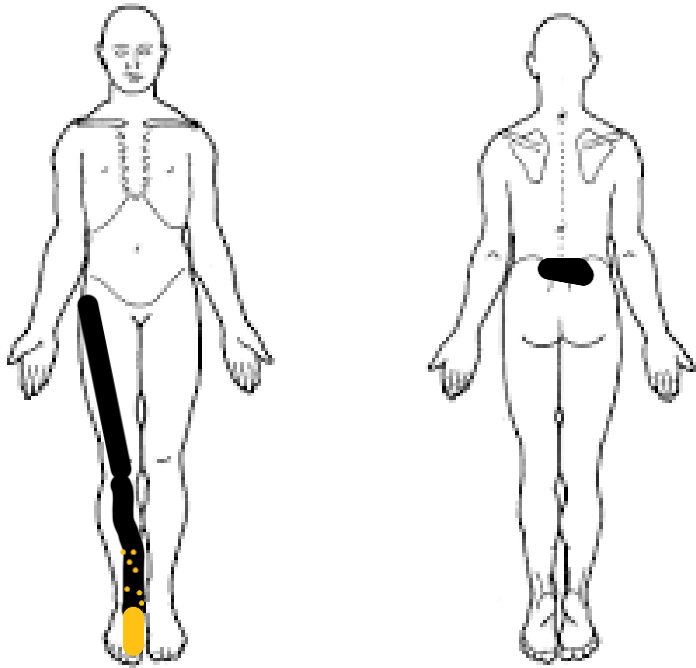
L4 lumbar radicular pain



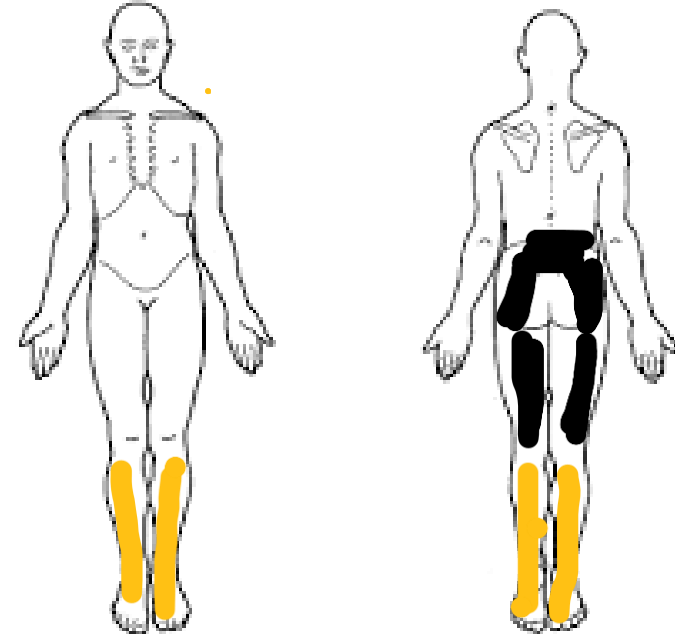
Hip joint pain



# Pain Patterns

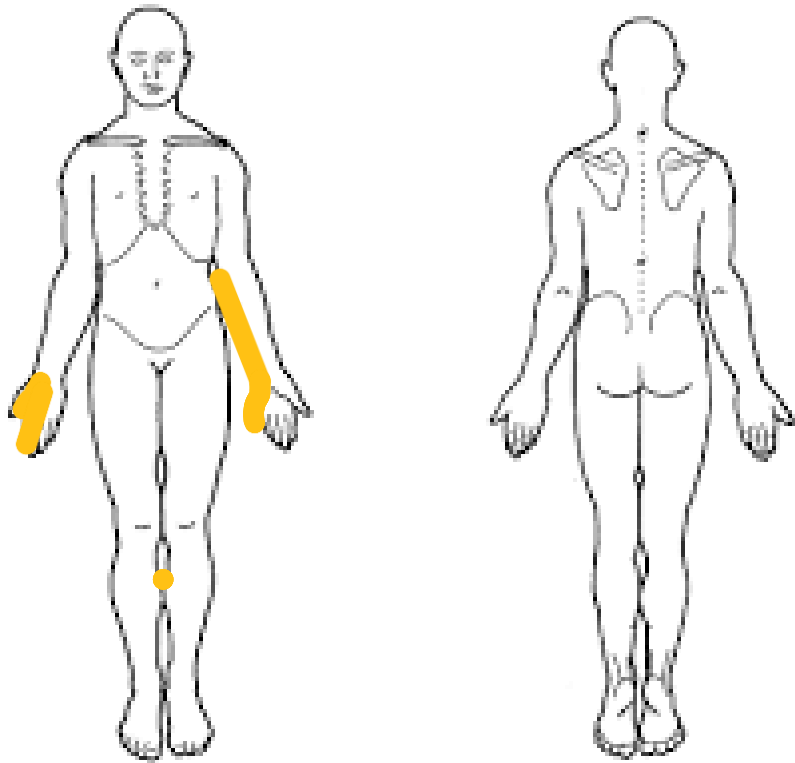


L4 radiculopathy with neural features

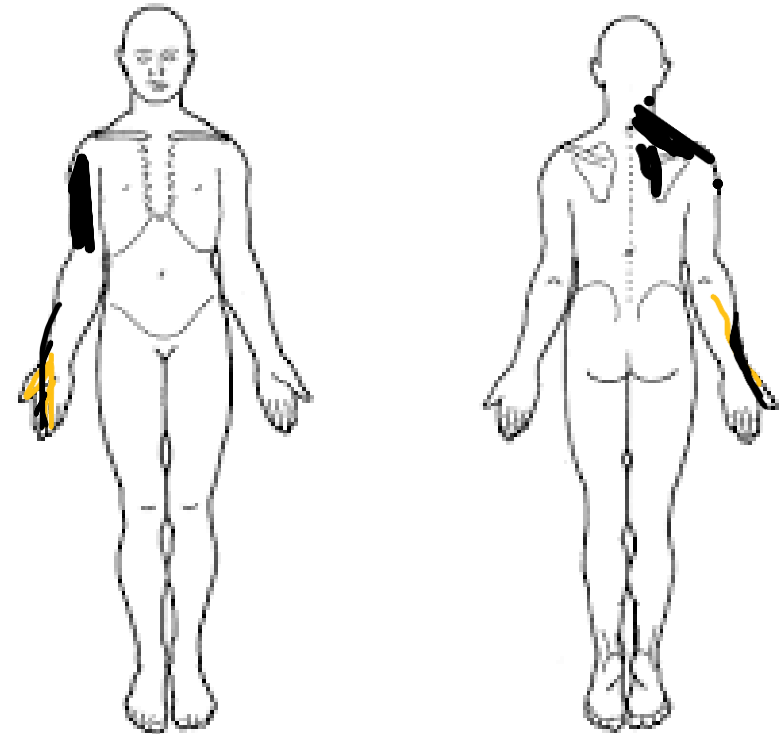


Lumbar spinal stenosis

# Pain Patterns

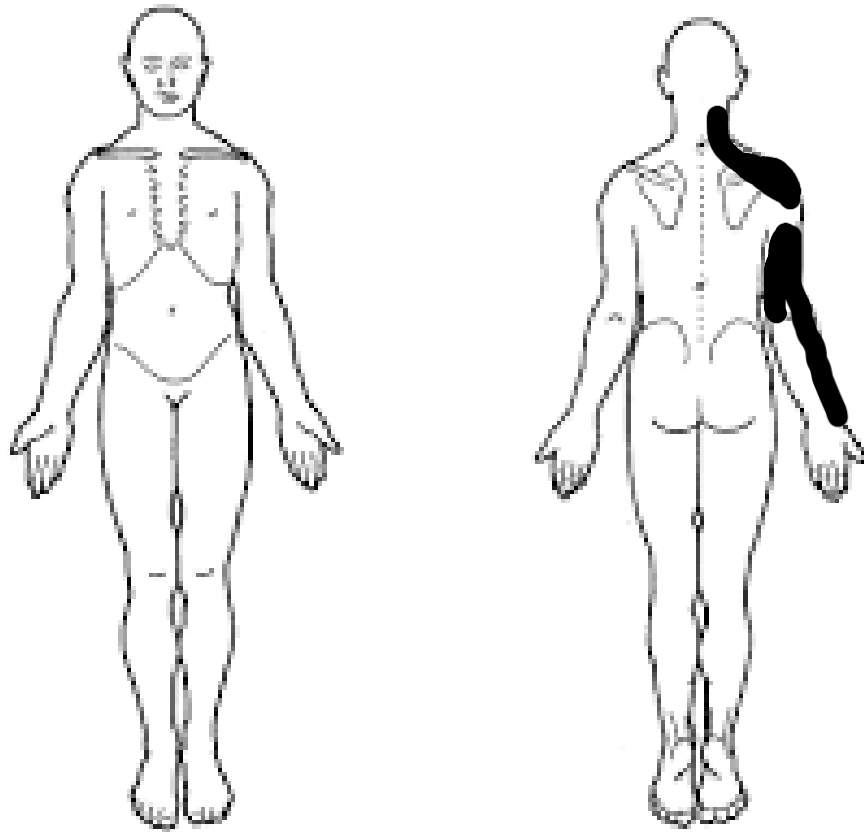


Carpal Tunnel Syndrome/ Ulnar  
neuropathy

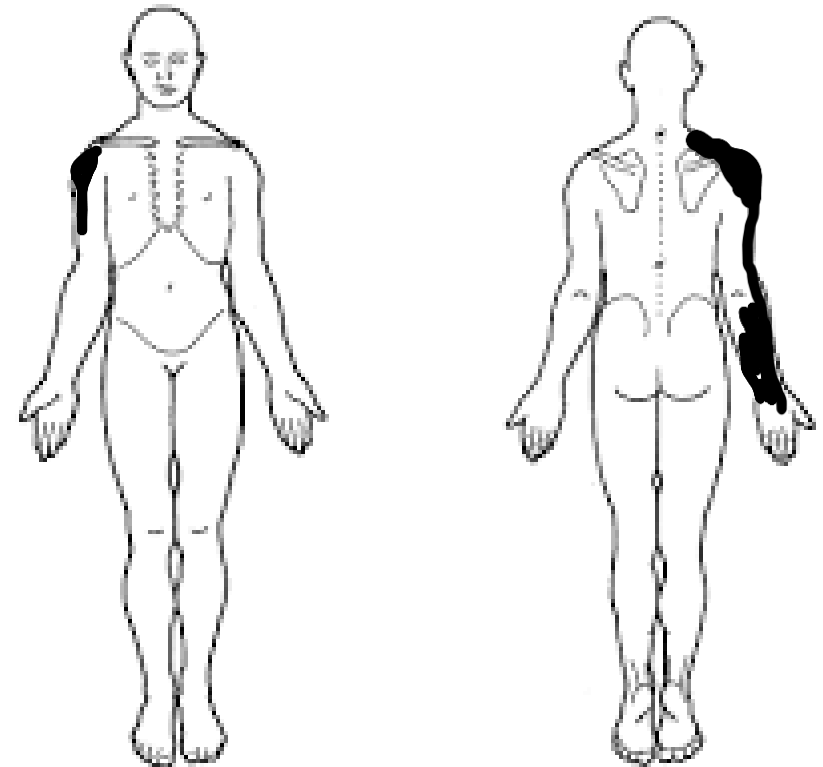


C6/7 cervical radiculopathy

# Pain Patterns

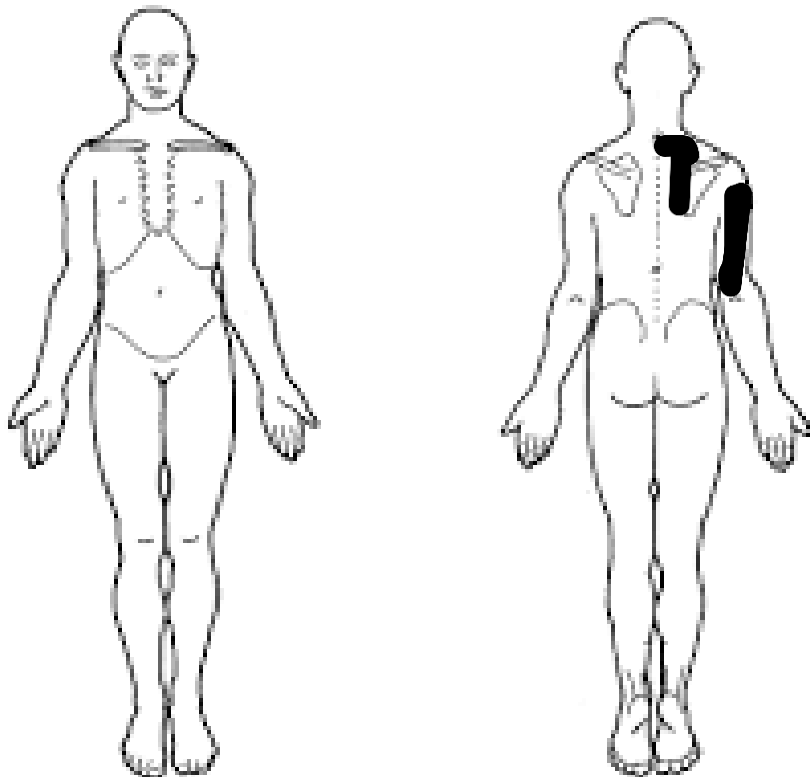


Cervical radicular pain with no  
neurology

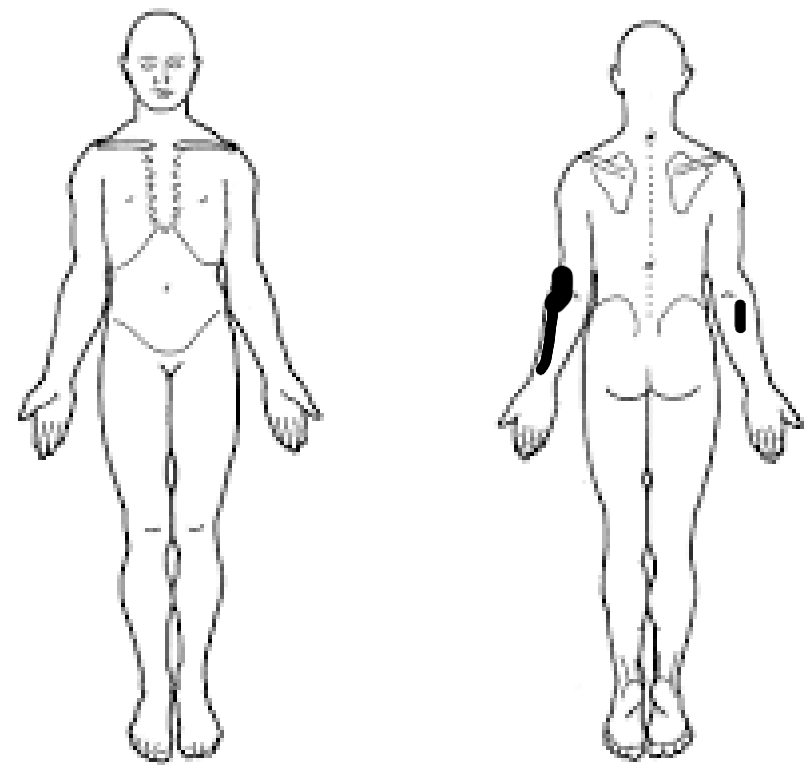


Adhesive capsular pattern

# Referral patterns

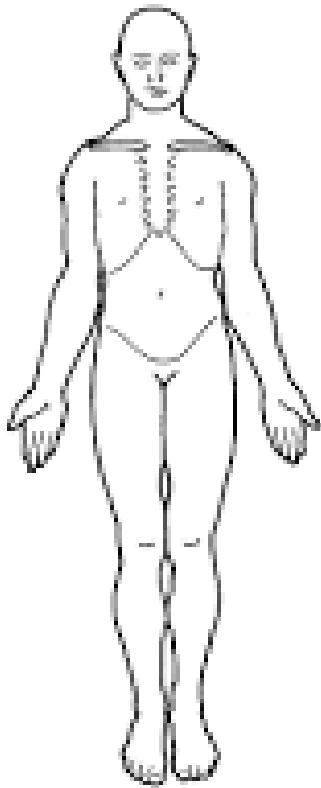


Cloward Zone with some somatic referral

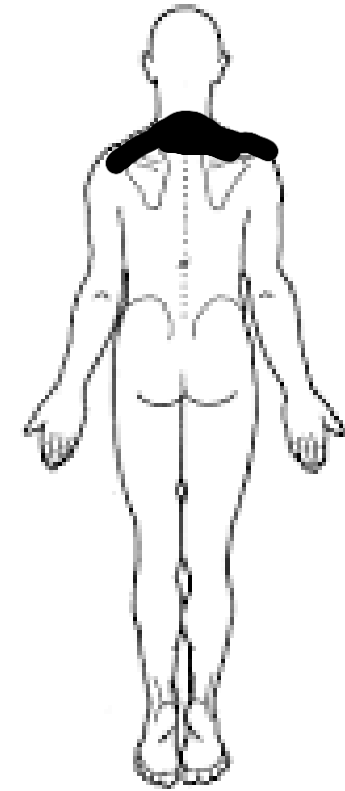
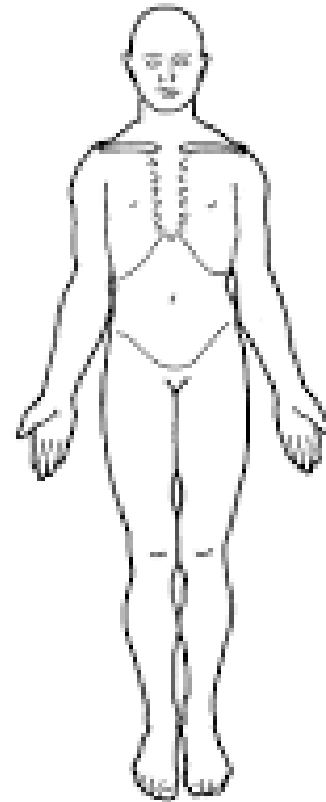


L Lateral epicondylalgia vs  
R Radial tunnel

# Referral patterns



Cervical facet joint



Cervical degenerative discogenic

# CES information and Safety netting

Box 1

## CES Symptoms

If a patient presents back or leg pain and recent onset (**within 2 weeks**) or deterioration of **ANY** of the following, further information should be gained:

**New (within 2 weeks) or deteriorating** difficulty initiating micturition or impaired sensation of urinary flow;

**New (within 2 weeks) or deteriorating** altered perianal, perineal or genital sensation S2-S5 dermatomes - area may be small or as big as a horses' saddle (subjectively reported or objectively tested)

severe or progressive neurological deficit of both legs, such as major motor weakness with knee extension, ankle eversion, or foot dorsiflexion;

**New (within 2 weeks) or deteriorating** loss of sensation of rectal fullness;

**New (within 2 weeks) or deteriorating** sexual dysfunction (achievement of erection or ability to ejaculate, loss of genital sensation).

**Note** - Low back pain with sexual dysfunction as the only other feature is unlikely to be due to CES

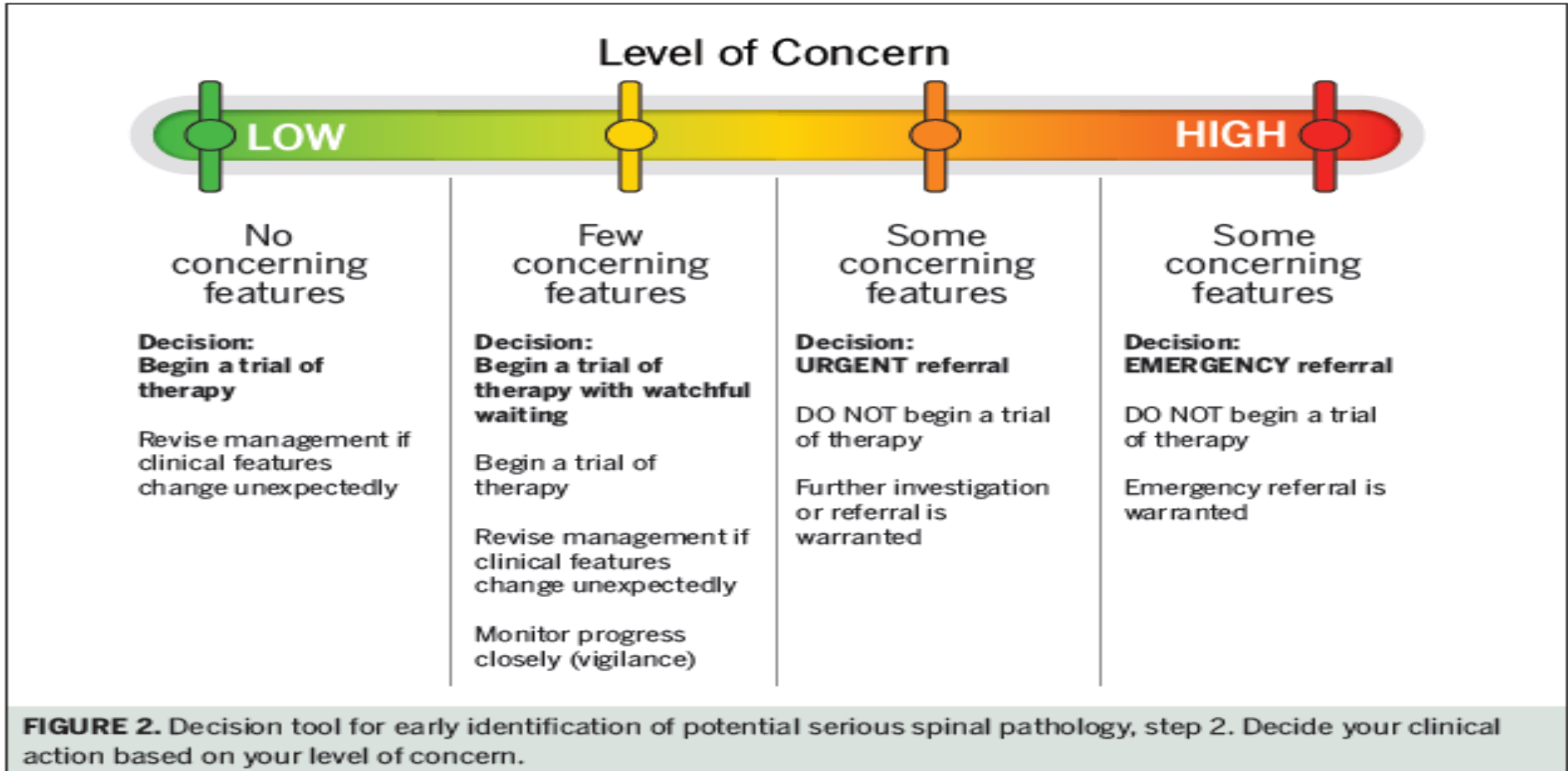
### Warning Signs

Sudden onset Bilateral Radicular Leg Pain or unilateral radicular leg pain that has progressed to bilateral leg pain (sciatica) may be a warning symptom that CES may occur.

Sudden Onset Bilateral Radicular Leg Pain (sciatica) or unilateral radicular leg pain that has progressed to bilateral **WITHOUT** CES symptoms requires urgent referral to MSK triage service via GP. Please highlight referral as Urgent/Bilateral Radicular Pain and document no CES symptoms/signs. Please send clear details of assessment of patient and examination findings.

Please document symptoms and a physical examination of power and sensation in the lower limbs. A **digital rectal examination is not necessary** but subjective perianal sensation should be recorded.

# Assessing Levels of Concern: Urgent vs Emergency



# CES continued

- [International Framework for Red Flags for Potential Serious Spinal Pathologies](#)
- [Cauda Equina Information Cards | MACP](#)