# Orthopaedic Choice MSK Service Referral Guidance – Spinal

**Please do not refer to Orthopaedic choice if you suspect:**

* **Possible Cauda Equina Syndrome** this warrants emergency action please ref to UHS via on call spinal registrar.
* **Cancer,** please refer via 2WW pathway
* For **spinal fracture** consider please consider x-ray, pain management, myeloma screen and or Dexa scan and refer to rheumatology initially

Please include the following **MINIMUM CLINICAL DATA SET FOR ALL REFERRALS**. Referrals that do not contain this information are likely to be returned for completion. Please complete all aspects of the OC referral form as thorough as possible.

* Current symptoms including location, duration and distribution
* Treatment tried for **current episode of pain:**
* Neurological assessment
* Previous imaging
* PMH and medication
* BMI

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| Condition | Possible Primary Care treatments prior to referral | Referral guidance |
| Mechanical low back pain | In accordance with NICE guidelines:   * Advice * Appropriate analgesia * Advice to stay active * A course of physiotherapy * STarT Back | * NICE guidelines **do not recommend** imaging for low back pain * If suspecting an osteoporotic fracture please exclude with a spinal x-ray and review bone health as per NICE guidelines. |
| Radicular pain in the upper or lower limb | * Advice * Appropriate neuropathic medication * Education on timeline for natural resolution of radicular pain (6-12 weeks) * Advice to stay active * A course of physiotherapy if this does not improve after 6 weeks * STarT Back * Consider natural resolution of 6-12 weeks | * If deteriorating hard neurology or no improvement **after primary care / physiotherapy input** please consider a referral to OC |
| Suspected CES | Do not refer to OC  Please call on call spinal registrar at UHS or follow local pathway | |
| Suspected metastatic cancer | Do not refer to OC  Refer urgent imaging direct, 2ww or oncology | |

**General Guidance for all Spinal Orthopaedic Choice referrals**

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| Location of the Service | * Romsey * Hythe * Lymington * Fordingbridge * Avalon House, Winchester * Andover * Mooregreen |
| Exclusions | * Paediatrics <=16 yrs * Suspicion of a non MSK cause to symptoms |
| Administration Requirements | To Complete the referral proforma including all the minimum data set and refer on Choose and Book  **Contact details for the booking office are:**  0300 003 0806  **outpatients@southernhealth.nhs.uk**  **Address:**  Lymington New Forest Hospital, Winchester Hill, Hampshire,  SO51 7ZA |