

Northern Health Spinal Assessment and Management Service

Fax 8405 8616

This assessment form must be fully completed and sent with your referral letter

Patient Name: _____ DOB: _____ Address: _____

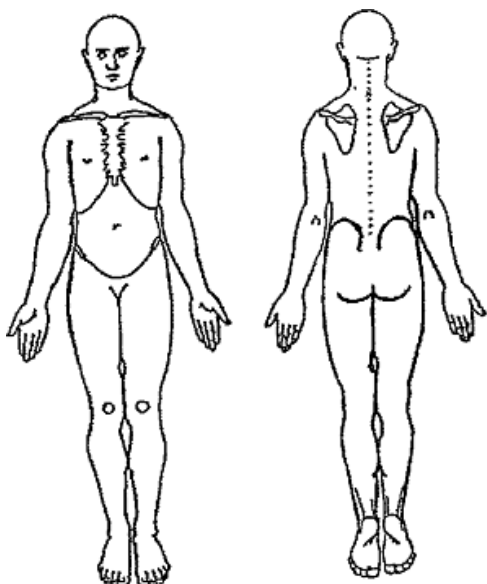
1. Your referral letter needs to include the following:

- Reason for referral/working diagnosis
- Medical history
- Current Medications
- Current management & response to this
- Imaging and other relevant investigations
 Attach report(s), and request patient to bring imaging to appointment

2. Is the patient's body mass index (BMI) greater than 40 kg/m²?

Yes No

3. Please indicate the area(s) of symptoms:



4. Does the patient have features of inflammatory back pain?

Yes No

5. Are there any signs of neurological involvement?

Clonus	Yes	No
Plantar reflex (do toes go up?)	Yes	No
Ataxia	Yes	No
Hyperreflexia	Yes	No
Asymmetrical reflex loss	Yes	No
Urinary/bowel dysfunction	Yes	No

Weakness (please list weakness groups):

Any other relevant signs/symptoms?

6. Have conservative treatment/management options been trialled?

Exercise	Yes	No
Physio/Chiro/Osteo	Yes	No
Weight Loss (if applicable)	Yes	No

Other (please list):

7. Functional Limitations

Walking duration	<100	100-150m	>500
Sitting duration?	<5min	5-15mins	>15mins
Is sleeping significantly disturbed?	Yes	No	

8. Has the patient had spinal surgery within Victoria in the past? If so, where and when?

9. Has the patient been referred to another health service for assessment of this spinal problem?

Yes No

If any part of this referral form is incomplete your referral may be rejected and returned to you for further information

Explanatory Key for Assessment Form

Ask patient to describe the area of pain as accurately as possible, then shade this area on the body chart. This helps to identify different causes of pain by identifying if pain has a more typical dermatome or not.

Please describe cause (if any) and approximate date of onset. Let us know if it has progressively worsened.

The patient's BMI assist in determining the most appropriate management. (BMI – (weight (kg)/height (m)²).

Please ensure that the patient has both films and reports of any investigations available to bring to their appointment.

Signs of Neurological Involvement

Clonus is a series of involuntary muscular contractions due to sudden stretching of the muscle. Clonus is a sign of certain neurological conditions, and is particularly associated with upper motor neuron lesions. Clonus is most common in the ankles, where it is tested by rapidly flexing the foot upward (dorsiflexion). Only sustained clonus (5 beats or more) is considered abnormal.

The plantar reflex is examined by firmly drawing or scraping a blunt instrument along the lateral sole of the foot and observing the movement of the toes. A normal response is a downward (flexed) movement or no movement. If the toes move upwards this is considered abnormal and is a sign of upper motor neuron damage.

Ataxia is a gross lack of coordination of muscle movements. This may be evident in eye hand coordination or by gait dysfunction (wide stance, poor imbalance, short stride length).

Hyperreflexia is defined as overactive or over responsive reflexes. Examples of this can include twitching or spastic tendencies, which are indicative of upper motor neuron disease as well as the lessening or loss of control ordinarily exerted by higher brain centres of lower neural pathways (disinhibition). Loss of a reflex indicates a potential lower motor neuron damage.

Bladder and bowel dysfunction can occur as a result of cord or cauda equina damage. Signs of incontinence and loss of control, particularly when associated just prior or soon after the onset of neck or back pain maybe significant indicators or neurological damage.

Sensory loss and motor weakness can indicate both cord (myelopathic) or nerve root (radicular) compression. The pattern of loss indicates the type and extent of neurological damage. The patient may describe weakness of a muscle group (i.e. dorsiflexors of foot) or more general nature. Similarly sensory loss may relate to a prescribed area supplied by a particular nerve root (dermatome) or more generally.

Many types of low back/leg pain and neck/arm pain will respond to a range of conservative measures. In order to prevent acute pain becoming chronic, these conservative options should be explored first unless the involvement of neurological signs is more profound.

Functional limitations help to identify certain types of mechanical and neurological involvement. Whilst a more extensive functional analysis is useful, these key functions will assist in diagnosing certain types of injury.

For further information email specialistclinics@nh.org.au or call 1300 128 539

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