Examination & management of patients presenting with pain in their spine

GIRFT
GETTING IT RIGHT FIRST TIME

1 History & examination

- Onset, duration and progression of symptoms
- Aggravating/relieving factors
- Functional impact (sleep, work, how long the patient can sit/stand/walk)
- Neurological symptoms: numbness, weakness, bowel/bladder changes
- Morning stiffness lasting more than half an hour
- Relevant medical/surgical history
- Examination: heel raise, toe raise, sensation testing.

Click here to access GIRFT examination videos

2 Consider/exclude non-spinal causes of pain

- **Joint pathology** (e.g. hip if back/groin pain, shoulder if neck pain, SIJ if pelvic pain)
- **Visceral causes** (e.g. renal, abdominal aortic aneurysm)
- **Inflammatory or systemic disease** (e.g. axial spondyloarthritis, infection, malignancy)

3 Exclude spinal red flags

Click here for Red Flag Guidance

Click here for the Interactive Cauda Equina pathway

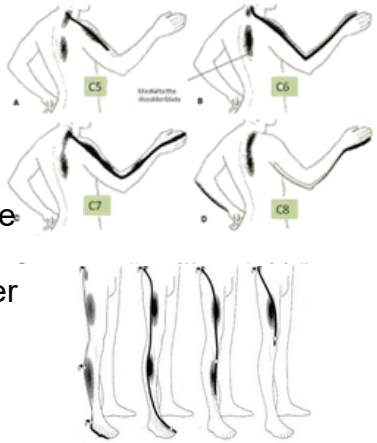
- Only consider imaging in community spinal interface service/ specialist care & likely to alter management.

Click here for clinician advice leaflet

Click here for MRI patient advice leaflet

4 Divide into:

Neck **or** back pain predominant
OR
Arm or **leg** pain predominant (suggestive of radiculopathy) - most radicular pain gets better



Click here to access nerve root pain and some of the treatment options

5 Pain relief & activity guidance

- Prescribe simple analgesia (e.g. paracetamol, NSAIDs if no contraindications)
- Consider short course of anti-neuropathic agents if radicular symptoms exist
- Encourage continuation of normal activity as tolerated
- Avoid bed rest
- Consider analgesia review at 2 weeks

6 Onward referral if required

Neck/back pain

- Provide self-management support and signposting via digital tools available locally
- Consider physiotherapy referral if digital interventions are ineffective.

Arm/leg pain (radicular)

- Refer to MSK Interface service if symptoms persist >4 weeks and significantly impair activities of daily living.