

CERVICAL MYELOPATHY/RADICULOPATHY REFERRAL GUIDELINE

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HIGH RISK SUGGESTED EMERGENT CONSULTATION	MODERATE RISK SUGGESTED CONSULTATION OR CO-MANAGEMENT	LOW RISK SUGGESTED ROUTINE CARE
<p>SYMPTOMS AND LABS</p> <ul style="list-style-type: none"> Rapidly progressive neurologic deficit Progressive balance difficulties Weakness less than 4/5 Hand weakness from neurologic deficit Bowel or bladder dysfunction related to myelopathy 	<p>SYMPTOMS AND LABS</p> <ul style="list-style-type: none"> Bilateral UE parasthesias UE weakness but strength greater than 4/5 Sensory deficit Hyperreflexia Myelopathic signal on MRI 	<p>SYMPTOMS AND LABS</p> <ul style="list-style-type: none"> Incidental findings on MRI (Mild Moderate central stenosis with no cord signal change or foraminal encroachment with no extremity pain) and no neurologic deficit Unilateral paresthesia Neck pain with no arm/leg involvement
<p>SUGGESTED PREVISIT WORKUP</p> <ul style="list-style-type: none"> C-Spine MRI, non-contrast regardless of surgical history Emergent/Urgent consultation request Consider cervical collar 	<p>SUGGESTED WORKUP</p> <ul style="list-style-type: none"> MRI C-Spine Consultation with spine center Consider course of oral steroids if not contraindicated 	<p>SUGGESTED MANAGEMENT</p> <ul style="list-style-type: none"> Conservative care: PT, Manual medicine, analgesic support or OTC medications

CLINICAL PEARLS

- Most cases of cervical myelopathy with neuro involvement will be considered for surgical intervention.
- There is no scientific supported conservative treatment other than close monitoring of symptoms and activity modification.
- Surgery is to prevent further damage rather than reverse current neurologic deficits.
- Most cases of cervical radiculopathy can be treated conservatively.
- Exact percentages of conservative vs surgical care unknown.



These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.