<table>
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<th>CLINICAL SUSPICION OF …</th>
<th>SYMPTOMS AND CLINICAL FINDINGS</th>
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| Radiculopathy            | • Arm or leg pain in a single nerve root distribution  
                          • Abnormal motor, sensory, or reflex findings in same distribution | Pathology at corresponding level, MRI or CT/myelogram | • Physical therapy  
                          • Neuroleptic agents  
                          • Injections  
                          • Chiropractic | Discuss surgical treatment, if desired |
| Radiculitis              | • Arm or leg pain in a single nerve root distribution  
                          • Abnormal motor, sensory, or reflex findings in same distribution | Pathology at corresponding level, MRI or CT/myelogram | At least 6 weeks of non-operative management, including 1 or more of:  
                          • Physical therapy  
                          • Neuroleptic agents  
                          • Injections  
                          • Chiropractic | Electromyography (EMG) to differentiate from peripheral compressive neuropathy, e.g. carpal tunnel  
                          Discuss surgical treatment, if desired |
| Myelopathy               | • Hyperreflexia, pathologic reflexes  
                          • Gait disturbance  
                          • Loss of dexterity  
                          • Bilateral sensory abnormality  
                          • Spasticity | Evidence of central stenosis in cervical or thoracic spine, MRI or CT/myelogram | Refer **urgently** to spine specialist |
| Axial pain               | • Pain in neck, back, shoulder or hip  
                          • No neurologic concerns | • Rule out large joint (hip or shoulder) pathology  
                          • Spondylolisthesis  
                          • Scoliosis > 20 degrees  
                          • Fracture  
                          • Tumor  
                          • Spinal infection | • Conservative management as above, without success | Discuss surgical treatment, if desired. Educate patients that this is a consultation only; the specialist may not have a definitive answer. |
| Chronic neck or back pain| • Pain, no neurologic concerns or findings | Disc degeneration or spondylolisthesis, but no:  
                          • Spondylolisthesis  
                          • Scoliosis > 20 degrees  
                          • Fracture  
                          • Tumor  
                          • Spinal infection | Refer to physiatry, physical therapy or pain management specialist  
                          Surgical referral not appropriate |