

## Indications to refer to a spine surgeon



The OHSU Spine Center wants to collaborate with you to provide your patients with a broad range of advanced treatments and therapies for back pain and spinal problems. Our multidisciplinary team provides a comprehensive approach to diagnosis, disease management and treatment.

We work together on evaluation and care, designing a treatment and rehabilitation plan to meet your patient's unique needs.

### Referral indications

To help expedite the referral process, the following guide may help when considering referring a patient to the OHSU Spine Center:

#### Patients should be referred urgently if there is:

- **Clinical suspicion of myelopathy**  
(gait disturbance, loss of dexterity, bilateral sensory abnormality, and/or spasticity with exam findings of hyperreflexia, pathologic reflexes)
- **MRI or CT/myelogram evidence of central stenosis**  
in the cervical or thoracic spine

### Supporting documents for referral

- Last chart note indicating need for a spine consultation
- All spine-related imaging for the past year
- Notes from PT, EMG, injections, etc.
- History of procedures related to spine such as injections

### About the OHSU Spine Center

The OHSU Spine Center brings together experts in pain management, orthopaedics, neurosurgery, rehabilitation and the latest surgical techniques. Our team can help coordinate care from a range of specialists all in one place. We offer two Portland-area locations, one at the South Waterfront and one in Beaverton. Our surgeons and neurosurgeons favor minimally invasive techniques whenever possible. The spine doctors at OHSU, Oregon's only academic health center, are also researchers. That puts them on the front lines of innovations in back, neck and spine care.



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### Consider referral if clinical suspicion of:

- **Radiculopathy**  
(arm or leg pain in a single nerve root distribution with abnormal motor/sensory/reflex findings)
- **MRI or CT/myelogram evidence of pathology**  
Patient should also have failed reasonable efforts at non-operative management including but not limited to:
  - Physical therapy
  - Neuroleptic medications
  - Injections
  - Chiropractic
  - Acupuncture
  - Gym-based exercise programs
- **Radiculitis**  
(arm or leg pain in a single nerve root distribution with a normal neurologic exam)
- **MRI or CT/myelogram evidence of pathology at the corresponding level** — without clinical suspicion of peripheral compressive neuropathy (carpal tunnel/cubital tunnel). Patient should have failed at least six weeks of non-operative management including:
  - Physical therapy
  - Neuroleptic medications
  - Injections
  - Chiropractic
- **Neurogenic claudication**  
(leg pain worsened by walking and relieved with rest)
  - MRI or CT/myelogram evidence of lumbar spinal stenosis
- **Axial pain**  
(neck/back/shoulder/hip without neurologic complaints)  
These patients should have, prior to referral:
  - Failed conservative management
  - Clinical exam or imaging to rule out large joint (hip/shoulder) pathology
  - Have imaging evidence of:
    - Spondylolisthesis
    - Scoliosis >20 degrees
    - Fracture
    - Tumor
    - Spinal infection (diskitis/osteomyelitis)

### Conditions appropriate for referral to physical medicine include:

- Chronic neck or back pain without neurologic complaints and radiographic diagnoses of disc degeneration/spondylosis

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### Contact us

Fax patient referrals to  
503-346-6854.

For physician advice, contact us at  
503-494-4567.

[www.ohsu.edu/spine](http://www.ohsu.edu/spine)