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For further assistance or to receive this information in a different format, please contact the department which created this leaflet.

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PATIENT INFORMATION

Specialist Spinal Orthopaedic Physiotherapy Service



Working with you, for you

Overview of the Spinal Service

Your physiotherapist has referred you to the Spinal Service, or you may be considering a referral based upon information you have been given.

This means you will be seen in clinic by a Spinal Specialist Orthopaedic Physiotherapist.

Your Specialist Spinal Orthopaedic Physiotherapist will take a detailed history of your condition, including questions about your medications. **You may wish to bring a copy of your prescription with you.**

Once your Specialist Spinal Orthopaedic Physiotherapist has taken a history, you will be asked to undergo a physical examination which will help to formulate a clinical diagnosis.

The examination will involve observation and testing of your movement, balance, coordination, reflexes, and also some stretching movements. **It is sensible to wear loose fitting, comfortable clothing or active wear for the assessment.**

Once your assessment is completed, a clinical diagnosis can be made. This will help the decision to investigate, treat or refer onwards.

Useful Websites & References

www.spinesurgeons.ac.uk

British Association of Spinal Surgeons including useful patient information for common spinal treatments

<https://www.nice.org.uk/guidance/ng59>

NICE Guidelines for assessment and management of low back pain and sciatica in over 16s

<http://videos.torbayandsouthdevon.nhs.uk/radiology>

Radiology TSDFT website

<https://www.torbayandsouthdevon.nhs.uk/services/pain-service/reconnect2life/>

Pain Service Website Reconnect2Life

The Specialist Spinal Orthopaedic Physiotherapy Team

We are a team of specially trained Spinal Orthopaedic Physiotherapists who deal with the management of spinal conditions.

Your appointment letter may state that you are due to see a Consultant, however you will be seen by one of the Specialist Spinal Orthopaedic Physiotherapists below.

The Consultant Orthopaedic Surgeons in our Trust are not involved in these clinics. All surgical referrals are made to RD&E Hospital Spinal Surgical Team.

You will meet any one of the following Specialist Spinal Orthopaedic Physiotherapists:

- Martin Fancutt
- Alan Potts
- Graham Neal
- Amanda Wreford-Brown
- Faye McCluskey
- Daniel Stuart



When Should You See a Spinal Specialist?

Your physiotherapist may have referred you to the Spinal Service for many reasons, which may include:

- Your pain has been present for longer than the normal timeframe.
- Your pain is very severe and stopping you from being able to sleep or perform your normal daily functions, including work or caring for someone else.
- You require an opinion as to whether Orthopaedic treatment may be able to help your recovery.

Most patients seen in Spinal Clinic are referred because they have spinal related buttock and leg pain (sciatica) or neck related arm pain (brachialgia), which is not improving as expected.

Approximately **70-80%** of patients with sciatica and brachialgia tend to get **better within 4 months** spontaneously. This is due to natural healing and can be aided with the help of physiotherapy and medication.

Nerve root pain is the name for irritation of a nerve root as it exits the spine. This can cause symptoms of pain, numbness or weakness in your limbs. Although it can be very painful, it will normally subside on its own.

We will ask you questions about your symptoms to help aid diagnosis. **It is very helpful to take note of how far down the limb your symptoms go, as well as the areas of the limb you feel symptoms in.**

Investigation

MRI is a type of scan which uses magnetic resonance imaging (MRI) to create detailed pictures of your spine.

MRI scans are mainly used to confirm a clinical diagnosis such as pain arising from a nerve root. Once a level is identified which corresponds to your symptoms, this can help to guide treatment.

MRIs are not normally used to determine causes of low back pain. They can help to eliminate causes of back pain such as infection and tumours although these are rare. Treatment for low back pain is limited to conservative management. MRIs do not change how we treat it.

X rays and CT scans are not **routinely** used to investigate spinal conditions. They are primarily used in the presence of trauma or complex surgical planning.



MRI Scanner

Cauda Equina Syndrome

Cauda Equina Syndrome (CES) is compression of the spinal nerves at the tail end of the spinal cord. These nerves are responsible for controlling bladder and bowel function, as well as sensation in and around your genitals and back passage.

When these nerves become compressed it can affect their function, and urgent attention is needed. It is rare, occurring in one to three in 100,000 people.

Symptoms of CES include a **NEW** or **RAPID** onset of:

- Loss of sensation or numbness in/around your back passage, buttocks or genitals with altered sensation when wiping
- Difficulty trying to urinate or stop your flow of urine
- Incontinence of bladder and/or bowels
- Not knowing when your bladder is full or empty
- Loss of sensation when passing a bowel motion
- Change in ability to achieve an erection or ejaculate

Acknowledgement to Dr Susan Greenhalgh, Chris Mercer, Laura Finucane and James Selfe

With any combination of these, SEEK HELP IMMEDIATELY VIA A&E.



Low Back Pain Symptoms

Approximately **80-90% of the population experience back pain** at some point in their lives. This may be all, or part of your symptoms.

50% of these people with back pain will **experience a recurrence** within a couple of years, but this does not mean it is serious and most people can return to normal activities between episodes with minimal (if any) symptoms.

Investigations such as x-rays and scans are rarely needed as they don't help clinicians diagnose your problem, and they don't provide a cure.

It is unlikely that your back pain is due to serious disease, even if it is very painful. Less than 1% of cases of back pain have a serious cause.

You may need to cut down on some activities for a short time, but resting for more than a few days can slow your recovery. The best advice is to **KEEP ACTIVE with normal levels of activity.**

Best evidence for improving low back pain suggests a combination of exercise, normal activity, self-management, psychology/Cognitive Behavioural Therapy and physiotherapy (NICE, 2016).

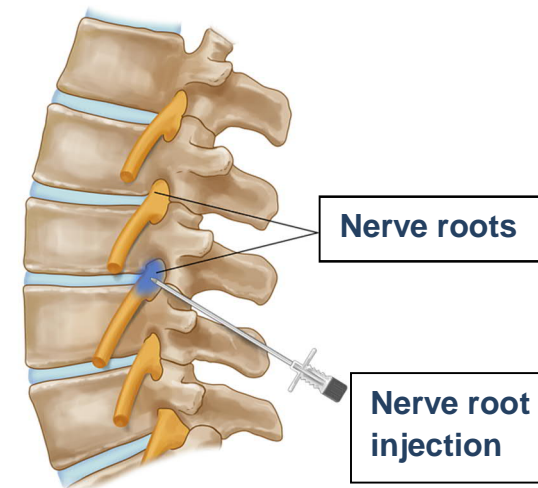
It is recommended that you remain at work. There is good evidence to suggest that you will have better function and reduced pain with this approach.

Fluoroscopic Guided Nerve Root Injections

Nerve root injections or 'nerve root blocks' are used to reduce pain in a particular area if you have lower limb pain such as sciatica. They are not done to ease symptoms of low back pain as there may be many causes of this. They are not typically used for brachialgia due to the high level of risk.

The injection is done in Radiology. Imaging is used to help guide a needle into the area where the affected nerve root is. The injection consists of a corticosteroid and local anaesthetic. **You may be asked to lay on your front or side for the injection.**

The injection can reduce pain and inflammation around the nerve root. It can take some time to have an effect. These injections can treat your symptoms. They can also help us to decide whether surgery is likely to be beneficial.



For online videos and further information, please go to: <http://videos.torbayandsouthdevon.nhs.uk/radiology>

Surgery

If surgery is likely to help improve your pain, then you may be put on a list for discussion at a multi-disciplinary team (MDT) meeting. In this meeting your Specialist Spinal Orthopaedic Physiotherapist will discuss your case with one of the Orthopaedic Spinal Surgeons from Royal Devon & Exeter Hospital.

Surgery is rarely required for spinal problems. In fact, **fewer than 10% of patients seen by our service are seen by a surgeon**, and even fewer actually have surgery.



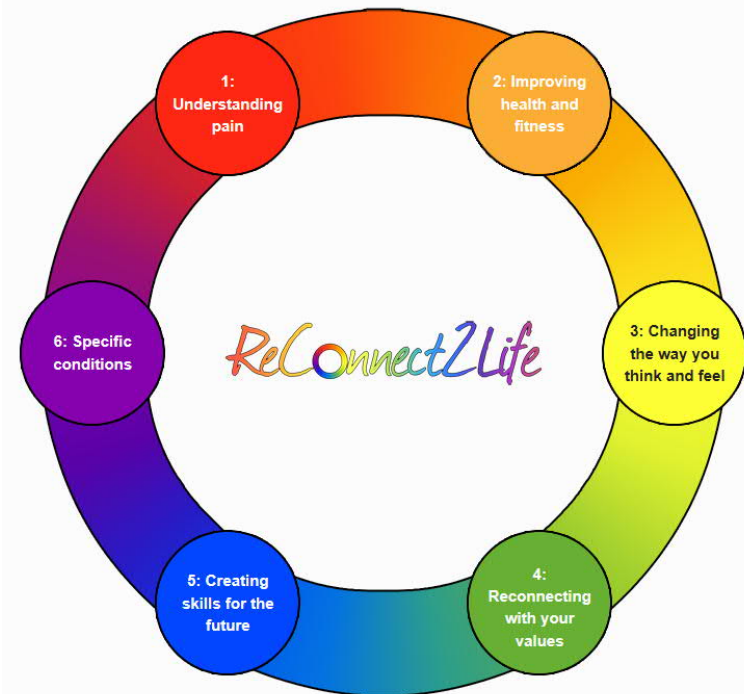
Occasionally you may be referred onwards to Pain Services especially if there is no indication that surgery will benefit you.

Pain Services

The Pain Management Service are a multi-disciplinary team who help in the management of painful conditions. They include, but are not limited to; Consultant Anaesthetists, Psychologists, Physiotherapists, Nurse Specialists and Exercise Coordinators.

You can access information about the Pain Services at:

<https://www.torbayandsouthdevon.nhs.uk/services/pain-service/reconnect2life/>



There are excellent resources on their web page that can help at any stage of your assessment and treatment.