CERVICAL MYELOPATHY/RADICULOPATHY REFERRAL GUIDELINE

HIGH RISK
SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS
Rapidly progressive neurologic deficit
Progressive balance difficulties
Weakness less than 4/5
Hand weakness from neurologic deficit
Bowel or bladder dysfunction related to myelopathy

SUGGESTED PREVISIT WORKUP
C-Spine MRI, non-contrast regardless of surgical history
Emergent/Urgent consultation request
Consider cervical collar

MODERATE RISK
SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS
Bilateral UE parasthesias
UE weakness but strength greater than 4/5
Sensory deficit
Hyperreflexia
Myelopathic signal on MRI

SUGGESTED WORKUP
MRI C-Spine
Consultation with spine center
Consider course of oral steroids if not contraindicated

LOW RISK
SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS
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

SUGGESTED MANAGEMENT
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.