## **Fact sheet**

## Royal Adelaide Hospital

## Spinal Outpatient Services Clinical Information Sheet

Clinical Condition	Cervical or thoracic myelopathy
Eligibility	Upper limb and/or lower limb symptoms (e.g. pain, weakness, spasm, paraesthesia) believed to be associated with spinal cord compromise. May involve disturbance of gait, bladder/bowel/sexual function. May be chronic/slowly progressive in nature (e.g. degenerative cervical spondylotic myelopathy) or an acute presentation following trauma. Physical examination reveals clinical signs of upper motor neuron pathology (e.g. hyper-reflexia, increased tone, sensory changes, positive Babinski response, positive Hoffmann's reflex)
Pre-referral management	Referral for CT scan or MRI (best practice) is indicated if a diagnosis of cervical or thoracic myelopathy is suspected.
Priority	IMMEDIATE: If a traumatic spinal cord injury is suspected immediate specialist consultation is indicated. Refer patient immediately to the Emergency Department or contact the Spinal Fellow/Registrar at the RAH via switch: (08) 7074 0000  SEMI-URGENT Refer to the Spinal Outpatient Department via completion of the mandatory referral template (Fax: 08 7074 6247).
Investigations required with referral	Include copies of all relevant investigation findings (as suggested in pre- referral management above) with referral.  Note: Pre-referral investigations are not mandatory if a clear clinical diagnosis can be made.
Discharge Criteria/information	Discharge following improvement/resolution of symptoms and/or surgical management options no longer being considered.
Fact sheets	Refer to www.sahealth.sa.gov.au/lumbardisorders







## **Fact sheet**



For more information: Spinal Outpatient Clinics Royal Adelaide Hospital Port Road, Adelaide Telephone: 08 8707 4000 www.sahealth.gov.au

