

Orthopaedic Back and Neck Referral Guidelines

Austin Health Spine Specialist Clinic holds 1 session per week to discuss and plan the treatment of patients with spine conditions.

Department of Health clinical urgency categories for specialist clinics

Urgent: If the patient has a condition that has the potential to deteriorate quickly, with significant consequences for health and quality of life, if not managed promptly. These patients should be seen **within 30 days** of referral receipt. For emergency cases please send the patient to the Emergency Department.

Semi-Urgent: 31-90 days.

Routine: If the patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life if specialist assessment is delayed beyond one month.

Exclusions: Acute Spinal Fracture: Please refer to Orthopaedic Spinal Clinic					
Condition / Symptom	GP Management	Investigations Required Prior to Referral	Expected Triage Outcome		
Mechanical Low Back Pain	When to Refer:	To be included in referral	Immediate/ED:		
	-Neurological Symptoms	Clinical history and examination	If Cauda Equina, Foot Drop, Back Pair		
Back Pain and Sciatica	-Functional Impairment	-History of injury/trauma	with Bladder/Bowel involvement or		
without Neurology	-Time off Work	-Duration of Symptoms	secondary to infection/disease		
	-Abnormal Weight Loss	-Neurological Symptoms -Treatment to date	Semi-Urgent:		
Spinal Stenosis with		-Previous Spinal Surgery	Severe Rheumatic Symptoms		
Limitation of Walking		-Medications	Severe Kneumatic Symptoms		
Distance		-Functional Impairment	(hospital admission for pain over 2		
		-Time off Work	admission lasting > 1 week)		
		-Weight Loss			
			Routine:		
		Imaging: XRAY (Erect AP & Lateral Spine), MRI, CT	If symptoms are present over a 6		
			week period		
Paula nain and Caiatian with	When to Deferr	To be included in referred	Towns dieta (FD)		
Back pain and Sciatica with Neurological Deficit	When to Refer: -Neurological Symptoms	To be included in referral Clinical history and examination	Immediate/ED: If Cauda Equina, Foot Drop, Back Pair		
Neurological Delicit	-Functional Impairment	-History of injury/trauma	with Bladder/Bowel involvement or		
Back Pain secondary to	-Time off Work	-Duration of Symptoms	secondary to infection/disease		
Neoplastic Disease or Infection	-Abnormal Weight Loss	-Neurological Symptoms			
•		-Treatment to date	Urgent:		
Back Pain with Bladder/Bowel		-Previous Spinal Surgery	Acute Sciatica Severe weakness in		
Involvement (Cauda Equina)		-Medications	muscle power or sensory deficit		
		-Functional Impairment	Beatter		
		-Time off Work -Weight Loss	Routine: Acute Sciatica – Mild weakness in		
		-weight Loss	muscle power or sensory deficit		
		Imaging: XRAY (Erect AP & Lateral Spine), MRI, CT	inuscie power or sensory deficit		
		Bloods: FBE, Biochemistry, ESR, CRP			



Department of Health clinical urgency categories for specialist clinics				
Neck Pain without Arm Pain Neck Pain with Arm Pain Without Neurology Neck Pain with Myelopathy	When to Refer: -Neurological Symptoms -Functional Impairment -Time off Work -Abnormal Weight Loss	To be included in referral Clinical history and examination -History of injury/trauma -Duration of Symptoms -Neurological Symptoms -Treatment to date -Previous Spinal Surgery -Medications -Functional Impairment -Time off Work -Weight Loss Imaging: XRAY (Erect AP & Lateral Spine), MRI, CT Diagnostics: Neurophysiological studies if available	Immediate/ED: Cervical Myelopathy Acute neck pain Worsening neurology Semi Urgent: Acute Neck Pain: Severe weakness in muscle power or sensory deficit Routine: Acute Neck Pain: Moderate weakness in muscle power or sensory deficit	
Spinal Deformity: Scoliosis	When to Refer: -Neurological Symptoms -Functional Impairment -Time off Work -Abnormal Weight Loss	To be included in referral Clinical history and examination -Duration of Symptoms -Neurological Symptoms -Treatment to date -Previous Spinal Surgery -Medications -Functional Impairment -Time off Work -Weight Loss -Birth history -Growth history -Progression of curve history -Underlying neurological syndrome, chromosomal abnormality or tumour Imaging: XRAY (Erect AP & Lateral Spine), MRI, CT	Semi Urgent: Less than 16 years of age Routine: Skeletally mature	