

# Back Pain imaging guide

A thorough history and examination needs to be taken and documented.

**You must document a full neurological examination and documentation of any red flags.**

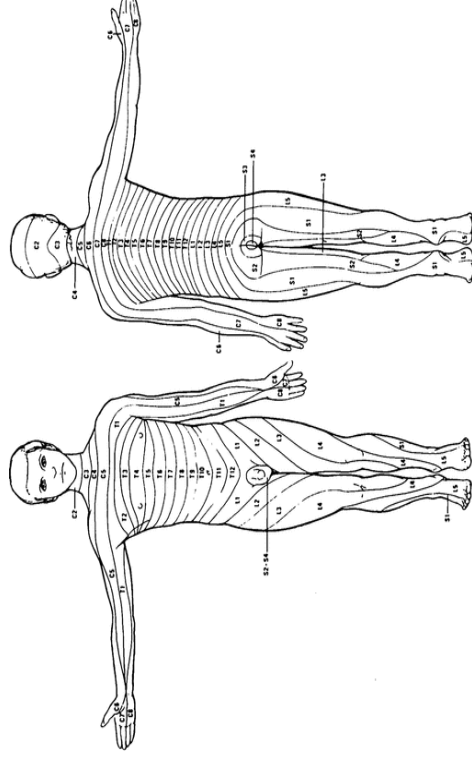
Reminder of examination needed and dermatomes/myotomes:

- Posture & Gait
- Palpation & ROM (spine and hips)
- Dermatomes
- Myotomes
- Reflexes
- SLR/femoral stretch/slump test
- PR if appropriate (document if not required)

**A reminder of the red flags:**

- Bladder/Bowel disturbance: YES/NO Details:
- Saddle anaesthesia: YES/NO
- Weight loss: YES / NO
- Gait disturbance: YES/NO
- Syncope: YES/NO
- Dizziness: YES/NO
- Abdominal pain: YES/NO
- Cough/sneeze leg pain: YES/NO
- Fever/rigors/unwell: YES/NO
- Trauma/fall: YES/NO
- Night pain: YES/NO
- Early morning stiffness: YES/NO
- History of malignancy: YES/NO Specify:

**Anyone who has red flags needs further investigation, discussion with a senior and relevant blood tests and probably MRI imaging.**

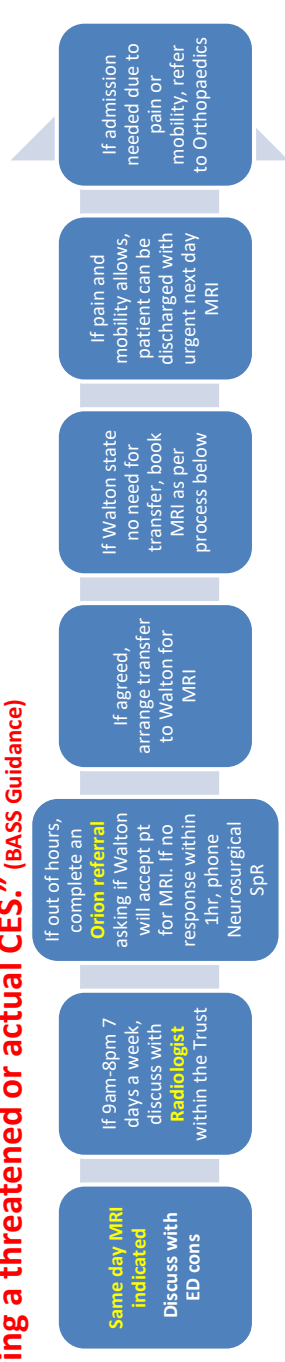


Upper Limb Myotomes		Reflexes	
Shoulder abduction	C5	Hip Flexion	L1,2
Elbow Flexion	C5,6	Hip Extension	L5, S1
Elbow Extension	C7	Knee Flexion	L5, S1
Wrist Extension	C7	Knee Extension	L3,4
Wrist Flexion	C8	Ankle Dorsiflexion	L4
Finger Extension	C7	Ankle Plantarflexion	S1,2
Finger Flexion	C8	1 <sup>st</sup> Metatarsal Extension	L5
Finger Abduction	T1		

### IF PATIENT NEEDS URGENT SAME DAY IMAGING:

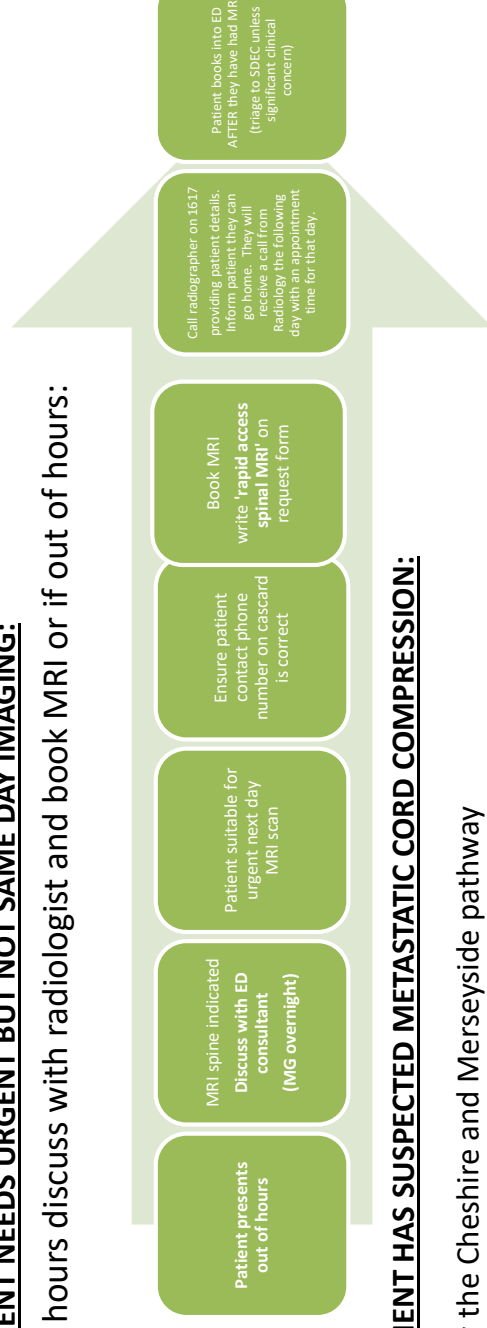
- Patients need urgent same day imaging if we suspect **cauda equina (CES)**:

**“ Back pain and/or sciatic pain with any disturbance of their bladder or bowel function and/or saddle or genital sensory disturbance or bilateral leg pain should be suspected of having a threatened or actual CES.” (BASS Guidance)**



### IF PATIENT NEEDS URGENT BUT NOT SAME DAY IMAGING:

- In hours discuss with radiologist and book MRI or if out of hours:



### IF PATIENT HAS SUSPECTED METASTATIC CORD COMPRESSION:

Follow the Cheshire and Merseyside pathway