Radiculopathy (Lumbar/ Thoracic) Order Set

Order Set: Conceptual Structure

Contract: VA118-16-D-1008, Task Order (TO): VA-118-16-F-1008-0007, CLIN0004AE

Department of Veterans Affairs (VA)



Knowledge Based Systems (KBS)
Office of Informatics and Information Governance (OIIG)
Clinical Decision Support (CDS)

Publication date 03/29/2018

Version: 1.0

Radiculopathy (Lumbar/Thoracic) Order Set: Order Set: Conceptual Structure

by Knowledge Based Systems (KBS), Office of Informatics and Information Governance (OIIG), and Clinical Decision Support (CDS)

Publication date 03/29/2018

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Preface

Table 1. Revision History

Date	Life Cycle Event	
March 29, 2018	Published	İ
March 29, 2018	Reviewed	
August 10, 2017	Created	
August 29, 2017	Pre-published	

Table 2. Clinical White Paper Contributors

Name	Role	Affiliation
Adamson David (Cory), MD	Author	Physician, Atlanta, GA
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King Joseph, MD	Author	Physician, Surgical Service, VA New England Healthcare System, West Haven, CT

Table 3. Artifact Identifier

Domain	Artifact ID	Name
urn:va.gov:kbs:knart:artifact:r1	71695ccb-	B16
	cc42-5c04-82ae-7685caae0a9	7

Artifact Applicability

Table 4. Applicability Foci, Description and Codes

Focus	Description	Code System Name	Code System	Code	Code System Version	Value Set	Value Set Ver- sion
PatientAgeGroup	Adult						
ClinicalVenue	Outpatient						
ClinicalFocus	Adult outpatient being referred to Neurosurgery for Radiculopathy (Lumbar/Thoracic).						
TargetUser	Provider in Primary Care, Emergency Medicine, Anesthesiolo- gy, Pain Clin- ic, Physical Therapy						
WorkflowTask	Referral to Neurosurgery for Radicu- lopathy (Lum- bar/Thoracic).						

Models

Table 5. Model References

Referenced Model	Description
urn:solor.io:anf-model:1.0	VA Analysis Normal Form Model

Chapter 1. Medications

Based upon clinical judgment and if not otherwise contraindicated, consider initiating a new order for one or more of the following medications prior to the neurosurgery consultation.

NSAIDs

NSAIDs increase the risk of serious gastrointestinal adverse events including bleeding, ulceration, and perforation of the stomach or intestines, which can be fatal. The prevailing recommendations in consensus-based clinical guidelines recommend that NSAID/Cyclo-oxygenase-2 (COX-2) should be avoided in Chronic Kidney Disease (CKD).

♦ Ibuprofen 400 mg tablet oral every 6 hours as needed for back pain; may increase dose frequency to one tablet every 4 hours 100 tablets 2 refills

actionSentence[type=elm:Instance, classType=anf:ClinicalStatement]

"statementType:Precoordinated Expression topic:Postcoordinated Expression , purpose[0]:Postcoordinated Expression , unstructured[0]: 100 tablets 2 refills , requestedResult.lowerBound: 1 , requestedResult.upperBound: 1 , requestedResult.includeLowerBound: TRUE , requestedResult.includeUpperBound: TRUE , requestedResult.measureSemantic:Precoordinated Expression , repetition.periodDuration.lowerBound: 1 , repetition.periodDuration.upperBound: 50 , repetition.periodDuration.resolution: 1 , repetition.periodDuration.measureSemantic:Precoordinated Expression , repetition.eventFrequency.lowerBound: 4 , repetition.eventFrequency.upperBound: 6 , repetition.eventFrequency.includeLowerBound: TRUE , repetition.eventFrequency.includeUpperBound: TRUE , repetition.eventFrequency.measureSemantic:Precoordinated Expression"

(Codes: 385644000 |Requested (qualifier value)| [416118004 |Administration (procedure)] ->(260686004 |Method (attribute))->[129445006 |Administration - action (qualifier value)] ->(363701004 |Direct substance (attribute))->[Rx;197805 | Ibuprofen 400 MG Oral Tablet] ->(410675002 |Route of administration (attribute))->[260548002 |Oral (qualifier value)] [277132007 |Therapeutic procedure (procedure)] ->(363702006 |Has focus (attribute))->[161891005 |Backache (finding)] 421026006 |Oral tablet (qualifier value)| 258703001 | day (qualifier value)| 258702006 |hour (qualifier value)|)

♠ Naproxen 550mg tablet oral every 12 hours as needed for back pain 100 tablets 2 refills actionSentence[type=elm:Instance, classType=anf:ClinicalStatement]

"statementType:Postcoordinated Expression topic:Postcoordinated Expression , purpose[0]:Postcoordinated Expression , unstructured[0]: 100 tablets 2 refills , requestedResult.lowerBound: 1 , requestedResult.includeLowerBound: TRUE , requestedResult.includeUpperBound: TRUE , requestedResult.measureSemantic:Precoordinated Expression , repetition.periodDuration.lowerBound: 1 , repetition.periodDuration.upperBound: 150 , repetition.periodDuration.resolution: 1 , repetition.periodDuration.measureSemantic:Precoordinated Expression , repetition.measureSemantic:Precoordinated Expression , repetition.measureSemantic:Precoordinated Expression , rep

etition.eventFrequency.lowerBound: 4 , repetition.eventFrequency.upperBound: 6 , repetition.eventFrequency.include-LowerBound: TRUE , repetition.eventFrequency.includeUpperBound: TRUE , repetition.eventFrequency.measureSemantic:Precoordinated Expression"

(Codes: 385644000 |Requested (qualifier value)| [416118004 |Administration (procedure)] ->(260686004 |Method (attribute))->[129445006 |Administration - action (qualifier value)] ->(363701004 |Direct substance (attribute))->[Rx;849431 | Naproxen sodium 550 MG Oral Tablet] ->(410675002 |Route of administration (attribute))->[260548002 |Oral (qualifier value)] [277132007 |Therapeutic procedure (procedure)] ->(363702006 |Has focus (attribute))->[161891005 |Backache (finding)] 421026006 |Oral tablet (qualifier value)| 258703001 | day (qualifier value)| 258702006 |hour (qualifier value)|)

Other Analgesics

◆ Acetaminophen 325 mg tablet oral two tablets every 6 hours as needed for back pain; may increase dose frequency to two tablets every 4 hours; do not take more than 10 tablets per day 100 tablets 2 refills

actionSentence[type=elm:Instance, classType=anf:ClinicalStatement]

"statementType:Postcoordinated Expression topic:Postcoordinated Expression, purpose[0]:Postcoordinated Expression, unstructured[0]: Do not take more than 10 tablets per day, unstructured[0]: 100 tablets 2 refills, requestedResult.lowerBound: 2, requestedResult.upperBound: 2, requestedResult.includeLowerBound: TRUE, requestedResult.includeUpperBound: TRUE, requestedResult.measureSemantic:Precoordinated Expression, repetition.periodDuration.lowerBound: 1, repetition.periodDuration.upperBound: 50, repetition.periodDuration.resolution: 1, repetition.period-Duration.measureSemantic:Precoordinated Expression, repetition.eventFrequency.lowerBound: 4, repetition.eventFrequency.upperBound: 6, repetition.eventFrequency.include-LowerBound: TRUE, repetition.eventFrequency.includeUpperBound: TRUE, repetition.eventFrequency.measureSemantic:Precoordinated Expression"

(Codes: 385644000 |Requested (qualifier value)| [416118004 |Administration (procedure)] ->(260686004 |Method (attribute))->[129445006 |Administration - action (qualifier value)] ->(363701004 |Direct substance (attribute))->[Rx;313782 | Acetaminophen 325 MG Oral Tablet] ->(410675002 |Route of administration (attribute))->[260548002 |Oral (qualifier value)] [277132007 |Therapeutic procedure (procedure)] ->(363702006 |Has focus (attribute))->[161891005 |Backache (finding)] 421026006 |Oral tablet (qualifier value)| 258703001 | day (qualifier value)| 258702006 |hour (qualifier value)|)

Other Analgesics

♦ Methylprednisolone 4 mg tablet oral by taper: take 6 tablets at once on day 1; on day 2 take one tablet before breakfast, one after lunch, one after dinner, and two at bedtime; on day 3 take one tablet before breakfast, one after lunch, one after dinner, and one at bedtime; on day 4 take

one tablet before breakfast, one after lunch, and one at bedtime; on day 5 take one tablet before breakfast and one at bedtime; and on day 6 take one tablet before breakfast. 21 tablets 0 refills actionSentence[type=elm:Instance, classType=anf:ClinicalStatement]

"statementType:Postcoordinated Expression topic:Postcoordinated Expression, purpose[0]:Postcoordinated Expression, unstructured[0]: By taper: take 6 tablets at once on day 1; on day 2 take one tablet before breakfast, one after lunch, one after dinner, and two at bedtime; on day 3 take one tablet before breakfast, one after lunch, one after dinner, and one at bedtime; on day 4 take one tablet before breakfast, one after lunch, and one at bedtime; on day 5 take one tablet before breakfast and one at bedtime; and on day 6 take one tablet before breakfast, unstructured[0]: 21 tablets 0 refills, repetition.periodDuration.lowerBound: 6, repetition.periodDuration.upperBound: 6, repetition.periodDuration.resolution: 1, repetition.period-Duration.measureSemantic:Precoordinated Expression, repetition.eventFrequency.lowerBound: 4, repetition.eventFrequency.upperBound: 6, repetition.eventFrequency.include-LowerBound: TRUE, repetition.eventFrequency.includeUpperBound: TRUE, repetition.eventFrequency.measureSemantic:Precoordinated Expression"

(Codes: 385644000 |Requested (qualifier value)| [416118004 |Administration (procedure)] ->(260686004 |Method (attribute))->[129445006 |Administration - action (qualifier value)] ->(363701004 |Direct substance (attribute))->[Rx;259966 methylPREDNISolone 4 MG Oral Tablet] ->(410675002 | Route of administration (attribute))->[260548002 |Oral (qualifier value)] [277132007 |Therapeutic procedure (procedure)] ->(363702006 |Has focus (attribute))->[161891005 |Backache (finding)] 258703001 |day (qualifier value)| 258702006 |hour (qualifier value)|)

Chapter 2. Procedures

Consider ordering the following procedures in conjunction with the neurosurgery consult. ☐ Epidural glucocorticoid injection under fluoroscopic or CT guidance per interventionist (series of three) actionSentence[type=elm:Instance, classType=anf:ClinicalStatement] "statementType:Postcoordinated Expression topic:Postcoordinated Expression, unstructured[0]: per interventionist, requestedResult.lowerBound: 3, requestedResult.upper-Bound: 3, requestedResult.includeLowerBound: TRUE, requestedResult.includeUpper-Bound: TRUE, requestedResult.measureSemantic:Precoordinated Expression" (Codes: 385644000 | Requested (qualifier value) | [432406007 | Epidural injection using computed tomography guidance (procedure)] ->(260686004 |Method (attribute))->[129326001 |Injection - action (qualifier value)] ->(363701004 |Direct substance (attribute))->[116596006 | Glucocorticoid preparation (product)| 385218009 | Injection (qualifier value)|) ☐ Lumbar support brace for subacute lower back pain actionSentence[type=elm:Instance, classType=anf:ClinicalStatement] "statementType:Postcoordinated Expression topic:Postcoordinated Expression, purpose[0]:Postcoordinated Expression" (Codes: 385644000 | Requested (qualifier value) | [410619003 | Application (procedure)] ->(363699004 | Direct device (attribute))->[56144002 | Back braces, device (physical object)] [277132007 | Therapeutic procedure (procedure)] ->(363702006 | Has focus (attribute))->[279039007 |Low back pain (finding)]) ☐ Lumbosacral corset for lumbar spinal stenosis to improve walking distance actionSentence[type=elm:Instance, classType=anf:ClinicalStatement] "statementType:Postcoordinated Expression topic:Postcoordinated Expression, purpose[0]:Postcoordinated Expression, unstructured[0]: to improve walking distance" (Codes: 385644000 | Requested (qualifier value) | [410619003 | Application (procedure)] ->(363699004 | Direct device (attribute))->[bc971b16-e8e0-46a2-a182-1085eb65a57f | Lumbosacral corset (physical object)] [277132007 | Therapeutic procedure (procedure)] ->(363702006 | Has focus (attribute))->[18347007 | Spinal stenosis of lumbar region (disorder)]) ☐ Spinal manipulation provide for symptomatic relief in patients with lumbar disc herniation and radiculopathy actionSentence[type=elm:Instance, classType=anf:ClinicalStatement] "statementType:Postcoordinated Expression topic:Postcoordinated Expression, unstructured[0]: provide for symptomatic relief in patients with lumbar disc herniation and radiculopathy" (Codes: 385644000 | Requested (qualifier value) | 44275008 | Manipulation of spine (procedure)|)

Chapter 3. Imaging

Consider ordering one of the following imaging studies in conjunction with the neurosurgery consult.

0

♠ MRI lumbar spine without intravenous (IV) contrast (consider for persistent, severe, or progressive low back pain; failed conservative management; candidate for surgical intervention) actionSentence[type=elm:Instance, classType=anf:ClinicalStatement]

"statementType:Postcoordinated Expression topic:Postcoordinated Expression , unstructured[0]: consider for persistent, severe, or progressive low back pain; failed conservative management; candidate for surgical intervention"

(Codes: 385644000 |Requested (qualifier value)| 394451000119106 |Magnetic resonance imaging of lumbar spine without contrast (procedure)|)

- MRI lumbar spine with and without intravenous (IV) contrast (consider for persistent, severe, or progressive low back pain; failed conservative management; candidate for surgical intervention
 - MRI lumbar spine with intravenous (IV) contrast (consider for persistent, severe, or progressive low back pain; failed conservative management; can- didate for surgical intervention; indeterminate or nondiagnostic MRI without contrast)

actionSentence[type=elm:Instance, classType=anf:ClinicalStatement]

"statementType:Postcoordinated Expression topic:Postcoordinated Expression, unstructured[0]: consider for persistent, severe, or progressive low back pain; failed conservative management; candidate for surgical intervention"

(Codes: 385644000 |Requested (qualifier value)| 41333006 |Magnetic resonance imaging of lumbar spine with contrast (procedure)|)

 MRI lumbar spine without intravenous (IV) contrast (consider for persistent, severe, or progressive low back pain; failed conservative management; can- didate for surgical intervention; indeterminate or nondiagnostic MRI without contrast)

actionSentence[type=elm:Instance, classType=anf:ClinicalStatement]

"statementType:Postcoordinated Expression topic:Postcoordinated Expression, unstructured[0]: consider for persistent, severe, or progressive low back pain; failed conservative management; candidate for surgical intervention; indeterminate or nondiagnostic MRI without contrast)"

(Codes: 385644000 |Requested (qualifier value)| 394451000119106 |Magnetic resonance imaging of lumbar spine without contrast (procedure)|)

- MRI lumbar spine with and without IV contrast (consider for persistent, severe, or progressive low back pain; failed conservative management; candidate for surgical intervention; indeterminate or nondiagnostic MRI without contrast)
 - MRI lumbar spine with intravenous (IV) contrast (consider for persistent, severe, or progressive low back pain; failed conservative management; can-

didate for surgical intervention; indeterminate or nondiagnostic MRI without contrast)

actionSentence[type=elm:Instance, classType=anf:ClinicalStatement]

"statementType:Postcoordinated Expression topic:Postcoordinated Expression, unstructured[0]: consider for persistent, severe, or progressive low back pain; failed conservative management; candidate for surgical intervention; indeterminate or nondiagnostic MRI without contrast)"

(Codes: 385644000 |Requested (qualifier value)| 41333006 |Magnetic resonance imaging of lumbar spine with contrast (procedure)|)

 MRI lumbar spine without intravenous (IV) contrast (consider for persistent, severe, or progressive low back pain; failed conservative management; can- didate for surgical intervention; indeterminate or nondiagnostic MRI without contrast)

actionSentence[type=elm:Instance, classType=anf:ClinicalStatement]

"statementType:Postcoordinated Expression topic:Postcoordinated Expression, unstructured[0]: consider for persistent, severe, or progressive low back pain; failed conservative management; candidate for surgical intervention; indeterminate or nondiagnostic MRI without contrast)"

(Codes: 385644000 |Requested (qualifier value)| 394451000119106 |Magnetic resonance imaging of lumbar spine without contrast (procedure)|)

☼ CT lumbar spine without intravenous (IV) contrast (consider for persistent, severe, or progressive low back pain; failed conservative management; candidate for surgical intervention; MRI contraindicated)

actionSentence[type=elm:Instance, classType=anf:ClinicalStatement]

"statementType:Postcoordinated Expression topic:Postcoordinated Expression , unstructured[0]: consider for persistent, severe, or progressive low back pain; failed conservative management; candidate for surgical intervention; MRI contraindicated"

(Codes: 385644000 |Requested (qualifier value)| 572091000119106 |Computed tomography of lumbar spine without contrast (procedure)|)

❖ CT lumbar spine with intravenous (IV) contrast (consider for persistent, severe, or progressive low back pain; failed conservative management; candidate for surgical intervention; MRI contraindicated)

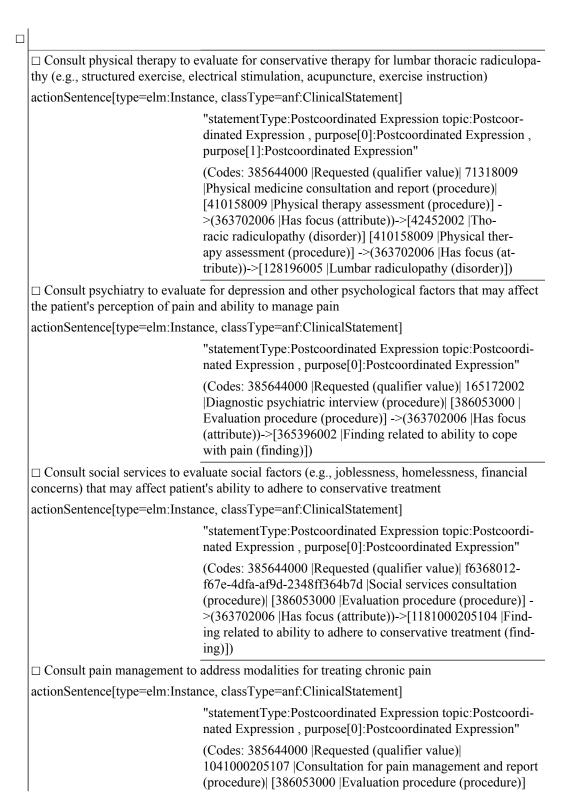
actionSentence[type=elm:Instance, classType=anf:ClinicalStatement]

"statementType:Postcoordinated Expression topic:Postcoordinated Expression, unstructured[0]: consider for persistent, severe, or progressive low back pain; failed conservative management; candidate for surgical intervention; MRI contraindicated"

(Codes: 385644000 |Requested (qualifier value)| 90523008 |Computerized axial tomography of lumbar spine with contrast (procedure)|)

Chapter 4. Additional Consults

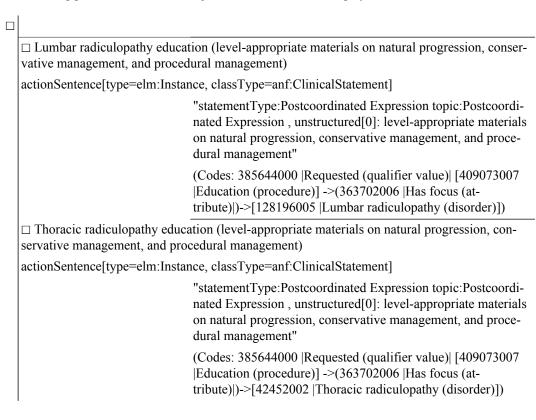
Consider ordering from the following consults in conjunction with the neurosurgery consult.



->(363702006 | Has focus (attribute))->[408954001 | Chronic pain control (procedure)])

Chapter 5. Patient Education

Consider ordering patient education in conjunction with the neurosurgery consult.



Chapter 6. Tabular List

Terminology Service Request (TSR) Mappings

Table 6.1. Terminology References

System	Code	Display Text	References
SNOMED CT	1041000205107 Consultation for pain management and report (procedure)	Postcoordinated Expression	1
SNOMED CT	165172002 Diagnostic psychiatric interview (procedure)	Postcoordinated Expression	1
SNOMED CT	258702006 hour (qualifier value)	Precoordinated Expression	4
SNOMED CT	258703001 day (qualifier value)	Precoordinated Expression	4
SNOMED CT	385218009 Injection (qualifier value)	Precoordinated Expression	1
SNOMED CT	385644000 Requested (qualifier value)	Precoordinated Expression	21
SNOMED CT	394451000119106 Magnetic resonance imaging of lumbar spine without contrast (procedure)	Postcoordinated Expression	3
SNOMED CT	41333006 Magnetic resonance imaging of lumbar spine with contrast (procedure)	Postcoordinated Expression	2
SNOMED CT	421026006 Oral tablet (qualifier value)	Precoordinated Expression	3
SNOMED CT	44275008 Manipulation of spine (procedure)	Postcoordinated Expression	1
SNOMED CT	572091000119106 Computed tomography of lumbar spine without contrast (procedure)	Postcoordinated Expression	1
SNOMED CT	71318009 Physical medicine consultation and report (procedure)	Postcoordinated Expression	1
SNOMED CT	90523008 Computerized axial tomography of lumbar spine with contrast (procedure)	Postcoordinated Expression	1
SNOMED CT	[277132007 Therapeutic procedure (procedure)] - >(363702006 Has focus	Postcoordinated Expression	4

System	Code	Display Text	References
	(attribute))->[161891005 Backache (finding)]		
SNOMED CT	[277132007 Therapeutic procedure (procedure)] - >(363702006 Has focus (attribute)) -> [18347007 Spinal stenosis of lumbar region (disorder)]	Postcoordinated Expression	1
SNOMED CT	[277132007 Therapeutic procedure (procedure)] - >(363702006 Has focus (attribute)) -> [279039007 Low back pain (finding)]	Postcoordinated Expression	1
SNOMED CT	[386053000 Evaluation procedure (procedure)] ->(363702006 Has focus (attribute))->[1181000205104 Finding related to ability to adhere to conservative treatment (finding)]	Postcoordinated Expression	1
SNOMED CT	[386053000 Evaluation procedure (procedure)] - >(363702006 Has focus (attribute))->[365396002 Finding related to ability to cope with pain (finding)]	Postcoordinated Expression	1
SNOMED CT	[386053000 Evaluation procedure (procedure)] - >(363702006 Has focus (attribute))->[408954001 Chronic pain control (procedure)]	Postcoordinated Expression	1
SNOMED CT	[409073007 Education (procedure)] - >(363702006 Has focus (attribute))->[128196005 Lumbar radiculopathy (disorder)]	Postcoordinated Expression	1
SNOMED CT [409073007 Education (procedure)] - >(363702006 Has focus (attribute))->[42452002 Thoracic radiculopathy (disorder)]		Postcoordinated Expression	1
SNOMED CT	[410158009 Physical therapy assessment (procedure)] ->(363702006 Has focus	Postcoordinated Expression	1

System	Code	Display Text	References
	(attribute))->[128196005 Lumbar radiculopathy (disorder)]		
SNOMED CT	[410158009 Physical therapy assessment (procedure)] - >(363702006 Has focus (attribute))->[42452002 Thoracic radiculopathy (disorder)]	Postcoordinated Expression	1
SNOMED CT	[410619003 Application (procedure)] ->(363699004 Direct device (attribute))->[56144002 Back braces, device (physical object)]	Postcoordinated Expression	1
SNOMED CT	[410619003 Application (procedure)] ->(363699004 Direct device (at- tribute))->[bc971b16- e8e0-46a2-a182-1085e- b65a57f Lumbosacral corset (physical object)]	Postcoordinated Expression	1
SNOMED CT	[416118004 Administration (procedure)] - >(260686004 Method (attribute))->[129445006 Administration - action (qualifier value)] ->(363701004 Direct substance (attribute))->[Rx;197805 Ibuprofen 400 MG Oral Tablet] ->(410675002 Route of administration (attribute))->[260548002 Oral (qualifier value)]	Postcoordinated Expression	1
SNOMED CT	[416118004 Administration (procedure)] - >(260686004 Method (attribute))->[129445006 Administration - action (qualifier value)] ->(363701004 Direct substance (attribute))->[Rx;259966 methylPREDNISolone 4 MG Oral Tablet] - >(410675002 Route of administration (at-	Postcoordinated Expression	1

System	Code	Display Text	References
	tribute))->[260548002 Oral (qualifier value)]		
SNOMED CT	[416118004 Administration (procedure)] - >(260686004 Method (attribute))->[129445006 Administration - action (qualifier value)] ->(363701004 Direct substance (attribute))->[Rx;313782 Acetaminophen 325 MG Oral Tablet] ->(410675002 Route of administration (attribute))->[260548002 Oral (qualifier value)]	Postcoordinated Expression	1
SNOMED CT	[416118004 Administration (procedure)] - >(260686004 Method (attribute))->[129445006 Administration - action (qualifier value)] ->(363701004 Direct substance (attribute))->[Rx;849431 Naproxen sodium 550 MG Oral Tablet] ->(410675002 Route of administration (attribute))->[260548002 Oral (qualifier value)]	Postcoordinated Expression	1
SNOMED CT	[432406007 Epidural injection using computed tomography guidance (procedure)] - > (260686004 Method (attribute))-> [129326001 Injection - action (qualifier value)] -> (363701004 Direct substance (attribute))-> [116596006 Glucocorticoid preparation (product)	Postcoordinated Expression	1
SNOMED CT	f6368012-f67e-4d- fa-af9d-2348ff364b7d So- cial services consultation (procedure)	Postcoordinated Expression	1

Chapter 7. Behavior Symbols

Table 7.1. Group Organizational Behavior

Sym- bol	Name	Definition
•	Sentence Group	A group of related alternative actions is a sentence group if the item referenced by the action is the same in all the actions, and each action simply constitutes a different variation on how to specify the details for that item. For example, two actions that could be in a SentenceGroup are "aspirin, 500 mg, 2 times per day" and "aspirin, 300 mg, 3 times per day". In both cases, aspirin is the item referenced by the action, and the two actions represent two different options for how aspirin might be ordered for the patient. Note that a SentenceGroup would almost always have an associated selection behavior of "AtMostOne", unless it's a required action, in which case, it would be "ExactlyOne".
٥	Logical Group	A group with this behavior logically groups its sub-elements, and may be shown as a visual group to the end user, but it is not required to do so.
>	Visual Group	Any group marked with this behavior should be displayed as a visual group to the end user.

Table 7.2. Group Selection Behavior

Sym- bol	Name	Definition
	Any	Any number of the items in the group may be chosen, from zero to all.
•	All	All the items in the group must be selected as a single unit.
©	AllOrNone	All the items in the group are meant to be chosen as a single unit: either all must be selected by the end user, or none may be selected.
0	ExactlyOne	The end user must choose one and only one of the selectable items in the group. The user may not choose none of the items in the group.
•	AtMostOne	The end user may choose zero or at most one of the items in the group.
•	OneOrMore	The end user must choose a minimum of one, and as many additional as desired.

Table 7.3. Required Behavior

Sym- bol	Name	Definition
+	Must	An action with this behavior must be included in the actions processed by the end user; the end user may not choose not to include this action.

Sym- bol	Name	Definition
\langle	Could	An action with this behavior may be included in the set of actions processed by the end user.
>	MustUnlessDocumented	An action with this behavior must be included in the set of actions processed by the end user, unless the end user provides documentation as to why the action was not included.

Table 7.4. Precheck Behavior

Sym- bol	Name	Definition
•	Yes	An action with this behavior is one of the most frequent actions that is, or should be, included by an end user, for the particular context in which the action occurs. The system displaying the action to the end user should consider "pre-checking" such an action as a convenience for the user.
∇	No	An action with this behavior is one of the less frequent actions included by the end user, for the particular context in which the action occurs. The system displaying the actions to the end user would typically not "pre-check" such an action.

Table 7.5. Cardinality Behavior

Sym- bol	Name	Definition
•	Single	An action with this behavior may only be completed once.
*	Multiple	An action with this behavior may be repeated multiple times.

Table 7.6. Item Flags

Sym- bol	Name	Definition
13F		This item, in a list entry, allows the user to enter a fill in value that is not present in the set of presented choices.

Appendix A. References

This appendix contains the list of related resources and supporting documents used in creating this KNART.

List of References

Related Resources

[CCWP] Neurosurgery: Radiculopathy (Lumbar /Thoracic) Clinical Content White Paper

[CSD] Radiculopathy (Lumbar/Thoracic) Conceptual Structure Document

[KVRpt] Radiculopathy (Lumbar/Thoracic) KNART Validation Report

Supporting Evidence

- [Kaiser 2014] Kaiser, Michael G, Jason C Eck, Michael W Groff, Zoher Ghogawala, William C Watters, Andrew T Dailey, Daniel K Resnick, et al 2014. "Guideline update for the performance of fusion procedures for degenerative disease of the lumbar spin"e Journal of Neurosurgery Spine 21 (1): 133–39. doi:10.3171/2014.4.SPINE14326. (link [https://doi.org/10.3171/2014.4.SPINE14326])
- [Chou 2007] Chou, Roger, Amir Qaseem, Vincenza Snow, Donald Casey, J. Thomas Cross, Paul Shekelle, Douglas K Owens, et al. "Diagnosis and treatment of low back pain: a joint clinical practice guideline from the American College of Physicians and the American Pain Society". Annals of Internal Medicine 147 (7): 478–91. doi:10.7326/0003-4819-147-7-200710020-00006 (link [https://doi.org/10.7326/0003-4819-147-7-200710020-00006])
- [Kreiner 2014] Kreiner, D. Scott, Steven W Hwang, John E Easa, Daniel K Resnick, Jamie L Baisden, Shay Bess, Charles H Cho, et al. 2014. "An Evidence-Based Clinical Guideline for the Diagnosis and Treatment of Lumbar Disc Herniation with Radiculopathy." The Spine Journal: Official Journal of the North American Spine Society 14 (1): 180–91. doi:10.1016/j.spinee.2013.08.003 (link [http://www.spine.org/Pages/Practice-Policy/ClinicalCare/ClinicalGuidlines/Default.aspx])
- [Kreiner 2013] Kreiner, D. Scott, William O. Shaffer, Jamie L. Baisden, Thomas J. Gilbert, Jeffrey T. Summers, John F. Toton, Steven W. Hwang, Richard C. Mendel, Charles A. Reitman, and North American Spine Society. 2013. "An evidence-based clinical guideline for the diagnosis and treatment of degenerative lumbar spinal stenosis (update)" The Spine Jhe Spournal: Official Journal of the North American Spine Society 13 (7): 734–43. doi:10.1016/j.spinee.2012.11.059 (link [https://doi.org/10.1016/j.spinee.2012.11.059])
- [Matz 2009] Matz, Paul G, Paul A Anderson, Michael G Kaiser, Langston T Holly, Michael W Groff, Robert F Heary, Praveen V Mummaneni, et al. 2009. "Introduction and Methodology: Guidelines for the Surgical Management of Cervical Degenerative Disease." Journal of Neurosurgery. Spine 11 (2): 101–3. doi:10.3171/2009.1.SPINE08712 (link [https://doi.org/10.1016/j.spinee.2015.11.055])
- [Patel, 2015] Patel, ND, Broderick, DF, Burns, J, et al. 2015. "Expert Panel on Neurologic Imaging. ACR Appropriateness Criteria: Low Back Pain. American College of Radiology" https://acsearch.acr.org/docs/69483/Narrative/])

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