

# RADICULOPATHY

*sifting through the symptoms*

Webinar for GPs

21 May 2025



# Dr Ralph Stanford

## ORTHOPAEDIC SPINE SURGEON

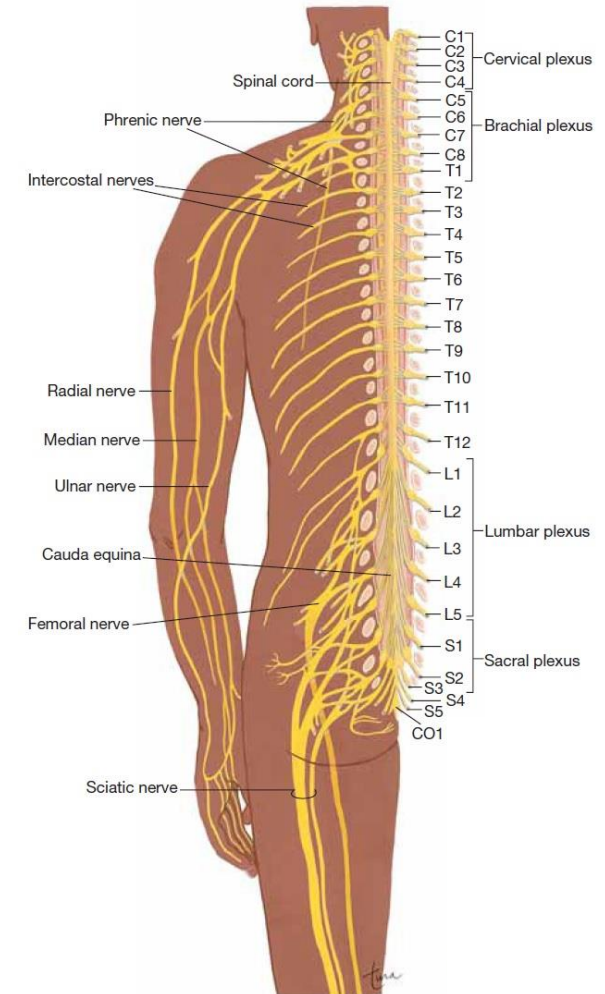


- Spinal surgeon with over 20 years' experience
- Head of Department of Orthopaedics and Supervisor of Training for Orthopaedic Trainees, Prince of Wales Hospital
- Conjoint Senior Lecturer at the University of New South Wales
- Honorary Senior Scientist at Neuroscience Research Australia (NeuRA) and a member of Spinal PFET.

Dedicated to lifelong learning and sharing my expertise with others, I attend spinal conferences worldwide and regularly consult with colleagues about successful treatments.

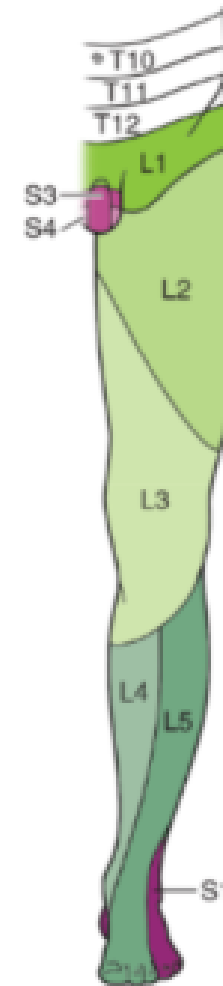
# Radiculopathy

- Spinal nerve root at any level
- Usually some form of compression
- Generic pain in the back
- Radiation to a dermatome
  - Shooting pain
  - Tingling
  - Numbness
  - Weakness



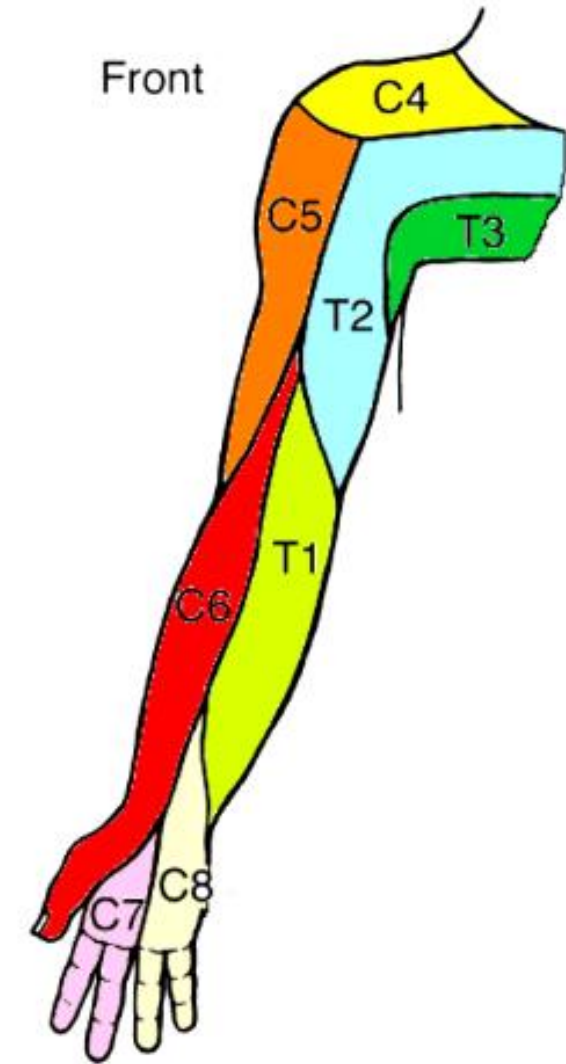
# Lumbar spine

- Most common
- Always pain in buttock
- Radiation to lower limb in dermatomal pattern
- Ask patient to draw their pain with one finger
- If disc herniation often prefer to stand



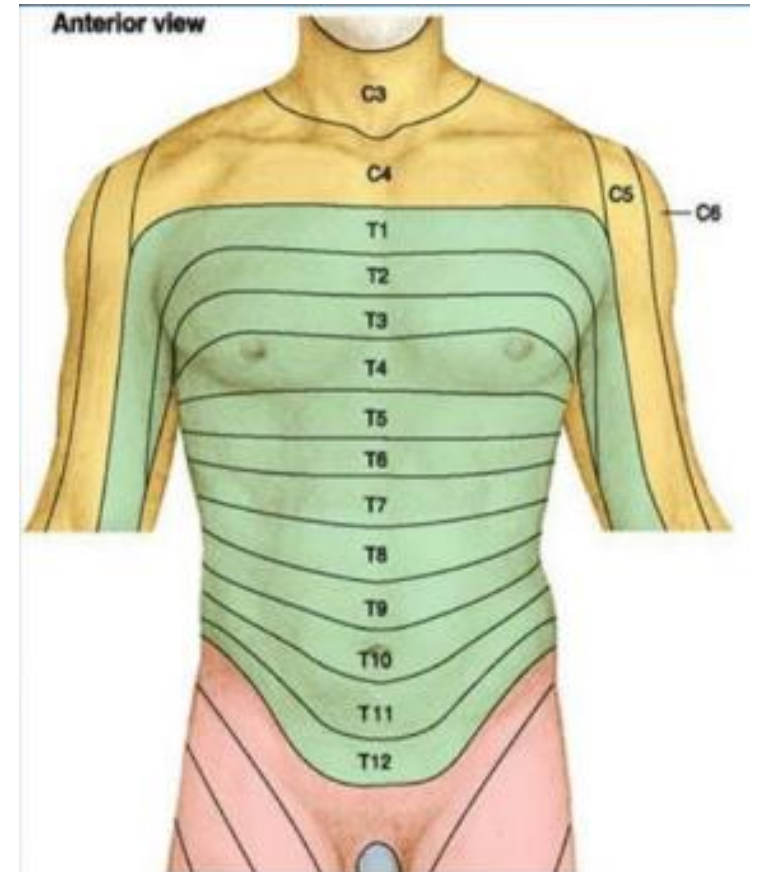
# Cervical spine

- Always pain at back of shoulder
- Radiation to upper limb in dermatomal pattern
- If disc herniation, often hold arm over head for relief



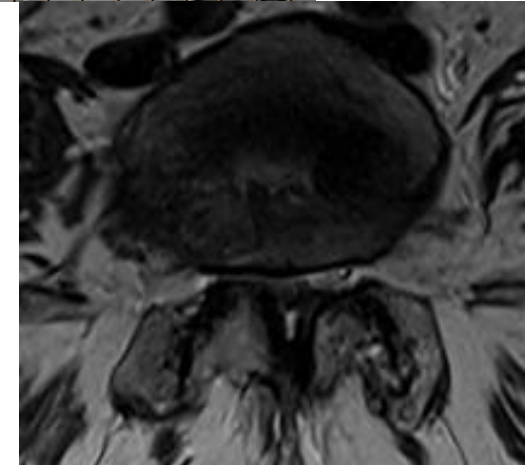
# Thoracic spine

- Pain radiating around chest
- Intercostal distribution



# Structural causes

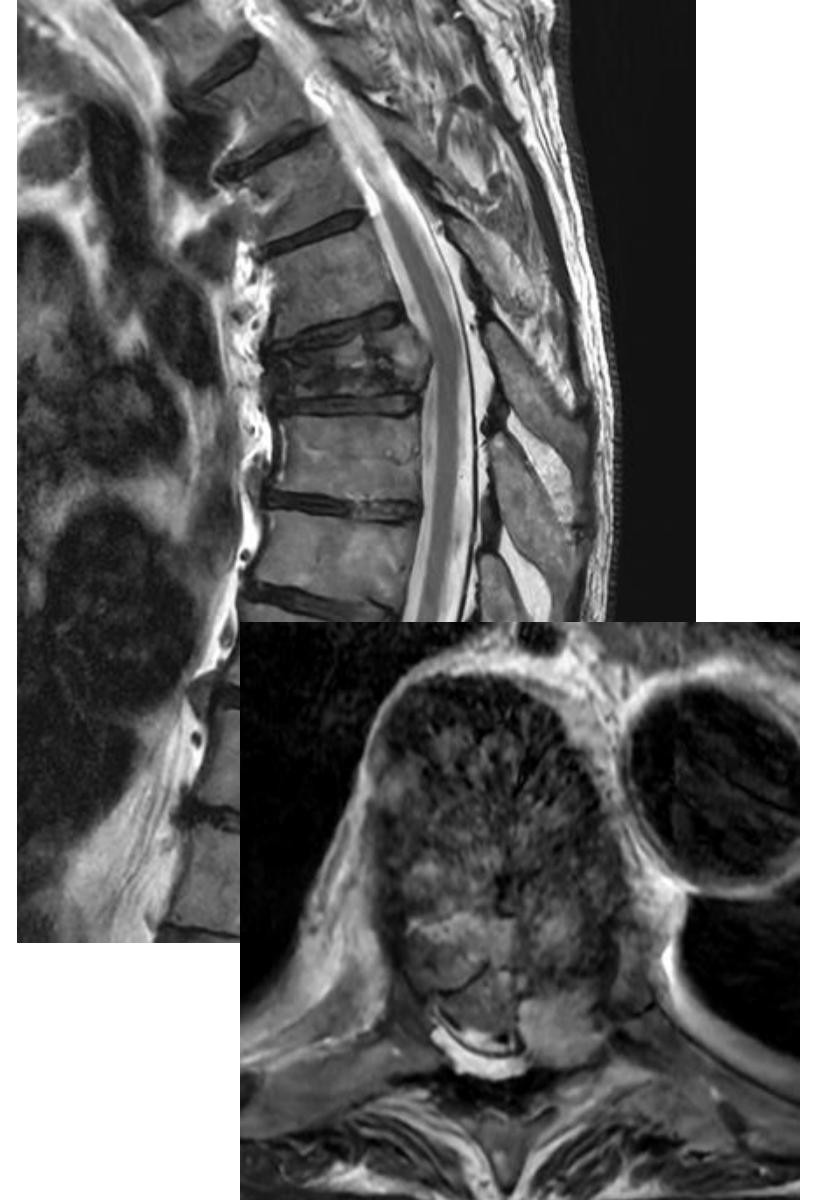
- Intervertebral disc herniation
  - Sudden onset
  - Usually minimal provocation
  - Often will resolve
- Spinal stenosis
  - Lateral recess (lumbar)
  - Foraminal (lumbar and cervical)
  - Usually gradual onset
  - Often requires surgery
- Spondylolisthesis
- Fractures





# Mass lesions

- Vertebral metastasis
  - Bony collapse
  - Tumour around nerve root
- Nerve root sheath tumour
  - Neurofibroma
  - Schwannoma
- Epidural abscess





# Non-structural causes

- Diabetes mellitus
- Acute inflammatory demyelination (Guillain-Barré)
- Varicella-zoster virus (shingles)
- CMV
- EBV
- HSV
- HIV



# Diagnosis

- History
  - Onset
  - Previous cancer
  - Other site of infection
  - Diabetes
  - Viral illness
- Skin blisters



# Investigation

- **MRI is best choice**
- Any concerns from history
- Significant weakness – grade 3/5 or worse
- Disturbance of function
  - Foot drop
  - Hand use
- Symptom duration 6 weeks or more



# Management

- Disc herniation – may settle with support
- Stenosis/spondylolisthesis – may need surgery if persistent
- Tumour/infection – urgent care
- Non-structural – anti-virals?, treat diabetes, supportive
- Progressive deficits – urgent care

# Q & A

- ✓ A recording of the webinar will be available on my website
- ✓ Further resources for GPs are available at <https://spinalsurgeonsydney.com.au/for-referrers>
- ✓ To receive future resources via email, send your name and email address to [info@powspine.com.au](mailto:info@powspine.com.au)

If you have any questions about a patient, please feel free to call me on 02 9650 4893.  
I will return your call and discuss how we can help.

You can also reach me via [ralphstanford@powspine.com.au](mailto:ralphstanford@powspine.com.au).

