

How to diagnose back pain in 5 minutes

Can it be done?

WEBINAR FOR GPs – 6 December 2022 8am – 8.30am



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Dr Ralph Stanford

ORTHOPAEDIC SPINE SURGEON

- Spinal surgeon with over 20 years' experience.
- Dedicated to lifelong learning and sharing my expertise with others, I attend spinal conferences worldwide and regularly consult with colleagues about successful treatments.
- Conjoint Senior Lecturer at the University of New South Wales; Supervisor of Training for Orthopaedic Trainees, Prince of Wales Hospital; and Education Secretary for the Spine Society of Australia.
- Honorary Senior Scientist at Neuroscience Research Australia (NeuRA).

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



Introduction

1:1000 presentations in primary care will have a serious diagnosis

Four groups

- Cancer (infection, inflammation)
- Nerve pain
- Deformities
- Non-specific pain



Cancer (infection)

We don't want to miss



Cancer (infection)

Have you had cancer (infection) before?

'Red flags' have low sensitivity

Be concerned

- New pain
- Persistent
- Unrelenting





Examination

Usually unremarkable

May have spinal tenderness

May have neurological changes





Ankylosing spondylitis

Early morning stiffness = early phase

Stiff spine = late phase

Sudden pain in late phase = <u>fracture</u>



Investigations

MRI or CT

• Relevant part of spine

CRP for infection

Xray sacro-iliac joints for early ankylosing spondylitis

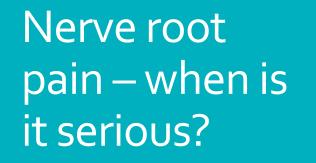




Nerve root pain

When is it serious?







Significant (or progressive) weakness, grade 3/5 or worse

• Just anti-gravity

Difficulty passing urine (retention)

In a setting suggestive of cancer or infection



Investigation

MRI





Deformity

When to be concerned



Deformity

Most adult spinal deformities are benign

Be concerned:

- Side leaning or forward tilting
- Seems progressive
- Nerve pain

Refer for assessment and investigation

Do not rely on radiology reports



Spinal balance

Coronal plane

- Neck over gluteal cleft
- List to side
- Ribs may impact iliac crest



Sagittal plane

- Ear over hip
- Stooped
- Increases effort of walking





Non-specific pain

When should it be taken seriously?



Non-specific pain

Most people experience back pain and mostly it gets better

Some people develop chronic pain

• How to help them?



Mechanical

Comes and goes

Activity related









Psychosocial

Anxiety and catastrophising

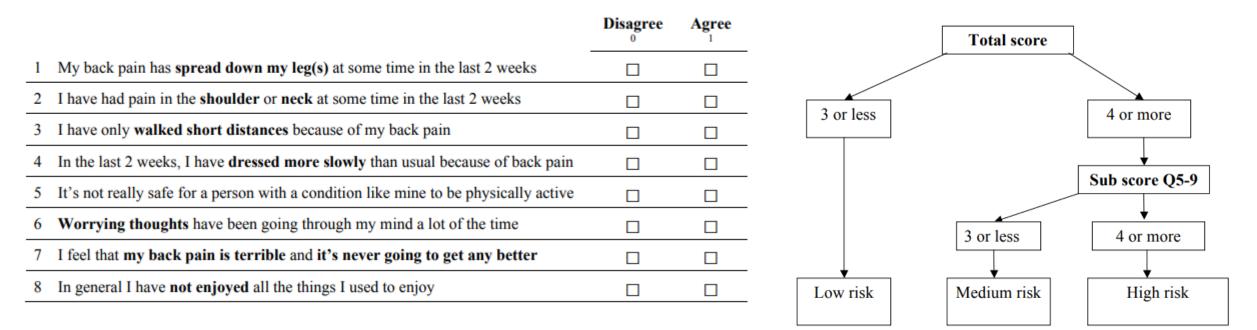
Non-physical forces drive loss of function

Need to pick early to enable intervention

STarT Back screening tool (Keele University)



Thinking about the last 2 weeks tick your response to the following questions:



9. Overall, how bothersome has your back pain been in the last 2 weeks?

Not at all Slightly N	Moderately	Very much	Extremely
0 0	0	1	1

Total score (all 9): _____ Sub Score (Q5-9): _____



How to find



Search 'Keele' + 'Start Back'



Summary

History of cancer or infection

Repeated clinical review

Trajectory of symptoms

Tools

- MRI/CT
- CRP
- X-ray
- STarT Back (Keele University)



O&A

- > A recording of the webinar will be available on my website
- See also my **article** online: Sinister Causes of Back Pain
- Further resources for GPs are available at <u>https://spinalsurgeonsydney.com.au/for-referrers</u>
- To receive future resources via email send your name and email address to info@powspine.com.au



As always if you have any questions about a patient, please feel free to call me on <u>02 9650 4893</u>. I will return your call and discuss how we can help.

You can also reach me via <u>ralphstanford@powspine.com.au</u>.

