

Spine Referral Guide

Practical guidance on when to refer and which imaging to order

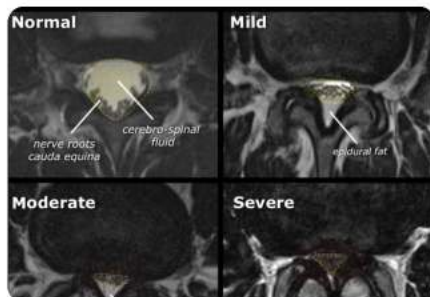
TWO DECADES OF EXPERIENCE

Knowledge · Precision · Personalised care



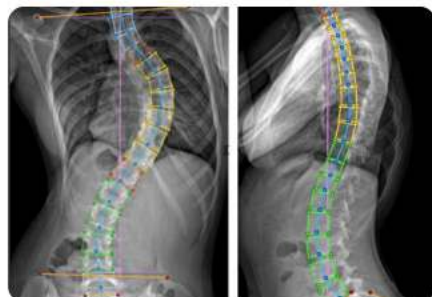
**Victorian Orthopaedic
Spine Service**

COMMON CONDITIONS WE ASSESS



Spinal canal stenosis

Neurogenic claudication / reduced walking



Adult deformity

Progressive coronal or sagittal imbalance



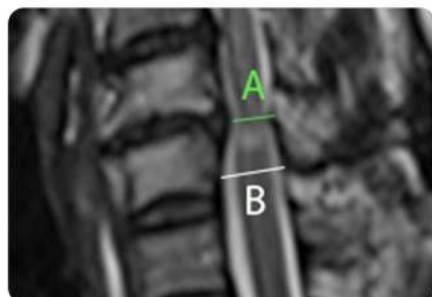
Spondylolisthesis

Slip with neural narrowing



Disc herniation

Persistent radicular pain



Cervical compression

Myelopathy, balance or hand dysfunction



Facet joint arthritis

Axial pain and degenerative change

WHEN TO REFER

- ✓ Radicular pain persisting >6 weeks
- ✓ Walking limitation from suspected stenosis
- ✓ Progressive weakness
- ✓ Loss of balance or hand dexterity
- ✓ Progressive deformity
- ✓ Persistent disabling pain despite treatment

WHICH IMAGING?

MRI	Nerve compression, disc, soft tissue or myelopathy
CT	Fracture, facet arthritis and bony anatomy
EOS / standing X-ray	Deformity and global spinal alignment
Combination	Useful when symptoms or pathology are complex



RED FLAGS

Urgent ED assessment

Cauda equina symptoms • Rapid neurological decline • Suspected infection, malignancy or unstable fracture

A clearer pathway for your patients

- 1 Prompt assessment
- 2 Appropriate imaging
- 3 Evidence-based treatment
- 4 Clear communication with the referring GP

Not urgent? Refer first – we can arrange imaging.

Not every referral leads to surgery

Every patient receives a clear diagnosis and management plan. Specialist review continues when clinically indicated.