### Lumbar radiculopathy

#### Eligibility
Spinal Pain and limb symptoms (e.g. pain, weakness, numbness, paraesthesia) accompanied by neurological deficits on physical examination (corresponding to specific myotome/dermatome and any relevant reduced/diminished reflex).
The symptoms must be most severe in the affected limb (sometimes occurring in the absence of spinal pain), have been present for 4 weeks and be severe enough for the patient to be considering surgery.

#### Pre-referral management
- Provide reassurance and advice, promote activity/exercise as able
- Recommend/prescribe appropriate use of simple analgesics +/- NSAIDs (consult the analgesia guideline for neuropathic pain of spinal origin by following the link below)
- A CT scan or MRI (best practice) is indicated if symptoms not improving after 4-6 weeks
- If the patient has dominant radicular symptoms with concordant imaging, a targeted steroid injection (if not contra-indicated) may provide both diagnostic and therapeutic utility.
- Referral for specialist opinion is indicated after 4-6 weeks if symptoms are not improving and patient is considering surgical intervention.

#### Priority
**URGENT:**
Severe or rapidly progressing neurological deficits warrant urgent specialist consultation. Refer patient immediately to the Spinal Outpatient Clinic with copies of investigation findings. Clearly mark referral as urgent and confirm receipt of referral (Fax 08 7074 6247)

**SEMI-URGENT:**
Refer to the Spinal Outpatient Department via completion of the mandatory referral template (Fax: 08 7074 6247).

#### Investigations required with referral
Include copies of all relevant investigation findings (as suggested in pre-referral management above) with referral.
**Note:** Pre-referral investigations are not mandatory if a clear clinical diagnosis can be made.

#### Discharge Criteria/information
Discharge following improvement/resolution of symptoms and/or surgical management options no longer being considered.

#### Fact sheets

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**For more information**

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