



The Spine Clinic has established the following standardized criteria for referrals. To avoid delay in appointment scheduling, please ensure that all supporting information for the pre-determined outcome and/or condition is included with the Outpatient Referral Form **prior** to requesting the referral. Please mark the appropriate box(s) as indicated.

If you feel that one of the below criteria for the Spine Clinic evaluation has been met, please direct any questions to Spine Clinic Coordinator at (909) 580-1775.

The following is a list of indicator for evaluation in the Spine Clinic:

- Traumatic spine fracture or significant ligamentous rupture
- Cervical or lumbar radiculopathy (with supporting findings) that has either failed 6-8 weeks of consecutive therapy or is demonstrating a progressive neurologic deficit
- Scoliosis
- Back pain with reason to suspect tumor or infection
- Degenerative joint and disk disease that is incapacitating, present for greater than 6 months with no tobacco or narcotic addiction. If the patient is a smoker, please request that they quit before their evaluation. Elective fusions on smokers yield a far greater chance of failure

The primary care physician can best manage the great majority of the patients suffering from back pain. Please check the conservative measures employed to date:

- Physical therapy for education on body mechanics and development of a home exercise program. The home program should include some form of aerobic conditioning (i.e. brisk walk, stationary bike, etc.) and back and abdominal strengthening.
- Constant dose NSAIDS with the first 6 months of pain
- Avoidance of narcotic analgesics except for the first few weeks of acute treatment
- Activity modifications, including avoiding those activities that are the most painful, while still encouraging preservation of most normal activities. Bed rest for greater than 2 days is rarely helpful.
- Cessation of smoking
- A discussion about the natural history of benign low back pain

Please indicate diagnostic studies obtained to include results of study with referral:

- Plain x-rays are indicated if:
 - a) Pain persists greater than one month
 - b) Low back pain in patients less than 18 years old or greater than 60 years of age
 - c) A significant traumatic event has occurred
- MRI is indicated if:
 - a) Significant objective neurologic deficit exists
 - b) There exists reasons to consider tumor or infection
 - c) Surgery is planned to decompress the neural elements
- CT/Myelograms are indicated for the work up elderly patients with neurogenic claudication
- Plain CT scans are only indicated to further evaluate patients with known or suspected fracture
- EMGs are best ordered at the discretion of the surgeon