

PATIENT HISTORY

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The commonest reasons for referral to a spinal clinic include pain and spinal deformity . A detailed history of the pain, including site, type, severity , duration, frequency and aggravat - ing factors, should be sought. Has there been any history of the upper limbs (brachialgia) or lower limbs (sciatica)? Is there associated numbness, tingling, weakness or di ffi culty with gait? Is there a family history of ankylosing spondylitis or rheuma toid arthritis? Are there concurrent medical conditions such as diabetes, peripheral vascular diseases, osteoarthritis of the hip or previous malignancies? Are there systemic symptoms such as unexplained weight loss, chills or fever? Patients should al ways be asked about the presence of per ineal numbness (saddle area) and di ffi culties or changes in sen sation when passing urine or faeces, as these symptoms may indicate a cauda equina syndrome (CES) (Table 37.1). Patients should be asked whether the pain is interfering with their ability to work. What treatment has the patient already tried and how e ff ective were these treatments (e.g. analgesics, e xercise, physiotherapy or spinal injections)? Pending litigation or worker's compensation claims may have a negative prognos tic e ff ect on future treatments. Spinal deformities, e.g. scoliosis and excessive kyphosis ($>50^{\circ}$), are generally painless in children but may be symp tomatic in adult life. How quickly has the spinal deformity progressed? It is important to assess skeletal maturity and whether the child has gone through a recent growth spurt. Has men struation commenced in the female or has the voice dropped in the male, indicating the onset of puberty? /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF

TABLE 37.1 Cauda equina syndrome Low back pain Uni- or bilateral sciatica Saddle anaesthesia Motor weakness in the lower extremities Variable rectal and urinary symptoms

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